

Surecare Health Limited

Lezayre Nursing Home

Inspection report

100 - 102 Egerton Park
Rock Ferry
Birkenhead
Merseyside
CH42 4RB

Tel: 01516449433

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22 October 2020

26 October 2020

27 October 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lezayre Nursing Home is a care home providing personal and nursing care to up to 36 people. At the time of the inspection there was 23 people living in the home.

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

Medicines were not always managed safely. There were inconsistencies in the recording of stock balances. Not all staff had had their competency assessed to ensure they safely administered medicines and they did not have information to support them when administering as required medications. This is a breach in regulation.

The systems in place to monitor the quality and safety of the service were not always effective in identifying areas of the service that required development and improvement, such as the areas of concern we highlighted during the inspection.

People and their relatives told us Lezayre was a safe place to live. There were sufficient numbers of staff available to support people in a timely way and staff were knowledgeable about safeguarding procedures. Risks to people had been assessed and measures taken to reduce any identified risks. Infection control arrangements were in place to prevent and mitigate the risk of Coronavirus. Appropriate personal protective equipment (PPE) was available and staff used this appropriately in the day to day delivery of care.

Feedback regarding the management and quality of service people received was very positive from both people receiving support and their relatives. Staff said they enjoyed their jobs and were well supported. The manager and staff were clear about their responsibilities and told us they all worked well together as a team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about infection control procedures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have identified breaches in relation to the safe management of medicines at

this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lezayre Nursing Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lezayre Nursing Home

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 Care Act 2014.

Inspection team

The inspection team includes two inspectors 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

Lezayre Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was in post and had begun the process to register with CQC.

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 and we sought feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the operations manager, manager, deputy manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from four health and social care professionals that work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found that although the audits on actual stock checks were mainly correct, this was not reflected on the electronic medication records. We raised this with the manager who immediately carried out a full audit of medications and processes.
- Staff did not have written guidance to follow when they administered medicines prescribed to be given 'as required', This meant they did not have the information to tell them when someone may need the medicine or how much to give.
- The manager told us the pharmacist had provided relevant staff with medication training, but there were no records to reflect who had attended this training or what it included.
- Not all staff had had their competency assessed to ensure they administered medicines safely.

Failure to ensure systems are in place to manage medications safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2012

- The manager had recently identified that the area where medicines were stored was hazardous. This area was now appropriate and safe.
- The provider used an electronic medication administration system to record when medicines had been administered. Medicines were stored safely and room temperature checks were taken regularly to ensure the medicines were stored appropriately.
- There were clear processes in place regarding the administration of prescribed thickening powder for drinks, for people who have difficulty swallowing.

Systems and processes to safeguard people from the risk of abuse

- Referrals had been made to the local safeguarding team when needed and records were maintained which showed any actions recommended, were implemented.
- Not all staff had completed safeguarding refresher training recently, however staff we spoke with were knowledgeable about safeguarding procedures and a policy was in place to guide them in their practice. The manager had advised all staff, prior to the inspection, that safeguarding e-learning was to be completed by the end of the month.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the home. One person said, "I am safe in the home. The carers [staff] make me feel safe." Relatives agreed and told us, "I am extremely impressed with the care provided by the

home and feel that my loved one is safe there" and "My relative certainly gets care which I consider to be safe. The carers [staff] really look after her and understand her needs."

- Regular external checks were made on the safety of the building, utilities and equipment, but not all internal checks were completed as required. For instance, the fire alarm was not always tested weekly to ensure it was in full working order. The manager had identified this prior to the inspection and had scheduled regular weekly tests to ensure it was completed.
- Staff had undertaken fire safety and health and safety training and there were updated policies in place to guide them.
- Individual risks to people had been assessed and these were recorded within care plans. Staff were made aware of any changes in the risks people faced and measures were in place to minimise any identified risks, such as fall sensor mats.

Staffing and recruitment

- Most safe recruitment checks had been completed, but these were not always comprehensively recorded. For instance, one person's file evidenced a gap in their employment history. This was raised with the manager who advised this had been discussed at interview and they would ensure this was fully recorded.
- People, their relatives and staff told us there were enough staff on duty to meet people's needs in a timely way. A relative told us, "There is certainly plenty of staff and there is always someone available."
- When needed, agency staff were utilised to ensure sufficient numbers of staff were available to support people. The manager requested the same agency staff so that consistent care could be provided.

Preventing and controlling infection

- Staff had completed appropriate training and were aware of government guidance regarding Covid-19 and how to reduce the spread of infection.
- There was a robust infection prevention and control procedures (IPC) in place, including those relating to COVID-19. Increased cleaning schedules had been developed and the home appeared clean.
- Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely. Staff told us they felt safe at work as they had all of the required PPE.
- There was a plan of refurbishment in place that the manager was working through to ensure the environment remained safe and well maintained.

Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed to look for ways of minimising further occurrences.
- Records showed that appropriate actions had been taken following incidents.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service. Although these checks had supported the manager to identify and address some areas that required improvement, they needed further work to ensure they captured all areas of the service to the safety of people and the building were fully monitored.
- The systems in place to monitor the quality and safety of the service had not identified all issues we highlighted during the inspection. For example, inaccurate medication stock balance, lack of medication competency assessments for staff and lack of information to support staff when administering 'as required' medications.
- The manager took responsive actions during the inspection, to address issues that were raised.
- The manager was working with the local authority to work through an action plan to help drive forward improvements within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.
- Relatives told us they were always updated. One relative told us, "We have been kept informed and we have spoken to the new manager and we hope she keeps up the way the previous manager worked with relatives."
- There had not been any recent formal opportunities for people living in the home to share their views, such as meetings and questionnaires, however people were happy with the support they received.

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

- Feedback regarding the quality of service people received was positive. Relatives told us, "The home is well managed. The hands-on day to day warmth of the carers [staff] shows to the residents" and "The home always tries to accommodate any request and they always keep me informed of how things are going." A person living in the home told us, "This is a good home. We get everything we need."
- Staff told us they enjoyed their jobs and were well supported in their roles and could raise any concerns they had with the manager.
- The manager acted on feedback received from staff, such as increasing staffing levels when staff reported

this was necessary.

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

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives were informed of any accidents or incidents involving their family member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The previous registered manager has left the service and a new manager is now in post. They have commenced the process to register with CQC.
- The manager had notified CQC of relevant events and incidents as required.
- The new manager and operations manager were clear about their roles and responsibilities with regards to ensuring people receive safe and high-quality care.
- A range of policies and procedures were in place to help guide staff in their roles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely. There were inconsistencies in the recording of stock balances. Staff had not had their competency assessed to ensure they safely administered medicines and they did not have information to support them when administering as required medications.