

Surecare Health Limited

Lezayre Nursing Home

Inspection report

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

Tel: 01516449433

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09 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 October 2017 and was unannounced.

The home is a converted three-storey property set in its own grounds in a residential area. It is registered to provide accommodation and nursing or personal care for up to 36 people, however a number of these places were in double rooms which are no longer shared and the nurse on duty told us that the maximum number of people accommodated would be 30. Twenty eight people were living there when we visited. The people accommodated were older people who required 24 hour support from staff.

Our last inspection of Lezayre was on 18 November 2015 and we found the service to be Good in all areas.

The home had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Before this inspection we had been notified that the manager would not be present in the home for a period of time.

During the inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not made sure that the premises were safe or that arrangements were in place to prevent and control the spread of infection and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have effective governance arrangements in place.

The home is an old building and requires continuous maintenance work to ensure people are safe. Flooring in one area needed urgent attention and floor-covering in other areas was damaged. Before the inspection we received concerns regarding infection prevention and control at the home. We found that the laundry, sluices and storerooms required improvements and a number of areas were dusty.

There were enough qualified and experienced staff to meet people's needs and keep them safe. During the course of the day we observed staff being alert and responsive to people's needs. Safe recruitment processes had not always been followed in full.

People we spoke with said they felt safe living at Lezayre. Staff received training about safeguarding and this was updated every year.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a cheerful and caring manner and they treated people with respect. Visitors we spoke with expressed their satisfaction with the care provided.

Overall, we found that medicines were managed safely but some improvements were needed.

People we spoke with were happy with their meals and with the social activities provided. People were registered with local GP practices and had visits from health practitioners as needed.

The care plans we looked at gave details of people's care needs and how their needs were met, however they were not easy to read or follow. Charts in people's bedrooms were completed well to show the care that had been provided.

In the absence of the manager, the quality and effectiveness of the service had not been monitored for the last two months and the standard of record keeping had deteriorated.

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.

Some parts of the building were not sufficiently clean and other areas required maintenance work.

Medicines were generally managed safely but some improvements were needed.

There were enough staff to support people and keep them safe.

Requires Improvement ●

Is the service effective?

The service was not entirely effective.

A programme of staff training and supervision was in place but records of this had not been maintained.

Staff were familiar with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been applied for as needed, however records were not well maintained.

Menus were planned to suit the choices of the people who lived at the home and people told us they enjoyed their meals.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff working at the home were attentive to people's needs and choices, and there was evident warmth and respect between the staff and the people who lived at the home.

Staff protected people's dignity and privacy when providing care for them.

Good ●

Is the service responsive?

The service was responsive.

The care plans we looked at gave details of people's care needs and how their needs were met. Charts recorded the care people

Good ●

had received.

People had choices in all aspects of daily living. A programme of social activities was provided.

A copy of the home's complaints procedure was displayed and complaints records were kept.

Is the service well-led?

The service was not always well led.

The home had a manager who was registered with CQC. Before this inspection we had been notified that the manager would not be present in the home for a period of time and adequate arrangements had not been implemented to ensure leadership in the absence of the manager.

A programme of quality auditing tools were in place but there had been no recent monitoring of the quality or safety of the service.

Requires Improvement ●

Lezayre Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 October 2017 and was unannounced. The inspection team consisted of two adult social care 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.

Before the inspection we looked at information CQC had received since our last visit and we contacted the quality monitoring officer at the local authority. CQC had received no complaints about the service since our last inspection. During our visit we spoke with five people who lived at the home, four relatives, and ten members of staff. We looked at care plans for three people who used the service, medication records, staff records, health and safety records and management records. We observed the care provided for people in communal areas.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe. Their comments included "Yes really safe because they look after you well." and "Yes they are always around in the building if I need them." A relative told us "The staff are always around and if a bell goes it is always answered."

All of the people we spoke with said they got their medicines on time and got pain relief if requested. Their comments were "I don't take many but they give them to me. I don't get any pain."; "I take my tablets in the morning – don't really need anything else." and "Yes, they give me pain killers if I ask, sometimes I need them for my legs." A relative commented "It was really difficult to give mum her medication. The staff have persevered and she now takes it fine."

We asked people if they thought there were enough staff. All of the relatives we spoke with felt, as far as they knew, there were sufficient staff members on duty. People who lived at the home said "I think they could do with a bit more – they are a bit stuck sometimes."; "Seems to be enough, but I don't require a lot."; "Sometimes there is and sometimes there isn't." and "They could do with a bit more at times."

We asked people if they had a call bell to ring for assistance. They all responded positively and three stated staff would come quickly either in the day or night. Comments included "Sometimes you have to wait a bit longer but it's alright." and "I need help going to the toilet so I let staff know."

We asked people if the home was kept clean and they all responded positively. Comments included "They keep it nice and I try to keep my room tidy." and "It's kept clean and they come in and do my room; brush and mop every day." Relatives said "Yes, it is always clean and tidy and never a smell."; "Yes, the place is always clean and the floors washed." and "The laundry is very good and bed linen is always clean."

Before the inspection we were alerted to concerns regarding infection prevention and control following an NHS inspection. The operations manager informed us that an action plan was being written to show how the issues would be addressed. In particular, improvements were needed to the laundry, sluices and storerooms and we found that some parts of the home were dusty.

We saw issues with the flooring in a number of areas, in particular at the entrance to the lounge where the floor required urgent attention. We discussed this with the operations manager and the maintenance person, who told us action was being taken.

Regular health and safety checks were carried out and up to date certificates were in place for the maintenance of equipment and services. However, we saw no records of water temperatures or of flushing of little used water outlets to help prevent Legionella.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not made sure that the premises were safe or that arrangements were in place to prevent and control the spread of infection.

Staff carried out and recorded a weekly test of the fire alarm system. Emergency evacuation equipment was provided and personal emergency evacuation plans were in place for people living at the home. Accidents and incidents were well documented

The staff rotas we looked at showed that there was a nurse on duty at all times. There was also a senior care assistant on duty during the day. In a morning there were six care staff on duty, four in an afternoon and evening, and three at night. Nine care staff had a national vocational qualification (NVQ) in care. Records we looked at showed that these numbers were maintained with some use of agency staff. In addition to the nurses and care staff, we observed that there were enough domestic, catering, administration and activities staff. During the course of the day we observed staff being alert and responsive to people's needs. A member of the inspection team was in a person's room when they pressed the bell and staff came swiftly.

We looked at the recruitment records for three new staff. We found that safe recruitment processes had not always been followed in full. Two of the new staff had not provided any details of their employment history and there were no interview notes to show whether they had been asked about their previous employment. The third new member of staff had only one reference on file although there was evidence that efforts had been made to obtain another reference. All of the new staff had a Disclosure and Barring Service disclosure on file. We brought this to the attention of the operations manager who said he would address the issues.

Staff completed annual training relating to safeguarding vulnerable people. Staff we spoke with said if they had any concerns they would first go to the nurse, then the home manager if needed. CQC records showed that the manager had reported safeguarding incidents as required.

On the first floor there was a locked medicines room of adequate size which was clean and reasonably tidy. The room had been improved since our last inspection. However, room temperature records showed that the medicines room was, on occasions, a little too warm for the safe storage of some items.

There was a cabinet for the safe storage of controlled drugs and appropriate records were kept. 'Anticipatory medicines' were in place for people who were approaching the end of their lives to ensure that they could be kept comfortable and pain free. Administration records indicated that people always received their medicines as prescribed by their doctor, however we saw a stock-pile of medicines for one person that needed to be disposed of.

Is the service effective?

Our findings

People told us they received visits from their GP as needed and they had also seen a district nurse, chiropodist and optician. They considered that the staff were well trained, one person commented "They are always going on courses." and a relative said "From what I've seen they seem absolutely brilliant."

People we spoke with were happy with their meals. They told us "I am finicky about food but I think the meals are excellent."; "Yes, I get enough and the night staff make us drinks." and "No complaints apart from white toast at breakfast."

We spoke with a senior care worker who had worked at the home for many years. She said a lot of staff had worked there for five years or more and there was a low staff turnover. She had NVQ level 3 in care and was about to go on a pressure ulcers and continence course. She was acting as mentor for a new member of staff. We spoke with two new members of staff who told us about the induction training they had received, however records of this had not been fully completed.

The home's training programme comprised a set of ten topics relevant to the needs of the people who lived at the home. These were completed annually. Staff were split into groups of mixed roles and had a list of topics to complete each month. Training was undertaken by watching a topical DVD followed by a questionnaire of multiple choice answers. Staff also received practical training relating to moving and handling and fire safety.

A chart in the manager's office showed that staff supervisions had been taking place up to August 2017, but appeared to have stopped in the absence of the manager. The records showed only three staff had an appraisal during 2017.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that mental capacity assessments were included in people's care plans. Some of the people who lived at the home had DoLS in place and other applications had been made and acknowledged by the local authority. However, the records were unclear and did not show which applications had been authorised or whether DoLS that had expired had been re-authorised.

The expert by experience had lunch with people in the dining room. They reported that the tables were set with cutlery, place mats and paper serviettes and there was fruit juice. The meat and carrot stew was very tender but other vegetables were soft and watery. There was a vegetarian alternative. Pudding was sponge and custard. People enjoyed their lunch in a friendly, relaxed atmosphere. There were several members of attentive staff and no one was rushed. Some people had their lunch in the lounge, from choice. We saw that people were encouraged to eat their meal and given assistance where needed. There were nutritional assessments and weight records in people's care plans.

The home had a comfortable and 'homely' feel despite some areas appearing 'tired'. There were pictures in the corridors and lounges and the lighting was adequate. New windows had been installed throughout the building and staff said that this had made the home warmer. The lounge was a little cramped with chairs arranged very close to each other. Several visitors arrived during the course of the morning and there was little space for them to sit.

We observed that a number of people were being looked after in bed and equipment had been provided to meet their needs, including adjustable beds and pressure-relieving mattresses. However, we noticed that two of the pressure mattresses were set incorrectly. We brought this to the attention of the nurse on duty and she took immediate action. Different types of hoists and slings were available to ensure that people could be moved and transferred safely.

Is the service caring?

Our findings

All of the people we spoke with were happy with the care provided and with the staff. One person told us "I felt quite settled as soon as I came in. I was apprehensive but the staff were so kind." Relatives' comments were "I've never seen anything untoward. All of the staff including kitchen staff, cleaners and activity co-ordinator are wonderful."; "I would come in here myself."; "It's like a family here." and "I think this is one of the best homes I've been in. All the residents are happy and well looked after."

All the people we spoke with appeared well cared for, clean and happy. They reported having their hair washed or done by the hairdresser on a regular basis and all had short, clean nails. A relative told us "They attend to all her personal needs and she is always clean and tidy; it's a difficult job, but all of them are great. I'm really happy."

Throughout the day we observed that people seemed relaxed and comfortable with the staff and we saw positive interactions between them. Staff treated people kindly and always had time to have a few words and addressed them by their names. Staff also had a good knowledge of the relatives who visited and interacted with them well.

We observed staff supporting people moving around, accessing toilets, giving medication and drinks and snacks. All of this care was given kindly and promptly and staff interaction with the people who lived at the home indicated familiar and mutually respectful relationships. Personal care was provided discretely to uphold people's dignity. Bedrooms that were shared by two people were spacious and had a privacy screen.

Two people told us they were supported to go out using electric wheelchairs. One person said that staff would take him to the local railway station so he could get the train to Liverpool.

Copies of the home's 'residents guide' were displayed on a noticeboard in the entrance area. This gave people clear and concise information about the services provided at the home.

Is the service responsive?

Our findings

People we spoke with felt they had choice in their daily activities and that the home had a good routine which suited them. Their comments included "I'm not told anything, they always ask. I decide what to wear. Staff would help but luckily I'm alright."; "I pick my own clothes. They get me up and I come down for breakfast."; "I don't get up till later and then decide what I'm going to do." and "Staff treat my pressure sore and turn me frequently."

Relatives felt they were involved in people's care and told us "Staff tell me and keep me informed."; "I've been involved and read her care file. She is treated well."; "My sister does all that, but they have a plan after her fall. The district nurse is involved and it is working." and "They always let me know when I come in, or they ring me."

We asked people who lived at the home what they would do if they had a complaint. They told us "If I was worried I'd go to the nurse."; "If I had a problem I'd ring them up – I have the number and my own phone." and "I'd go to [operations manager's name] and the nurses are good." Relatives felt they could resolve any concerns, but had not had any. They were confident the manager could sort it out. One commented "I would go to [names of senior carers] or one of the nurses."

We observed that staff were responsive to people's needs in a number of ways, for example helping them with drinks, snacks and meals; supporting them going to the toilet and talking calmly and patiently with people who were confused.

Care records showed that people's care and support needs were assessed before they went to live at the home to ensure that the service would be able to meet the person's individual needs. Some people were living with a dementia related condition, however the home did not provide specialist care for people with dementia.

We looked at care files for three people and found that these were sufficient in content to enable staff to look after the person. They had been kept up to date with regular reviews. Some people were being cared for in bed and we saw charts in their bedrooms that recorded the care they had received and, where appropriate, what they had eaten and drunk. The charts had been completed well.

The service employed an activities coordinator 30 hours per week. He had been in post for some years and had a good range of planned activities. We saw an activities programme displayed and the activities coordinator told us he went around asking people what kind of activities they would like to do in the afternoons and if they needed any shopping etc. He also reported doing one to one sessions with people who stayed in their rooms and he sometimes took people out.

The home's complaints procedure was displayed in the entrance area. This advised people who they could contact both internally and externally with any complaints. We considered that this could be made more concise and 'user friendly'. Complaints records showed a meeting with the person who made the complaint.

CQC has not received any complaints about the service since 2011.

Is the service well-led?

Our findings

We asked people what they thought about the atmosphere in the home and they told us "It's very good – they don't treat me as if I'm in a home – it's very friendly."; "We have a laugh and sometimes a sing-song." and "The staff are kind and treat me well and the atmosphere is fine."

The home had a manager who was registered with CQC. Before the inspection, we had been notified that the manager would be absent from the home for a period of time. There was no deputy manager. We were informed that the operations manager would be acting manager, however the operations manager told us he had been busy at another home. It was clear from records we looked at that the home had lacked leadership over recent weeks.

We had considerable concerns regarding the safety and cleanliness of the premises and the provider had not addressed the issues to a suitable standard and not in a timely way.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective governance arrangements in place.

The operations manager informed us that as from 16 October 2017 he would be working at Lezayre four days a week in the manager role. There was also support for the staff from the registered manager of a nearby home owned by the same provider.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. A copy of the home's last inspection report was displayed in the entrance hall.

Staff told us they enjoyed working at the home, with many staying for years, and they worked well together as a team.

A series of monthly audits covering care plans, medication, maintenance, environment, dignity and activities had been carried out up to July 2017, but there was no evidence of any quality monitoring for the last two months.

We saw satisfaction survey forms that people had completed earlier in 2017. Comments made on the forms included "We are very happy with the care from Lezayre."; "I am more than happy with the care my mum receives. She is always clean and tidy and most importantly, she is happy. Staff are fabulous."; "You provide an excellent service. Your staff are very approachable and will strive to sort issues out when they occur."; "The manager has got a good team working for her."; "First class care." and "Residents always come first."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made sure that the premises were safe or that arrangements were in place to prevent and control the spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance arrangements in place.