Surecare Health Limited

Lezayre Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 18 November 2015 and was unannounced. The home is a converted three-storey property set in its own grounds in a residential area. There were bedrooms on each floor, some of which had en-suite toilet and wash basin. Communal areas were all on the ground floor.

The service is registered to provide accommodation and nursing or personal care for up to 36 people and 30 people were living there when we visited. The people accommodated were older people who required 24 hour support from staff.

The home had a new manager who had applied to be 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.

People we spoke with said they felt safe living at Lezayre. All staff had received training about safeguarding and this

Summary of findings

was updated every year. There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited.

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 who we spoke with expressed their satisfaction with the care provided.

We found that the home was adequately maintained and records we looked at showed that the required health and safety checks were carried out. We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. They were happy with the standard of their meals and 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 a new care plan format was being introduced which was designed to improve the recording of information about the person's life and their preferences.

There was a friendly, open and inclusive culture in the home and people we met during our visit spoke highly of the home manager. Some quality audits had been carried out and these were being further developed.

Summary of findings

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 safe.

Staff had received training about safeguarding and this was updated annually.

The home was adequately maintained and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Good

Is the service effective?
The service was effective.

The staff team completed a comprehensive programme of training relevant to their work and had regular supervision meetings.

Staff were familiar with the Mental Capacity Act (2005) and deprivation of liberty safeguards had been applied for appropriately.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

Good

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.

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.

Good

Is the service well-led?
The service was well led.

The home had a manager who had applied to be registered with CQC.

There was a positive, open and inclusive culture.

Some auditing tools were in place and these were used to identify where improvement was needed.

Good

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 18 November 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist professional advisor (SPA), 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. The SPA was a healthcare professional with experience in the nursing care of older people.

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 and the local authority officer told us that no concerns had been reported.

During our visit we spoke with five people who lived at the home, five 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.

Good

Is the service safe?

Our findings

All of the people we spoke with believed the home was safe. People said they felt safe living in the home and they were not aware of any staff shortages. Training records showed that 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. Any safeguarding concerns would go straight to the home manager. If necessary they could also go to the home manager at their sister home.

CQC records showed that the manager had reported safeguarding incidents as required. A recent incident had been dealt with appropriately and the manager told us that following this, she had re-circulated copies of the home's safeguarding and whistleblowing policies to all staff to make sure that they were all aware of the guidance.

Some people had personal spending money in safekeeping at the home. Some had appointeeship through the local authority. We saw that detailed records were kept and all transactions were double signed. Receipts were numbered and filed. The records had been audited periodically to ensure that people were protected from financial abuse.

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, five in an afternoon and evening, and two at night. Seven care staff had a national vocational qualification (NVQ) in care. Records we looked at showed that these numbers were maintained with some usage of agency staff.

Staff we spoke with said that staff numbers had recently been increased. This meant that two care staff could work on each floor helping people to get up in the morning. This had improved outcomes for people who lived at the home in that they were not kept waiting. The manager also told us that she had some flexibility in staffing and gave an example of when numbers had been increased when individuals needed extra support.

In addition to the nurses and care staff, we observed that there were enough domestic, catering, maintenance, administration and activities staff.

We looked at the recruitment records for two new staff. We found that safe recruitment processes had been followed before they were employed at the home and the required records were all in place. The manager demonstrated a good understanding of the need to recruit staff suitable to work in the home. They told us that new staff were often put onto the staff bank to start with and then offered regular hours if they proved reliable and competent. One new member of staff had previously worked at the home through an agency and had made a very positive impression.

The home had a five star food hygiene rating. An infection control audit had been carried out by NHS staff in April 2015 and an action plan had been written to address issues identified. Most of the actions had been completed, however the manager told us that there were some challenges, for example with the laundry, that were difficult to overcome due to the age and the layout of the premises.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. Records showed that testing, servicing and maintenance of plant and equipment was carried out as required by external contractors. A 'grab file' contained floor plans with details of the needs of each person should an emergency evacuation of the building be required.

A log of accidents and incidents was maintained and audited monthly by the manager. We saw that this identified risks to individuals and follow up actions were recorded. We looked at records for a person who was identified as being at high risk of falls. The GP had been asked to review the person's medication and to request a review of the type of walking aid the person had. The measures put in place had been effective in reducing the number of falls for this person. No serious accidents or incidents had been reported during 2015.

We looked at medicines storage. On the first floor there was a locked medicines room of adequate size which was clean and reasonably tidy. The room was in need of some improvement as there was not much cupboard space and there was a hole at the top of the outside wall where an extractor fan should be. Room and fridge temperatures were recorded daily to show that medication was stored at a safe temperature.

Good

Is the service safe?

There was a cabinet for the safe storage of controlled drugs and appropriate records were kept. 'Anticipatory medicines' were in place for two people who were approaching the end of their lives to ensure that they could be kept comfortable and pain free.

Monthly repeat medicines were signed in to indicate that a nurse had checked they were correct. However, we saw that a hand-written addition to a medication administration record sheet had not been signed by the member of staff who had made the entry or by a second person to confirm it was correct. Administration records indicated that people always received their medicines as prescribed by their doctor.

The nurse on duty told us that there was no 'covert' (hidden) administration of medication. A member of care staff told us they had completed a medicines competency assessment with a pharmacist to confirm that they were safe to undertake medicines rounds before they were able to administer medicines unsupervised.

Good

Is the service effective?

Our findings

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. We also saw records to show that staff had received practical training relating to moving and handling and fire safety. The manager told us that some staff had started a programme of training relating to end of life care. A senior member of staff told us they had completed externally sourced training about mental capacity and deprivation of liberty safeguards, skin integrity, infection prevention, and death and dying.

Records we looked at showed that new staff completed a programme of induction training and had supervision meetings and practice observations during their probationary period. A chart in the manager's office showed that all staff had supervisions and observations, with senior care staff and nurses involved in supervising junior staff. A senior member of staff told us 'I do six weekly observational supervisions and then do a more formal meeting. I meet my supervisor every three months and this is a two way process.'

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.

The manager had completed mental capacity training and we saw that mental capacity assessments were included in people's care plans. Two people who lived at the home had DoLS in place and other applications had been made and acknowledged by the local authority. The home was not divided into separate living units and there were no restrictions on people's movements around the building. Staff we spoke with demonstrated an understanding of mental capacity and DoLS.

During our visit we observed a number of occasions when staff obtained consent; for example they asked "Would you like me to help you go to the toilet?"; "I have your tablets, are you ready to take them now?"; "Do you want to come to the table to make a Christmas card?" and "It's dinner time now; do you want me to help you up?" A senior member of staff told us "We ask and they will say if want or not. We try to encourage people but if they say no then we have to respect that. We then perhaps try again after a while as people can be different on different days." We saw that a care plan for consent was included in the new care plans that were being introduced.

People we spoke with were very positive about the meals. They told us "Food is very nice indeed." and "She is eating very well, much better than when she was at home." We were told that the kitchen assistant asked people for their menu choices when she took out a morning tea trolley. Sometimes people forgot what they had ordered but there was always enough of both alternatives. A menu board in the lounge showed the meal choices for the day and a board in the kitchen had details of people's special needs. The cook told us that she also had records of people's food preferences. The cook told us there was a four-weekly corporate menu, however on some days she needed to make adaptations to this as neither choice was acceptable to the people who lived at the home. Fresh soup was made every day and snacks were left for people to have in the evening or night. If people went out, or did not want their main meal at lunchtime, this was accommodated and a meal was saved for later.

The expert by experience had lunch with people in the dining room. They reported that 'The meal was hot and well-presented and people all ate heartily from well filled plates'. The main meal was roast chicken with four vegetables and both mashed and roast potatoes. There was also a choice of drinks. 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. Drinks were offered throughout the meal with a

Good

Is the service effective?

choice of orange or blackcurrant squash, milk, water or fresh orange juice. A member of staff told us they had a system in place to check that everyone had received their meal.

One person did not want anything to eat as they felt nauseous. This was dealt with in a dignified and calm way, allowing the person to tell staff when they felt ready to have food. They were then provided with 'a little soup' by request.

We looked at nutritional assessments and weight records in people's care plans. These had been reviewed monthly but did not always record people's nutritional status accurately. We discussed this with the manager and were told that new care plans, which were being implemented, included a malnutrition universal screening tool (MUST) which will identify people at risk in a more effective way.

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. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. The building is old and requires continuing maintenance and improvement. On the day we visited, a building company was converting a former bathroom into a wet-room. New central heating boilers had been installed and some improvements had been made to the laundry. There was clear signage to identify toilets, bathrooms etc.

Good

Is the service caring?

Our findings

One person we spoke with said “It’s alright here.” They told us they received support with personal hygiene and dressing and were taken downstairs in a wheelchair if they wished. Relatives told us “The place is like a home from home.” and “We are particularly impressed with the family atmosphere.” Another relative said “I have nothing but praise for this place. It’s so lovely to see her so happy here.” They told us about a special birthday party that had been arranged for their relative’s birthday.

Staff also believed that “We really have a family atmosphere.” We observed that all of the staff went out of their way to support people for example, the maintenance person took a gentleman outside for a smoke. The manager told us that this person could become agitated and responded well to male company.

People spoke highly of the quality of person-centred care provided. They told us “Yes, they know him very well.” and “My mother is very well looked after. The staff know all her foibles.” People also told us “The nurses are good.” and “I’m kept well informed about health problems.”

We observed many interactions between staff and people who lived at the home which were both kind and caring. People appeared relaxed and happy in staff presence and a number of times there was ‘banter’ between them in the lounge. Staff approach to people was warm and friendly, giving people support when needed, and encouraging independence whenever possible. One person asked where the toilet was. The care assistant explained and asked “Do you want me to come with you?” The resident person replied “No thank you, I can manage now.” Another person was reminded to use her frame when walking, staff member saying “Don’t walk off without your frame.”

At lunchtime we observed that staff were very attentive throughout the meal and treated people with dignity, asking for their choices, calling them by name and making sure that they left the dining room safely. Those who needed help were well supported.

We were told that three people regularly went out on their own. One person who had a visual impairment was supported with talking books.

We saw that bedrooms shared by two people had a privacy screen available and staff told us about how they ensured people’s privacy and dignity when providing personal care.

Copies of the home’s statement of purpose and service user guide were displayed on a noticeboard in the entrance area. The manager told us that a home brochure had also been produced but was unable to find a copy of this. The service user guide provided some useful information, however we considered that it required improvement both in the style that it was presented and the information it contained so that people who went to live at the home, and their families, could refer to it for details about the services available in an easy to read format. In the entrance area we also found useful information for visitors about deprivation of liberty safeguards and Alzheimer’s disease.

Good

Is the service responsive?

Our findings

We saw 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 who lived at the home required nursing care and others required personal care. Some people were living with a dementia related condition however the home did not provide specialist care for people with dementia. The manager told us that, on occasions, it was necessary for people to move to a more specialist service as their needs changed. Some people were being cared for in bed and we saw charts in their bedrooms that recorded two hourly pressure care.

We looked at care files for two people and found that these were sufficient in content to enable staff to look after the person. They were not person centred, although written in the first person. The provider had recognised this and a new care plan format had been developed. We looked at a file that had been written using new format and found this to be much more responsive and revolved around the person rather than their problems.

We spoke with the manager about a person who had a DoLS in place for a period of three months as recommended by the best interests assessor (BIA). This was because the BIA thought that Lezayre may not be able to meet the person's needs long term. The service was clearly meeting the person's needs and they had settled into life in the home really well, however, the documentation was not sufficiently person-centred to evidence this. The manager said she would look at this file in more depth and transition to their new care plan process in order for them to be able to provide this evidence.

The service employed an activities coordinator 30 hours per week. They had been in post for some years and had a good range of planned activities. We saw an activities programme displayed. A member of staff told us "He is good. He arranges outside singers and entertainers on the afternoons he is at our other home." An outside entertainer was in the home during the afternoon of the inspection. He was a regular visitor to the home and knew people quite well. The activities coordinator worked hard at engaging people and getting them to dance and join in. This was done in a sensitive way. The manager told us she had introduced an activities record sheet for each person.

The home's complaints procedure was displayed in the entrance area and advised people who they could contact both internally and externally with any complaints. The manager told us she had not received any complaints since taking up post but she recognised the need to be aware of any issues that people might raise even though they were not serious in nature. She had put in place a 'niggles' book to record minor issues that were reported.

Good

Is the service well-led?

Our findings

A new manager started working at the home in March 2015. They had applied for registration with the CQC and were waiting for the registration process to be completed. The new manager told us this this was their first manager post and they had received good support from the manager of a nearby service under the same ownership, and the area manager. We found that the manager was enthusiastic, willing to learn and keen to take the service forward

Staff said they enjoyed working at the home, with many staying for years. A member of staff told us they felt supported by the manager to continue to update and improve their skills and knowledge. The new manager had fostered an atmosphere that was both inclusive and welcoming. Staff were able to put forward ideas and felt these would be listened to. One example of this was; the laundry was situated in the basement and was not a very pleasant place to spend time in. The manager had put in a place a system whereby domestic staff duties were rotated so that nobody was required to spend too many days working in the laundry.

There was evidence of regular staff meetings. A range of issues were covered at these meetings. The manager told us they had held four meetings since taking up post with the most recent being on 24 September 2015. The most recent residents and relatives meeting had been held in June 2015 and another was planned.

A questionnaire about activities had been completed earlier in the year and a full satisfaction survey involving all stakeholders was in the process of being undertaken. Positive feedback had been received from eight professionals, and their comments included 'All advice followed' and 'Full information given as requested.'

We looked at a very detailed medicines audit that the manager had completed recently. A feedback report had been copied to all of the nurses and senior care staff. There had also been a less detailed audit in August 2015. Audits of staff files had been undertaken by the administrator in July and November 2015. There was no recent care files audit. An environment audit had been done in July 2015 and necessary improvements identified. As a result of this, a wet-room was being installed on the ground floor.

There was no planner to show when quality audits would be carried out in future but the manager said they would put this in place. We looked at a 'quality assurance' file which recorded any incidents that had been raised with the manager and how they had been addressed. This provided evidence of reflective practice and showed that staff had been given support when they needed it.