

Athena Healthcare (New Brighton One) Limited

Lighthouse Lodge

Inspection report

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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

Lighthouse Lodge is a care home that provides accommodation for up to 80 people who need help with their personal care. At the time of the inspection 44 people lived in the home. Some of the people living in the home, lived with dementia.

People's experience of using this service

Medication management was unsafe. Some people's medicines were not given safely in accordance with the manufacturer's instructions. Staff lacked clear guidance on how to administer people's 'as and when' required medicines. Records in relation to the administration of thickening medication (prescribed to prevent people from choking) were not properly maintained and some of the medicines within the home could not be accounted for.

Some of the risks to people's health and well-being were not monitored properly. Information on some people's emotional well-being was not accurately recorded to enable staff to offer appropriate support. People's bowel health was not accurately recorded to enable staff to assess and monitor for further complications. This placed people at risk of inappropriate and unsafe care.

The systems in place to monitor the quality and safety of the service were not always used effectively to identify and mitigate risks. This meant the service was not always well-led.

Staff recruitment was managed well and the number of staff on duty was sufficient to meet people's needs. Staff spoken with were knowledgeable about the day to day support people needed. They knew their personalities and preferences and spoke with genuine warmth about the people they cared for. Feedback from people and their relatives was positive.

The home was safe, clean and well maintained. Infection control arrangements were in place to prevent and mitigate the risk of COVID-19. Appropriate protective and personal equipment (PPE) was in place and care staff used this appropriately. Catering staff were reminded during the inspection, that the use of a facemask, was required at all times when in the kitchen.

The manager knew the service well. During our inspection, they were open and transparent. The culture of the service was positive and the atmosphere relaxed and homely. It was clear the manager was passionate about the service and committed to continuous improvement. However, the lack of reliable and effective quality assurance meant that service delivery risks had not been picked up and addressed to ensure people always received good care.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 24 October 2020). The service remains rated requires improvement.

Why we inspected:

The inspection was prompted in part due to concerns received about medicines, people's care and the management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 not changed and remains requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medication and risk management and Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 ●

Lighthouse Lodge

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by three 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 service.

Service and service type

Lighthouse Lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We telephoned the service from the car park on the day of the inspection just prior to entry. The purpose of this was to obtain information about COVID-19 in advance of inspectors entering the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We liaised with both the Local Authority and the NHS infection Control Team to gain information on the service. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived in the home and six relatives. We spoke with the manager, the regional manager, a unit lead, a senior care assistant, two care assistants, the cook and a catering assistant. We reviewed a range of records. This included three people's care records, a sample of medication records, four staff recruitment files and records relating to the management of 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 requires improvement. At this inspection, this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Although the majority of people's risks were assessed, some of their risks were not properly monitored. This was because the records relating to people's health and well-being were not always accurate or consistent. This placed people at risk of inappropriate and unsafe care.
- Some care files contained specific information about the specific symptoms people experienced in respect of their health conditions, but others did not. This required improvement.
- Accident and incidents were managed appropriately to keep people safe.

The provider had not ensured risks in relation to some people's care were properly managed to prevent avoidable harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always given safely or as prescribed. Staff did not always follow the prescribers' directions carefully; one person was given a double dose of ear drops for over two weeks. Stock checks and records for some medicines and creams showed they were not given as prescribed.
- People were at risk of being given additional doses of some of their medicines, too close together or, at the wrong times.
- Staff lacked clear personalised guidance on how and when to administer people's 'as and when' required medicines. For example, medicines for anxiety, prescribed creams and bowel medication. When medicines were prescribed with a choice of dose to be given, staff had no guidance on which dose to choose.
- Records about medicines did not always show that medicines were accounted for. Staff did not always make suitable records when prescribed thickening agents were used.
- Waste and unwanted medicines were not stored safely in line with current guidance. Some medicines were not stored at the recommended temperatures.

The management of medication was unsafe. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;

- Safeguarding procedures were followed to protect people from the risk of abuse.
- People told us they felt safe as did their relatives. People living in the home told us, "They are very good, lovely girls" and "It is very nice, a proper home if I can't be in my own".

Staffing and recruitment

- Staff files contained appropriate information to ensure fit and proper persons were employed. For example, new staff had a criminal conviction check carried out, previous employer references obtained and their personal identify checked prior to employment.
- On the day we visited, there were enough staff on duty to meet people's needs. People and the relatives we spoke with confirmed this.

Preventing and controlling infection

- Staff had completed infection control training and we observed care staff wearing appropriate PPE. Catering staff however had to be reminded to wear face masks when in the kitchen.
- There were safe procedures in place for the admission of new people to the home and for visiting. A relative told us visiting was "Well managed during the pandemic" with "PPE, a screen and lateral flow testing" to mitigate the risk of COVID-19.
- Staff and people living in the home were tested for COVID-19 regularly and were involved in the COVID-19 vaccination programme.
- There was a clear system in place to maintain cleanliness and infection control. Comments from the people and relatives we spoke with included, "Its immaculate" and "Yes (its clean), it's like a beautiful hotel, purpose built".

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Improvements found at the last inspection with regards to quality assurance had not been sustained. There were a range of audits in place to check various aspects of service delivery such as medication and care planning but they were not used effectively to identify and address risk. This placed people at risk of avoidable harm.
- The new registered manager and regional manager were clear about their roles and responsibilities. However, the provider's quality assurance systems did not adequately assist them to ensure people received safe and appropriate care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- At this inspection, we saw that information on people's preferences, likes and dislikes and interests were noted in their care plans. Records in relation to people's day to day care however were not always accurate and up to date which meant it was difficult to tell if they were in receipt of the right support.

The governance arrangements in place were not robust and record keeping was not always adequately maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoken knew people well and told us how they tailored people's support to meet their wishes. It was obvious staff genuinely cared for the people they looked after. One staff member said, "We adore our residents, they are like our extended families".
- The people we spoke with and their relatives spoke positively about the home and the care received. Their comments included, "Yes, I am well cared for here"; "Yes, they help me a lot" and "Mum is treated very well, she always seems happy and well cared for".
- The culture of the home was open and transparent. The manager and regional manager were aware of their responsibility for duty of candour and to report notifiable incidents to CQC.

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

- People told us they participated in resident's meetings which helped them feel involve with the running of the service. Due to COVID-19 restrictions relatives' meetings had not yet re-commenced.
- People received support from a range of health and social care professionals as and when required. One person said, "If I need someone (health professional) they get them for me and relative told us, "They (the person) see a nurse weekly and a Doctor is called if there is any concern".
- Relatives told us the home kept in touch about their loved one's progress and alerted them promptly if there were any concerns.
- Staff meetings took place regularly to discuss the running of the service and people's care.

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 The management to medication was unsafe. This placed people at risk of harm. Risks in relation to people's care were not properly managed to prevent avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements in place were not robust and record keeping was not always adequately maintained.