

Hill Care 1 Limited

# Lever Edge Care Home

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

Lever Edge Care Home is a residential care home that is registered to provide personal care and support for 81 people and is divided into three units. On the day of the inspection there were 68 people living at the home. On Turton unit there were 26 people living with dementia and on Smithills unit there were 18 people also living with dementia. Rivington unit cared for people who required help and support with care and 24 people were living on this unit.

Since our last inspection the registered manager had left the service in February 2019. The home is currently being managed by the regional manager with the support of the regional director.

People's experience of using this service:

Staff knew how to keep people safe from abuse and policies and procedures were in place to identify, investigate and report suspicions of abuse. People told us they felt safe.

Some areas of potential risk were identified, assessed and planned for to help keep people safe. We found some environmental risk assessments were in place. However, some minor concerns were raised about fire safety issues following an inspection by Greater Manchester Fire and Rescue service. This was found to be a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These are detailed in the safe domain on this report.

Staff recruitment was satisfactory and staff rotas looked at on the day of the inspection accurately reflected the numbers of staff on duty. From our observations and from comments made by people who used the service, staff and relatives we recommend that staffing levels and the deployment of staff be reviewed. It was clear that the deployment of staff was raised as a concern.

We recommend that staffing levels and the deployment of staff be reviewed.

Staff training was ongoing, and staff confirmed they had recently attended some training in medication and dementia care.

The majority of people spoken with said they were well cared for. People were supported to have choice and control of their lives and staff supported this in the least restrictive way possible. Policies and procedures were in place to support this practice. People received a healthy diet in line with their assessed needs. People had access to health care as required.

Care plans and assessments were in place which identified the areas of support people wanted and needed. However, we found the initial assessment were at times contradictory in parts. This meant that staff may struggle to understand people's needs. Suitable arrangements were in place to respond to any complaints and concerns.

People's views and opinions were sought on the service and staff and resident/relatives' meetings were held. The service had a complaints policy and people we spoke with knew how to make a complaint.

Systems and procedures were in place to monitor the quality and effectiveness of the service. The regional manager had already completed some audits to identify areas of good practice and issues for improvement.

Rating at last inspection: Inadequate and the last report was published 16 November 2018. For more information details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last inspection of Lever Edge took place on 04 September 2018. There were four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified. These were in relation to failure to provide person centred care, dignity and respect, medication and governance. The overall rating for this service was 'Inadequate' and the service was placed in 'Special measures'.

Why we inspected:

Services in special measures are kept under review are required to be inspected again within six months. A comprehensive inspection was undertaken on 06 March 2019 to ensure that improvements had been made by the provider.

The service was currently without a registered manager. People confirmed that the interim managerial arrangements were working well. People and their relatives were encouraged to provide feedback on the service and staff worked well as a team.

Follow up:

At this inspection we found improvements had been made. The service is now out of special measures. However, we will continue to monitor information and intelligence about this service to ensure these are sustained. We will return to re-inspect the home in line with our inspection timescales for services that Require Improvement, however if we receive any information of concern, we may inspect sooner.

Further information is in the detailed information below.

## 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 effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive 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** ●

# Lever Edge Care 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

The inspection was undertaken by two adult social care inspectors, a medicines inspector and two experts 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:

Lever Edge Care Home is a residential service providing care and support for 81 people, of which some were living with dementia. On the day of the inspection there were 68 people living at the home.

At the time of the inspection the home was without a registered manager. A registered manager is a person who is registered with the Care Quality Commission. A registered manager is a person 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. The inspection was carried out on the 06 March 2019.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We were aware that one notification of events that stop the service from operating had not been notified to us by the previous manager. We sought feedback from the local authority, the safeguarding team, the Bolton Community Infection Prevention and Control team, other healthcare professionals and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care.

We used a 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 to us.

During the inspection we spoke with the management team and six members of staff. We spoke with 22 people who used the service, seven relatives and two visiting professionals. We reviewed a range of records. This included six people's care records, four staff files, staff training and supervisions and the management and monitoring of the service. We looked at records about medicines and medicines for ten people. We spoke to two staff members who were responsible for administering medicines during the inspection.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management:

- During breakfast the fire alarm was activated. Though staff followed company policy this meant that people who used the service were left alone for some time. We observed that some people were anxious and worried with the noise of the alarm and for the length of time it rang. We discussed this with the management who agreed to review their procedures. We saw that there was a fire 'grab bag' and Personal Emergency Evacuation Plan (PEEP) file. We noted that in one unit the number of people did not tally with the number in the PEEP file. We asked for this to be addressed immediately and to add the number of staff required to assist each person to a safe place within the home.

Due to our concerns about the way in which the fire drill was conducted we requested an inspection from the Greater Manchester Fire and Rescue Service. An inspection of the home was carried out on 25 March 2019. The fire officer identified some minor deficiencies which they discussed with the management. These included: inadequately maintained manual firefighting equipment and some of the luminaires/signs were found to be inoperative.

This is a breach of Regulation of 12 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the safety of the premises and the equipment.

Systems and processes to safe people for the risk of abuse:

- People told us they felt safe at the home. One person said, "You feel safe, I'm not left out of anything." Another person said, "Yes I do feel safe. I have no problems and I don't need to worry about bills at home anymore. One relative told us, "[Relative] is safe, definitely as far as care is concerned." Another said, "[Relative] says she feels safe here and the carers are kind." We saw people were comfortable in staff members' presence. Their facial expressions and body language gave no cause for concern. Everybody we spoke with felt their relatives were safe with the staff, and that they could share any fears with staff members if they needed to.

- The service had safeguarding policies and procedures in place which were accessible to staff. Staff confirmed they had completed training in safeguarding vulnerable adults from abuse. Staff spoken with were aware of the types of abuse and knew what to do if they witnessed or an allegation of abuse was made to them.

Staffing and recruitment:

- We looked at four staff files and found the provider followed safe recruitment procedures. Personnel files contained an application form, references, other forms of identification and Disclosure and Barring Service check (DBS). DBS checks help employers make safe recruitment decisions as they identify if a person has had any convictions or cautions.

- We looked at the staff rotas. On the day of the inspection we found the staff numbers on duty were as recorded on the rota. We observed throughout the day that people were left unattended for long periods of time. We saw that in one dining room on Turton unit, 12 people were left unattended for over five minutes. During this time, we observed two altercations between people. Both situations were minor issues. However, the second altercation required intervention from a member of staff who had entered the room. We observed that the member of staff did not seem able to manage in the dining room on their own. For example, one person had been waiting for their breakfast when the fire alarm sounded, around 09:30. We observed this person was still sat in the same place at 11:10 with a cup of cold tea in front of them.

One person told us, "I think some days there seems to be enough staff but other days there's not a lot going on; not many of them about." Another person told us, "I imagine they could do with more staff because there is always someone shouting for assistance." A visitor told us, "Of late, over the last few months the level of staff seems to have improved." We discussed the comments made by people regarding staffing levels with the management team.

At our inspection on 4 September 2018 we discussed with the registered manager why the numbers of care staff on duty in a morning differed from the afternoon shift when people still required the same level of care. Following the last inspection, we were told by the management team that staffing levels and hours had been increased and had remained in place.

We recommend the provider reviews the deployment of staff within the home.

Using medicines safely:

People's prescribed medications were managed safely.

At our last inspection we found that medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 06 March 2019 we found improvements had been made and the breach had been met.

- There were procedures in place for the use of 'when required medicines' (PRN). Protocols were in place and detailed in people's care plans. However, when there was choice of dose there was no guidance for staff of which dose to choose and the dose was not always recorded. This had minimal risk to people's health.
- When people are given their medicines covertly the information recorded about how each person is given their medicine needs to be personalised. For example, was there a preference for people to be given medicines in food or in drinks. For people who were receiving covert medication (where medication is given in food or drinks) there was evidence this was being undertaken in the person's best interests.
- The system of medicines when people come into the home or returned from a hospital admission needs improving. For example, a person that came out of hospital had items on the discharge sheet that were not previously prescribed, and no checks had been done between the home or with the prescribers to verify the changes so that there is clear information to guide staff about the exact medicines people should be given. This was discussed with the management team who agreed to action this following the inspection.
- Medicines Administration Record (MAR) were completed to confirm that people has received their medicines as prescribed.

Preventing and controlling infection:

- At our last inspection on 04 September 2018 we found the home was not clean and fresh and infection prevention and control procedures were poor.
- At the inspection on 06 March 2019 we found that improvements had been made to the overall cleanliness of the home. From our walk round, we found that bedrooms and bedding had improved. However, there were some minor outstanding issues that the management were aware of and were dealing



with. For example, there was still an odour on Turton unit. The regional manager was aware of this and had already taken steps to address the issue.

- We saw that staff had access to disposable gloves and aprons when providing personal care and hand sanitizers were situated around the home. One visitor told us, "I think the cleanliness of the home is fine. Probably not around October last year as a one off." Other people spoken with were happy with the cleanliness of the home. One told us, "It's clean most of the time."

Learning lessons when things go wrong:

- Accidents and incidents had been logged, noting what happened, and with consideration of how to limit and reduce risks after each incident. Audits checked for trends and patterns, to mitigate further risks. For example, referrals to the Speech and Language Therapy (SALT) team for guidance where people had difficulty swallowing.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, ensuring consent to care and treatment in line with law and guidance:

- ☐ Assessments of people's needs were undertaken to identify the care and support required. These had been regularly reviewed. However, we saw in the care records we looked at that an initial assessment, 'Maintaining a Safe Environment' had been completed. However, these were not very clear guidelines for staff to follow. For example, in the history of falls, one care record stated 'no' in one place and 'yes' in another, slipped off bed at home, no injuries. To ensure that people's needs, and choices could be met a thorough assessment should be completed prior to admission to the home. We spoke with the deputy manager who agreed some of the information was confusing and agreed to look at improving the assessment format.
- ☐ People's needs and wishes, including their likes and dislikes were recorded in the care plan. For example, bathing preferences, choice of male or female carer and assistance required with personal care.

Staff support, induction, training, skill and experience:

- ☐ Staff were supported to access training and development. Staff spoken with told us they had recently completed refresher training in dementia and medication. The training matrix showed that staff had received essential training and refresher courses were booked and included: Equality and diversity, infection control, nutrition and hydration and end of life care.
- ☐ All staff new to care completed the care certificate. This is a nationally recognised qualification designed to equip staff to deliver all aspects of care. New staff completed an induction programme on commencing work at the service. One member of staff told us that they thoroughly enjoyed the recent dementia training, although told us that they could probably do with more in-depth training in terms of how to communicate with people who have more advanced or complex needs.
- ☐ The regional manager had ensured that a programme of staff supervision was now taking place as this had lapsed. Some staff spoken with confirmed they had already received supervision with the regional manager. Supervision is a meeting where staff can discuss with the management any worries or concerns they may have and any training and development they may wish to undertake.

Supporting people to eat and drink enough with choice in a balanced diet:

- ☐ We asked people about the food. They told us, "I have enjoyed my breakfast. I think the food is quite good and a good choice." Another person said, "The food is very good; if there's not something on [the menu] that you want, you can have something else." A third person said, "It's good food and there's plenty of it." We spoke with some relatives who told us, "[Relative] is eating fine, always eating snacks here, and putting

weight on, which is good." Another said, "We and the home have been in touch with a dietician because [our relative] eats very little and has lost weight, but not for want of staff trying. Two fortified drinks are given daily, at our request as 'medicines', so [relative] will take them. The staff push the drinks all the time".

- We looked at a sample of food and fluid charts. We discussed with the regional manager that whilst we observed a member of staff completing a fluid chart, this was done when they gave the person their drink. The member of staff did not observe and record the amount drank. This meant that this was an inaccurate reflection of this person's fluid intake, which over the course of a day could have affected this person's wellbeing.
- We observed the lunch time experience in Rivington dining room. The dining room was pleasant, a clean environment and plenty of room for everyone. Tables set with cloths, flowers, condiments, napkins and place settings. Menus were displayed outside the dining room; people were offered menu choices although pre-orders had already been taken. Staff explained to people or showed them what the choices were if necessary, using actual food examples not pictures. We noted that most people ate in the dining room. This meant that the staff on the unit were in the dining room to provide for people's needs. There was nobody needing individual support.
- In Smithills unit we used a 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 to us. Lunch was a calm, pleasant experience. Staff were deployed effectively, and assistance was given where needed and lots of encouragement. Staff were very patient and took time to assist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare service and support:

- The service worked with other organisations, such as social workers, the local authority quality monitoring team and healthcare professionals to help ensure that people's needs, and wishes were met. This included the community mental health team and the Speech and Language Therapy Team (SALT). Care records noted visits from healthcare professionals and hospital appointments.
- In the event of a person being transferred to hospital information about the person was passed to the receiving service. The home used the 'Red Bag' system which contained the person's care and medication records, their medication and personal items. The red bag initiative was rolled out to all nursing and care homes across Bolton NHS Foundation Trust. The idea of this was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing/residential home.

Adapting service, design, decoration to meet people's needs:

- The layout and design of the home allowed people to move freely around each unit with the use of wheelchairs or walking aids. There were suitable communal areas on both floors. On the day of the inspection we noted that the home was in the process of being decorated. Therefore, dementia signage to help people orientate around the home had been removed until the work was completed. We noted that in bathrooms and toilets an absence of suitably coloured accessories such as toilet seats and grab rails to help people with recognition, as all were white. Best practice guidance indicates that people living with dementia respond well to certain colours rather than bland colours.

At previous inspections the use of the Railway Café (Smithills unit) had provided a space for people and relatives to have refreshments together and baking activities had taken place. This was currently out of action. We discussed this with the management team who confirmed that they would like to get the café up and running again as soon as possible.

The inner courtyard was unkempt, untidy and required attention to allow people safe access, therefore, people were unable to access the outside area if they wished to.

Ensuring consent to care and treatment in line with law and guidance:

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making for particular decisions on behalf of the people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 procedure 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.
- ☐ Where people had been deprived of their liberty, the management had submitted applications to the local authority to seek authorisation to ensure this was lawful. We saw that there was a record of current DoLS information, which indicated any conditions and the renewal date.
- ☐ Staff spoken with had completed training in MCA and DoLS and had an understanding of the requirements of the MCA. The training programme provided following the inspection showed that staff were to complete or undertake refresher training on MCA, DoLS and safeguarding on 15 and 19 March 2019.
- ☐ Care records included consent forms, which people or their relatives acting on their behalf, where appropriate had agreed and signed. Where people lacked capacity and had no appropriate family representative, decisions were made in their best interests. This included consent to photographs and for some activities. People we spoke with told us, "I have not seen my care plan, my [relative] deals with that." Another said, "[Name] has Power of Attorney and does all my paperwork. I am happy with that because they know what I want and what I like". A visitor told us, "We have been through the care plans and updated it following [relative] stay in hospital."

Visiting:

- ☐ It was evident that people's friends and family could visit as and when their relative wished; visitors came and went throughout the day and could sit wherever they preferred to see and speak with their relatives. One person told us, "You can see your family when you like and be taken out by them." A visitor told us, "The girls get my [relative] for me to speak to on the phone a couple of times a week."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity:

- ☐ A small number of people told us, "Most of them [staff], I can't say 100% but there are one or two who don't care enough and are here for the wrong reasons." Another person said, "The staff are kind and caring, they just haven't got the time." However, the majority of people spoken with told us they were happy with the care provided. One visitor said, "The staff we come across on a regular basis are excellent in how they talk to our [relative]. They can get her to do things we can't." Another relative told us, "Most of the staff are kind and caring." When we asked people about the care they received the majority of people told us were happy with the care provided. Comments included, "All the staff are very good, they look after me very well."
- ☐ We observed how staff interacted with people at different points through the day. Staff spoke to people using a warm and friendly tone of voice, and ensured they spoke at face to face level. For example, when offering and giving medication to a person, the member of staff crouched low, next to the person's chair, to speak to them, and made full eye contact.
- ☐ Staff used people's first names when addressing them. However, we observed for one person for whom their preferred name was not used. For example, this person's preferred name was their second name, but some staff continued to call them by their first name. This showed a lack of respect for this person preference and choice.
- ☐ The staff considered people's cultural and religious preferences. Staff had completed training in equality and diversity and further training was planned, as shown on the staff training matrix.

Supporting people to express their views and be involved in making decisions about their care:

- ☐ People were supported to express their views and be involved, where possible, in making decisions about their care.
- ☐ People's preferences were recorded in the care plans, for example times of getting up and going to bed and interests and hobbies.
- ☐ Staff offered support appropriately, giving people a sense of control and the ability to decline. For example, we observed a member of staff say, "Can I help you to use the stand aid [name] and we can get to your walking frame. Is that okay?"
- ☐ Information about local advocacy services was available for advice and support for people who may need someone to act on their behalf. We saw for some people a solicitor had been appointed to deal with their affairs.

Respecting and promoting people's privacy, dignity and independence:

- ☐ We saw and heard staff knocking at people's door before entering, although at times this was done very hastily and gave the person no time for them to respond and ask the staff member to wait. However, nobody expressed concern, and all felt their privacy was respected. People told us, "They [staff] knock on the door,

they don't just come in." Another said, "They [staff] make sure the door is closed to start with and they shut the curtains when getting me ready."

- It was noted on a number of recordings, for example care records and food/fluid charts, that people were referred to as 'wandering'. The term 'wandering' is not a respectful way of how people who are 'walking with purpose' should be referred to.

- In the main, information about people, including care records were securely stored on each unit. However, we did notice on one unit that the 'bathing' list was left out on top of the desk for anyone to view.

- Where possible people were encouraged to maintain their skills by actively participating in some tasks. For example, one person told us "I like to make my own bed." Another person said, "I am quite independent, I like doing things for myself." A third person told us, "I do a lot of reading and crosswords and TV quiz shows; you can learn a lot from them." One relative told us, "I ask the staff to involve [relative] in things like helping out and they do. For example, helping set the table. It makes [name] feel like they work here and not in a care home."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that service met people's needs

People's needs were not always met.

At our last inspection we found of breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 06 March we found improvements had been made and the breach had been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- ☐ Each person who lived at Lever Edge Care Home had care records which documented their needs and how they would wish to be supported. There was an aide memoire in the care plan covering 13 areas that detailed the specific care requirements and the level of assistance required. The care plans had improved from our last inspection. However, they would benefit from being more person centred to demonstrate people or their families had been fully involved. For example, a 'This is me document', which gives a good indication of the person, for example, 'I like', and 'I need help with'.
- ☐ Care files we looked at contained information of any person who was subject to any deprivation of liberty or if a 'do not attempt resuscitation' (DNACPR) was in place. A DNACPR form is a document signed by the persons GP which advises medical teams not to attempt cardiopulmonary resuscitation.
- ☐ Multi-disciplinary records indicated involvement with health and social care professionals for example, community nurses, SALT and the mental health team.
- ☐ Specific risks were assessed such as falls, mental health concerns, skin integrity and mobility and where risks were identified instructions of how to minimise risks were included in the care plans.
- ☐ We asked people and observed how people spent their day. A new activity coordinator had been appointed and was still getting used to people and putting activities and records of engagement in place. We observed a member of staff sat with people playing music. One person told us, "There's not much to do." Another said, "An occupational therapist comes around and helps with sewing, tapestry etc., I go and help the gardeners." A third person said, "Yesterday four of us were so called, 'making pancakes' but the activities person made the pancakes not us." It was evident from the conversation that this person wanted to be more involved with the activity and felt deskilled. Since our last inspection the home had set up a shop/café in one of the lounges where people could purchase toiletries and other small items.
- ☐ Improving care quality in response to complaints or concerns:  
Information about how to complain was available to people and reiterated to people living at the home through residents and relatives meeting. One relative told us they had complained several times about the numerous items of their relatives' clothes going missing despite all clothing having sewn in named labels. The service had a complaints procedure and a complaints log for recording and actions taken. However, we found the none of the complaints about the missing clothing had been logged. One relative told us that monthly meetings were held, and these gave them the opportunity to discuss complaints and concerns. One person told us, "I am quite satisfied with this place, I have no complaints." Another said, "I put up with things rather than complain".

- A recent compliment sent to the home stated, "I just wanted to say a huge thank you for the amazing care my relative receives. Your staff are truly fantastic, they can't do enough." The regional manager told us that communication between families had improved and that emails and messages were regularly sent out to them, keeping them up to date with things going on within the home.

#### End of life care and support:

- ☐ People were encouraged to complete advanced care plans as to how and where they would like to be supported at the end of life. We saw in the care files we looked at that this had been discussed and actions recorded. In some instances, it was recorded, "Not ready to discuss" another said, "Family to deal with all arrangements."
- ☐ At the time of the inspection there was nobody receiving end of life care. However, staff knew how to support people through their last days and would ensure they sought support from the community nursing team and from the local hospice.



# Is the service well-led?

## Our findings

Well-led – this means that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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:

- ☐ At the time of the inspection the home was without a registered manager. The regional manager was overseeing the running of the home with support from senior management until a new manager was recruited. The management were actively looking to recruit a permanent manager. One person told, "I know who the manager is, she is a very nice lady." One relative spoken with said, "I am aware of the new person [regional manager] via meeting and minutes." Another relative said, "We don't know who is in charge at the moment."
- ☐ We saw that the regional manager had undertaken some audits to gather information and monitor the homes response to care planning, medication management, health and safety, training, safeguarding, accidents and incidents and complaints.
- ☐ The home was working with the local authority quality monitoring team in completing the home improvement plan put in place following the last inspection.
- ☐ Since our last inspection the home has held regular resident/relatives' meetings to keep people informed about the improvements and the way forward. For people who cannot attend the meetings the area manager cascades information via email. Regular staff meetings were also in place and staff confirmed that communication with the management had improved.
- ☐ Policies and procedures were in place and revised by the provider to ensure they remained effective.
- ☐ Staff understood their roles and responsibilities and were confident that the change in the management structure had been positive. We asked people if they felt the home was well run. People who used the service, relatives and staff thought the home was being well managed.

Planning and promoting person centred care, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- ☐ People, their relatives and health professionals spoke positively about the change the regional manager had implemented at the service. Comments included, "Let's hope it stays that way".
- ☐ The service has a statement of purpose and a service user guide which outlined the aims of what people could expect from the service.
- ☐ In the main CQC had been informed of any incidents and events in line with legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- ☐ The regional manager had been speaking with people informally, getting to know them personally regarding their satisfaction and what improvements were needed.

- People spoken with told us that communication with the management had improved.
- Staff told us that they too were actively encouraged to share their views and ideas and more formally through team meetings, supervisions and appraisals.

Continuous learning and improving care:

- Information obtained from the audit and analysis of incidents and complaints was used to drive improvements. The regional manager was committed to ensuring that a high standard of care was reinstated at Lever Edge Care Home. The regional manager had appointed some staff as 'Champions' who would oversee areas such as end of life care, medication, care planning dignity, continence, safeguarding, nutrition, dementia and communication, oral hygiene and foot care and wellbeing.

Working in partnership with others:

- The home continues to work in partnership with other healthcare professionals such as the community nursing team, infection control and the mental health team.

We will continue to monitor the service to ensure that the improvements found at this inspection are sustained and we will re-inspect in line with CQC timescales for services that Require Improvement. However, we have any concerns about the service we may inspect at an earlier date.

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 provider had failed to ensure the safety of the building and the equipment.