

Hill Care 1 Limited

Lever Edge Care Home

Inspection report

Lever Edge Lane
Great Lever
Bolton
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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 ●

Summary of findings

Overall summary

About the service

Lever Edge is a residential care home which can accommodate up to 81 people. The home provides accommodation within three units spread over two floors. The Bungalow unit on the ground floor and the Turton unit on the first floor provide accommodation and support for people living with dementia. The Rivington unit on the ground floor provides accommodation for people who require support with their care. At the time of the inspection 71 people were living at the home.

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

People told us they felt safe living at Lever Edge Care Home, receiving care and support from staff who knew them well. Staff were knowledgeable about how to identify and report safeguarding concerns and had reported any issues appropriately. Staffing levels were based on people's needs and enough staff were deployed to support people safely. Accidents, incidents and falls had been documented and reviewed to look for trends and help prevent a reoccurrence. The home was clean, with effective cleaning and infection control processes in place. People received their medicines safely by staff who were trained and assessed as competent.

People and relatives felt staff had the necessary skills and knowledge to carry out their roles. Staff completed a mixture of online and classroom-based training sessions, received regular supervisions and an annual appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's health and welfare needs were being met, with access to professionals as required. Equipment was in place to support people to stay well. Referrals had been made timely to professionals when any issues had been noted or concerns raised. People spoke positively about food and drinks provided, with choices available at each mealtime, along with snacks should they want them.

Staff were described as kind, caring and supportive. A relative told us, "The care mum gets is fantastic. We are very, very grateful that she is safe, loved and being looked after." People were treated with dignity and respect and encouraged to do as much for themselves as they could.

Care files provided information about people's life history, likes, dislikes and how they wanted to be cared for. People and relatives had been involved in the care planning process and updated about any required changes. People's social and recreational needs were met through a weekly activities programme, facilitated by activity co-ordinators and staff members. The complaints process was clearly displayed within the home, people told us they knew how to raise concerns, but had not needed to.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly reviewed. Staff spoke positively about the management team and the support they provided. People and

relatives were also complimentary. One relative stated, "[Registered manager] is very approachable and level headed; they listen to everything which is extremely important."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published November 2020). No breaches of regulation were identified at that inspection and improvements were noted, however, as it was a focussed inspection, which looked only at the safe, caring and well-led key questions, the overall rating could not be changed, as we did not inspect all key questions. At this inspection we found improvements had been made in all key questions.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff support and oversight, management of falls and incidents, medicines management, management of deprivation of liberty safeguards (DoLS) and care and support provided to people. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring and well-led sections of this full report.

You can read the reports from both the focussed inspection and our last comprehensive inspection, by selecting the 'all reports' link for Lever Edge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

The inspection was carried out by three inspectors, a medicines inspector and two Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service 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 announced. We gave a short period of notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. We announced the inspection on the afternoon of the 11 October 2021 and completed the first day of inspection on the 12 October 2021. Two additional unannounced site visits were completed on the 20 October 2021, one during the day and another visit in the evening, to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also asked for feedback from the local authority, clinical commissioning group and professionals who work with 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 of this information to plan our inspection.

During the inspection

We spoke with eight people, four relatives and two visiting professionals about their experiences of the care and support provided. We also spoke with 14 staff members, including the registered manager, area manager, a unit manager, activities and care staff.

We reviewed a range of records. This included seven people's care records and multiple medicine administration records and associated documentation. We also looked at other records relating to the management of the home and care provided to people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safety information and certificates, staff rotas and staffing tools, accident and incident monitoring, menus and meal monitoring, meeting minutes, surveys, audit and governance information. We also contacted eleven relatives by phone to seek their views on the home, care provided and how well the home communicated with them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Relatives we spoke with also had no concerns about their family member's safety. Comments included, "I feel perfectly safe here", "They look after us to the best of their ability, I feel safe" and "I feel that [relative] is safe there and they are in a safe environment."
- Staff received training in safeguarding and knew how to identify and report concerns. One staff told us, "It is about keeping the service users safe. Types of abuse can include physical, emotional and mental abuse. I've not seen anything like that here, but bruises, or changes in behaviour could be signs of abuse."
- The home used a log to record any safeguarding referrals, actions taken and outcomes. Any safeguarding concerns had been reported in line with local authority guidance.

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

- The home had assessed risks to people's safety and wellbeing. Guidance about managing people's risks was contained in their care records for staff to follow.
- Accidents, incidents and falls had been recorded consistently, with analysis completed to look for trends to help prevent a reoccurrence. Action plans had been generated to drive improvements and referrals to professionals made where necessary, such as physiotherapists or the falls team.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance.
- A fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies. Fire drills were undertaken regularly, although we noted these did not involve people being evacuated from specific areas, as they would be in an emergency. The registered manager agreed to introduce this moving forwards.

Staffing and recruitment

- Staff were recruited safely. The provider had the necessary recruitment checks in place, including seeking references and contacting the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.
- Enough staff were deployed to meet people's needs. The home used a system to determine how many staff were required per day to support people safely, with rotas being completed in line with this information.
- People and their relatives had no concerns around staffing levels. Comments included, "There is always somebody about you can go to" and "Absolutely. There's always plenty staff around and if [relative] needed anything or there was an incident, I feel staff would be there for them."
- Staff also raised no concerns. One told us, "On this unit, we have three care assistants and a senior during

the day and that is enough and we can get things done."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- The electronic medicines management system in place was understood by staff and was effective in ensuring all aspects of medicines management were safe.
- Guidelines for the use of medicines to be taken only when required were detailed and specific for each person, to ensure staff knew when and how to administer these.
- Staff responsible for administering medicines had received training and had their competency assessed.

Preventing and controlling infection

- Infection prevention and control practice was of a good standard. Current COVID-19 guidance around personal protective equipment, (PPE) usage, regular cleaning and risk assessments was being followed. During our night visit, we found some staff not wearing PPE consistently as per guidelines, however, this was addressed at the time by the deputy manager.
- Staff had received training in infection control and the safe use of PPE, and confirmed enough PPE was available.
- Staff, people and visitors to the home were completing testing in line with current guidance. The registered manager confirmed all staff would have received both COVID-19 vaccinations by the 11 November 2021, as per government guidelines.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

Staff support: induction, training, skills and experience

- Staff received sufficient training, support and induction to enable them to meet people's needs. One staff member stated, "There is enough [training] available and in the past year I have done moving and handling, safeguarding, MCA/DoLS and infection control." Another member of staff added, "We get enough training and I have learnt quite a lot actually doing the job as well."
- People and relatives spoke positively about the competency of the staff. One relative told us, "Yes, definitely they are well trained. They all seem capable and genuinely care for the residents. I think it is not just a question of them doing what they need to do, but they also go the extra mile."
- The home monitored staff training and supervision completion and ensure these were in line with the provider's policy. Staff completed quarterly supervision meetings and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received enough to eat and drink and were offered sufficient choice at each meal time.
- We observed the lunchtime experience on each unit and found this to be positive. People were given the choice of either sitting with others in the dining room, or in their bedroom. Tables were nicely set with fabric tablecloths, paper napkins and floral arrangements.
- Where necessary, people received support to eat and drink safely by staff who were patient and caring
- Where people required a modified diet, this had been provided in line with guidance. Food and fluid charts had been used to record people's intake. However, whilst done consistently, greater detail was required at times, to ensure entries specified exactly what people had eaten and how this had been prepared or served. The registered manager had already identified this as a need.

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

- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, podiatrists and dieticians. Information from appointments or assessments

had been documented in people's care records.

- Oral care was provided in line with people's needs and wishes. Care plans detailed the level of support people required and the equipment they preferred to use. Although people did not have an assigned dentist, their care plans detailed the steps staff should take if people required any dental treatment, which included the name of a local dentist who had agreed to see people in an emergency without them having to be registered.

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

- The layout of the home catered for people's needs. Since the last comprehensive inspection, a lot of work had been done on the environment, including the creation of themed corridors, a therapy room and a movie room.
- Some adaptations had been made to the environment to help people living with dementia orientate around the building, including signage on corridors and communal rooms, such as bathrooms, toilets, lounges and dining rooms.
- Corridors were free from clutter to enable people who liked to walk with purpose, do so safely. Seating areas had been created to provide people with a place to rest.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and understood how these applied to their day to day role.
- A log was used to track DoLS applications and their outcome. Applications had been submitted where required, with re-applications completed at least four weeks prior to the expiry date, as per guidance.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place. A best interest decision log was used to list each best interest decision made and where specifically in the care plan, the relevant documentation could be located.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the standard of care and the staff who provided this. Comments included, "The staff are amazing, every single one of them. They're absolutely lovely, can't do enough for you," and "'I can't fault them in any shape or form. The staff are absolutely excellent and are very loving and caring."
- People looked clean, well presented and at ease in the presence of the staff who supported them. We observed a number of positive interactions throughout the inspection. For example, staff greeting people warmly and providing reassurance during care delivery. It was apparent staff knew people well and how best to care for them.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. This included respecting and supporting people's cultural and religious beliefs and sexual orientation. The home had recently held a 'Pride' party, which due to its success will be an annual event.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted as much as possible. One relative told us, "Mum still has her dignity and the staff always treat her with respect." Whilst another stated, "I have watched the staff interacting with the residents, and this is done with integrity and kindness. I genuinely mean that. We are so grateful that we have found Lever Edge."
- People were given the privacy they required, with each person having their own personal bedroom. Any personal care was delivered behind closed doors. We saw staff knocking on people's bedroom doors before entering and providing support.
- Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance and explanations to people when assisting them, such as to mobilise.

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

- People received care in line with their wishes from staff who knew people well and what they wanted. People told us they could make choices about their care and support. Relatives confirmed they had been involved in the care planning process. One stated, "Every single decision that has to be made about my [relative's] care I am involved with and contacted by the home about."
- Feedback from people and their relatives was sought via bi-annual questionnaires. The home also encouraged people and their relatives to share their views via online care home review sites.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans explained how people wished to be cared for and supported. Where possible, people and relatives had been involved in the initial assessment and care planning process. A relative told us, "They do involve us. [Staff member] rang me a short while ago to do a review and to make sure everything we wanted was in place."
- Care files contained a range of person-centred information. The social history assessment provided staff with details about people's backgrounds, life histories, likes and dislikes. This helped staff understand people better as individuals and supported the provision of personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS. Care files contained communication plans, which explained people's needs and how these would be met, including how best to provide information. For example, one person's plan said staff needed to speak clearly and slowly and provide simple instructions one at a time.
- Information was available in a range of formats, for example in large print for people with a visual impairment. The home also used white boards and easy read prompt cards to support effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged by care staff to undertake activities and maintain social relationships to promote their wellbeing. During COVID-19 staff had helped people stay in contact with their relatives via telephone calls, video calls, window visits and indoor visits, in line with guidance.
- The home provided activities twice a day, seven days per week; these took place on specific units, rather than across the home as a whole. The schedule was displayed on each unit and had been created in an 'easy read' style using words and pictures, so it was accessible to as many people as possible.
- The home employed two activity coordinators, who held monthly meetings with people to discuss activity ideas and what people would like to participate in. Records of engagement in activities had been kept, along with feedback from people about what they had liked and enjoyed.

- Alongside the scheduled activities, the home also provided other sources of entertainment. 'Bored boards' had been created on each unit; these were noticeboards on which paper based activities such as quizzes, dot to dots and word searches were available. Night owl boxes had also been created containing games, magazines and puzzles, which people could access should they be unable to sleep.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain but had not needed to. Comments included, "I've no complaints, but would speak to the manager if I did," and "We've no complaints, we're delighted in how [relative] is being cared for."
- The home had a complaints policy in place, with a log used to detail any complaints received, action taken and outcomes. We found any complaints received had been acknowledged, investigated and responded to in writing in a timely manner.

End of life care and support

- At the time of inspection nobody was in receipt of end of life care, however, where people had consented, specific care plans were in place which detailed their wishes for this stage of their life and how they wanted to be cared for.
- The home worked closely with the local district nursing team to support people's choice to remain within the home and receive palliative care.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The provider and registered manager used a range of audits, monitoring systems and spot checks to assess the quality and performance of the home and care provided. These had been used to identify shortfalls, generate actions and drive improvements.
- A home improvement plan was used to capture any actions or issues identified via auditing, monitoring or feedback from people and staff. This was reviewed and updated weekly.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- We found the home to be an inclusive environment. People's views were sought and documented.
- The home used a 'you said-we did' board for communicating to people and relatives the actions taken or changes made based on their recommendations and feedback.
- Staff told us they enjoyed working at the home and felt supported. One staff member said, "We have a lovely management team, especially [registered manager]. I am well supported and can raise any problems I have." Another stated said, "[Registered manager] deserves 10 out of 10 and will always support us as best as they can. The support I have had has been brilliant."

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

- The home sought the views and opinions of people and their relatives through regular meetings. Resident meetings were held quarterly, during which people were asked to provide feedback on the quality of the home and care provided.
- Every month the home held either a relative meeting or a relative's forum. This format had been set up in response to a request from a family member. The forums were used as an opportunity to discuss ideas, what was going well and any issues or concerns.
- Staff meetings took place at regular intervals. One staff member told us, "During meetings we are able to speak out and raise any concerns we have." Another said, "We have them each month and this helps us feel listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour.
- Relatives told us communication by the home when things had gone wrong was very good. One stated, "They always contact me if any incidents occur like when [relative] slipped out of bed." Another said, "They were excellent in keeping me up to date on the occasions when [relative] had to go to hospital. They were excellent with them when they returned to the home too."

Working in partnership with others

- The home worked in partnership with other professionals or organisations to benefit people living at the home.
- Involvement had been affected due to restrictions caused by the COVID-19 pandemic, however, examples included links with local schools, who had visited the home and sang from outside and links with a local sheltered housing association and dance and drama group.
- The home had taken part in the recent campaign to provide school meals to disadvantaged children during school holidays and had provided free lunches to children in the local community.