

Athena Healthcare (New Brighton One) Limited

Lighthouse Lodge

Inspection report

1 Alexandra Road
New Brighton
Wallasey
CH45 0JZ

Tel: 01519090000
Website: www.lighthouselodge.co.uk

Date of inspection visit:
06 November 2019

Date of publication:
29 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lighthouse Lodge is a residential care home providing personal care to 47 people at the time of the inspection. The service is registered to support up to 80 people in one adapted building. The home is located over four floors.

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

Staff knew people well and included them in decisions about their care preferences. However, care plans were not always completed to reflect the person-centred care being given to people.

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 and the policies and systems in the service supported this practice. However, mental capacity assessments were not always completed in line with legislation and it was not always clear what decisions were being assessed. DoLS had been applied for appropriately to keep people safe, however one care plan contained inaccurate information with regard to this. We found no evidence people had been restricted of their freedom unlawfully.

Due to the large volume of new staff recruited in the home, and with an issue with the induction process, not all staff had completed induction training. The registered manager had put measures in place to ensure staff were safe and competent to carry out their role and had arranged for extra induction training sessions to take place before the end of the year. The induction process had been changed recently and staff would be able to access training in a more timely way. Clinical training for nursing staff was up to date and it was clear there was a continuous drive to seek out further training to ensure clinical practice was kept up to date.

Audits and checks were completed by the registered manager; however, these were not always effective at identifying concerns. We made a recommendation about this. The registered manager was responsive to our feedback during the inspection.

The home was clean and well maintained and the environment was pleasant. However, on one floor the decoration of the environment had not been fully considered for those living with dementia. We made a recommendation about this.

Risks to people were assessed and appropriate plans were in place to keep people safe. There were clinical governance procedures in place which ensured risks to people were identified and addressed in a timely way. Checks on the environment and most equipment were completed to ensure they were safe to use. However, we found pressure relieving mattresses had not been checked regularly, and checks had not been recorded. We made a recommendation about this.

Most staff had been recruited safely. However, two records we looked at did not include a full employment history and not all gaps in employment had been accounted for. We made a recommendation about this.

There were enough staff to meet people's needs. We saw people had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care. Some relatives felt there had been a reduction in staff numbers since the home first opened, but the registered manager explained the home had been staffed based on full occupancy from opening which may give the impression staffing had reduced. This had not always been communicated effectively to people and their relatives.

People told us they felt safe living at Lighthouse Lodge and they liked living there. There was a range of activities available for people.

Staff understood their role and had confidence in the registered manager. Staff told us they worked well together as a team, and there was good morale amongst them.

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

This service was registered with us on 09/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme for newly registered services.

Enforcement

At this inspection we have identified a breach of regulation in relation to record keeping with regard to people's care and treatment.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Lighthouse Lodge

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.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor in nursing and one 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

Lighthouse Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before inspection

We reviewed information we received about the service since registration and we sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nurses,

care workers, activities coordinator and the chef. We also spoke with one visiting healthcare professional. We used the 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 with us.

We reviewed a range of records. This included six people's care records, and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Staffing and recruitment

- Two of the staff files we checked did not evidence a full employment history.

We recommend the provider considers current guidance on the recruitment of staff to ensure this is compliant with current legislation.

- Nurse pin validation checks had been completed at recruitment. There were some that were due to expire within a few months. The registered manager told us these were not routinely checked after nurses were appointed. However, we were later sent the nurse pin checks for all nurses, and the registered manager told us the provider checked all nurse pins monthly.
- We found there were enough staff to support people safely. Throughout the inspection we observed people receiving support when they required it. However, some relatives felt there were less staff compared to when the home first opened. We spoke with the registered manager who told us the home had been staffed for full occupancy from opening and as occupancy had grown it could look like there were less staff. The registered manager agreed to communicate this more effectively with people and their relatives.

Using medicines safely

- A medication policy was in place to ensure safe management of medicines. However, this did not cover all appropriate best practice guidance.
- Medications were stored securely, at the right temperature and were well managed.
- Staff completed training in how to administer medicines safely and had their competency assessed. However, one medication competency stated the staff member was to be reviewed in three months and this did not happen. The deputy manager told us a review was not needed, but this had not been recorded.
- Audits on medicines had taken place to ensure any errors were identified, however these had not been completed consistently. When errors had been highlighted, it was not always clear what action had been taken.

Assessing risk, safety monitoring and management

- Most people's care plans contained a wide range of risk assessments with appropriate information to support staff in safely supporting people. However, one person who needed the use of oxygen did not have a risk assessment or care plan in place for this. We spoke with staff who knew how to support this person safely and we were told a care plan would be put in place immediately.
- Regular clinical meetings took place which ensured risks to people were identified and addressed in a timely way.

- Plans ensured that people's needs would continue to be met in the event of an emergency.
- Risks within the environment were considered and assessed. Most equipment was regularly checked to ensure it was safe to use, however pressure relieving mattresses were not checked regularly and checks were not recorded. We checked mattress levels during the inspection and found they were all correct.

We recommend the provider ensures all pressure relieving equipment is checked to ensure it is safe and used correctly.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments included, "I feel safe because I felt vulnerable in my own flat; here I know the staff are about," and "I feel my relative is safe."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Safeguarding referrals were discussed regularly as part of clinical governance processes. This ensured concerns were referred appropriately.

Learning lessons when things go wrong

- Accidents and incidents were comprehensively reviewed and analysed each month as part of clinical governance checks. There was clear oversight of incidents, with lessons effectively identified and shared.

Preventing and controlling infection

- The home was clean throughout. One person said, "The home is clean and my room is spotless."
- We saw staff using appropriate Personal protective Equipment (PPE) to reduce the risk of the spread of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment of the home was very pleasant and nicely decorated. However, we found all bedrooms looked the same and could make it difficult for people to identify their room. We saw some care plans which stated memory boxes would be made and placed outside to support people's orientation, however this had not happened to date.
- There was signage around the home, however this was not always clear to see due to the location of the signs. During the inspection we saw one person get confused whilst looking for the bathroom and they entered another person's ensuite bathroom in error.

We recommend the provider consider current guidance on environment adaptations for people living with dementia and take action to update the design and decoration of part of the home.

- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started working in the home. There were some staff who had not completed the full induction process or associated training at the time of the inspection. We raised our concerns with the registered manager who explained this was because the induction programme had been completed quarterly. However, the induction process had recently changed and staff would be able to access training when they started working in the home. Further induction training had already been arranged and staff would access training before the end of the year. Appropriate measures were put in place by the registered manager to ensure staff were competent to carry out their roles.
- Staff told us they felt well supported by the registered manager.
- There was lots of clinical training in place for nurses. There was a continuous drive for seeking clinical training and keeping abreast of best practice in relation to nursing.

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.

- Consent had been sought and recorded in line with the principles of the MCA 2005. However, when people had capacity to consent to care and treatment this was not always clearly recorded in line with the provider's policy.
- DoLS were applied for appropriately to keep people safe from harm.
- Mental capacity assessments were not decision specific and it was unclear why some assessments had been completed. The registered manager had identified a lack of knowledge and confidence with MCA and had arranged training for staff.

We recommend the provider seek advice and guidance from a reputable source regarding Mental Capacity Act 2005.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Charts were in place to monitor people's food and fluids when needed.

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

- Oral health risk assessments were completed, and most people had robust oral health care plans.
- Staff told us they felt confident supporting people with their oral health needs. Oral health training was scheduled to take place before the end of the year.
- Additional support from other health and social care professionals was sought and acted upon as and when needed.

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

- People's needs were assessed before admission to the home to ensure they could be met.
- Nationally recognised tools were used to continually assess people's needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 their relatives told us they were well looked after. Comments included, "The carers are excellent. They always go above and beyond; they are more like my friends," and "[The person] is well cared for and the staff will have a laugh and a chat. They love the staff and the staff appear to love [the person]."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- We observed people received support which was kind and caring. Staff had developed positive relationships with people and knew how to support them effectively. They spoke warmly about the people living at the home.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and protected their dignity and privacy. One person said, "They always cover me with towels after helping me shower."
- People's care plans recognised what people could do for themselves and what they needed help with. Staff promoted people's independence as much as possible.
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

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

- People and their relatives were involved in the planning of their care.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- There were residents' meetings and people told us they were able to express their views. There was a 'You Said, We Did' board displayed in the home to inform people what action had been taken.
- There had been no relatives' meetings held at the time of the inspection, but there was one planned before the end of the year. Relatives told us they felt comfortable expressing their views to the registered manager and they were involved in their relatives care plans and reviews.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs may not always be met.

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

- Staff knew people well including their likes and dislikes. However, people's care plans did not consistently reflect the personalised care being given.
- Some care plans lacked person specific information. One person's care plan stated 1:1 support should be offered when the person became distressed. There was no mention of how to reassure this person.
- Information regarding people's care needs was not always accurate and sometimes contradictory between different care plans. One person had an incorrect care plan stating they were unable to leave the home without staff as they lacked capacity to return safely. The deputy manager told us care plans had been electronically written with drop down box choices and some of these had been chosen incorrectly for some people's care plans.

The provider failed to ensure records relating to people's care and treatment were updated or completed fully and accurately. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive to our concerns and put actions in place to address these.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked at showed end of life care plans were in place, however these did not always reflect that people's wishes for end of life care had been considered. We saw some care plan reviews which stated a review was in progress to make the plans more person centred.

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

- There was an activity coordinator and activity assistants working at the home to provide a range of activities for people. People and their relatives were very positive about the activities on offer.
- The activities coordinator spent time with people and their relatives discussing their hobbies and interests so activities could be tailored to people's preferences. Volunteers were recruited with interests in specific areas, such as poetry, painting and massage.
- We saw people had developed friendships with others living at the service. People told us family and friends could visit anytime they wanted. This supported people to maintain relationships.

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.

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and supported people in these ways.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. We saw complaints had been responded to appropriately. A 'You Said, We Did' board was displayed in the home informing people what action had been taken.

- People living in the home and their relatives told us they would feel comfortable raising a concern. People told us the registered manager was very responsive when concerns were raised.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- Records, to document the care people had received were not always well-maintained. Care plans had been reviewed regularly but issues with inaccurate and inconsistent information had not always been identified. It also was not always clear what actions had been taken when issues had been identified.
- Audits and checks were in place, but these were not always effective at identifying concerns found at this inspection. We found some information regarding recruitment of staff missing, and irregular checks on people's air flow mattresses had not been identified.
- Actions taken to address concerns identified were not always clearly recorded. Some medicines audits had identified concerns, but the accompanying action plans were blank.

We recommend the provider seeks advice and guidance from a reputable source to strengthen the auditing processes.

- The registered manager was aware of their regulatory requirements, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.
- There was a clinical governance system in place which ensured risks to people were well managed.

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

- Some feedback we received from relatives suggested communication about some things within the home could be improved. However, relatives told us the registered manager was approachable and they felt comfortable raising concerns.
- Residents meetings had taken place and it was clear their feedback was used to improve the home.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.
- When referrals to other services were needed, we saw that these referrals were made in a timely way

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

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care. Although this was not always recorded appropriately, during our observations we saw staff supporting people in line with their choices.

- People told us they thought the management team were approachable.
- Staff praised the management and told us the service was well run. They said they felt well supported to provide person-centred care for people.

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 registered manager had a good understanding of their responsibilities under the duty of candour. Records demonstrated they had discussed concerns raised with people and their relatives.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure records were completed accurately and well maintained. |