Surecare Health Limited

Lezayre Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 November and 3 December 2018 and was unannounced on the first day. Lezayre 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 home had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home is a converted three-storey property set in its own grounds in a residential area. It is registered to provide accommodation and nursing or personal care for up to 36 people, however a number of these places were in double rooms which are no longer shared and the manager told us that the maximum number of people accommodated would be 32. Twenty-three people were living there when we visited.

Our last inspection of Lezayre was on 9 October 2017 and we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not made sure that the premises were safe or that arrangements were in place to prevent and control the spread of infection, and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have effective governance arrangements in place.

During this inspection we found that improvements had been made to the safety and cleanliness of the environment and the service was no longer in breach of Regulation 12. The manager completed regular quality monitoring audits which identified any areas needing improvement. Action plans were agreed and implemented by the manager and the staff team. The service was no longer in breach of Regulation 17.

There were enough qualified and experienced staff to meet people's needs and keep them safe. New staff were recruited safely. Staff were supported in their role through induction, supervisions and an annual appraisal. Training was provided to ensure staff had the knowledge and skills to work safely and effectively.

People told us they felt safe in the home and that they had no concerns regarding their care. They told us the staff were kind and caring and protected their dignity and privacy.

People's medicines were managed safely.

Records showed that consent was sought in line with the principles of the Mental Capacity Act 2005 and applications to deprive people of their liberty had been made appropriately..

People were satisfied with their meals and with the choice of food available.

A range of social activities was provided to keep people stimulated and occupied.

The care plans we looked at were written in a sensitive and person-centred style and gave details of people's care needs and how their needs were met.

People spoke highly of the registered manager and told us she provided excellent support for the staff team and was always looking for ways to improve the service for the people who used it.

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.

There were enough staff to support people and keep them safe.

The premises were clean and well maintained.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had regular training and supervision.

Staff were familiar with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been applied for as needed.

People had a choice of meals and received the support they needed to maintain nutrition and hydration.

Is the service caring?

Good

The service was caring.

We observed that staff protected people's dignity and individuality and treated people with kindness and respect.

People's relatives were made welcome when they visited and were involved in their care.

People's personal information was kept securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive.

The care files contained person-centred plans that were updated monthly.

A range of social activities was provided to keep people stimulated and occupied.

The home's complaints procedure was displayed and people told us any issues were addressed.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC.

The manager provided excellent support and leadership for the staff team.

A programme of quality auditing and service improvement was completed to a high standard.

Lezayre Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 26 November and 3 December 2018 and was unannounced on the first day. The inspection was carried out by an adult social care inspector.

Before the inspection we looked at information CQC had received since our last visit and we contacted the quality monitoring officer at the local authority. CQC had received no complaints about the service since our last inspection. During our visit we spoke with five people who lived at the home, two relatives, and six members of staff. We also received written comments from staff and relatives.

We looked at care plans for three people who used the service, medication records, staff records, health and safety records and management records. We observed the care provided for people in communal areas.

Good

Is the service safe?

Our findings

At our last inspection of Lezayre we found. breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not made sure that the premises were safe or that adequate arrangements were in place to prevent and control the spread of infection. Following the inspection an action plan for improvement was written and had been completed.

At this inspection we found that the service was no longer in breach of Regulation 12. The manager told us that a second maintenance person had been employed to ensure that a programme of redecoration and refurbishment could be implemented. We saw that flooring had been replaced in many areas and beading fitted to seal gaps between floor and walls. Housekeeping staff has received further training and all parts of the home looked cleaner.

The laundry is situated in the basement and was kept as hygienic as possible given the constraints of its location. The manager had put precautions in place in the laundry with regard to paraffin based creams. The kitchen had a five star food hygiene rating.

Regular health and safety checks were carried out and up to date certificates were in place for the maintenance of equipment and services. The passenger lift had been refurbished. Staff carried out and recorded a weekly test of the fire alarm system. Emergency evacuation equipment was provided and detailed personal emergency evacuation plans were in place for the people living at the home. An evacuation plan and business contingency plan were in place and staff had received fire training and evacuation practices.

Nursing staff completed risk assessments to assess and monitor people's health and safety. Risk assessments covered areas including falls, nutrition, mobility, choking, dependency and skin integrity. The assessments were reviewed regularly and appropriate measures put in place based on the outcomes.

We saw good reporting and recording of accidents and incidents, with a monthly summary completed by the home manager. Monthly reviews identified any themes or trends with the aim of reducing the risk of recurrence. A number of people had been identified as at risk of falls and there was always a member of staff present in the main lounge to ensure their safety. Half hourly checks were carried out for people at risk of falls and for anyone who was unable to use the call bell in their bedroom. People at risk of falling had beds that could be lowered close to the floor and crash mats were in place.

Since our last inspection, senior staff had undertaken First Aid training. There was a First Aid box on each floor of the home with a list for staff to record when they used anything out of the box.

The staff rotas we looked at showed that there was a nurse on duty at all times. There was also a senior care assistant on duty during the day. In a morning there were five care staff on duty, four in an afternoon and evening, and three at night. Approximately half of the care staff had a national vocational qualification (NVQ) in care. Records we looked at showed that these numbers were maintained. The manager told us that no

agency staff had been used for several months. In addition to the nurses and care staff, we observed that there were enough domestic, catering, administration and activities staff. All staff had been offered and received a flu vaccination this year.

We looked at the recruitment records for three new staff. We found that safe recruitment processes had been followed to ensure they were of good character.

Staff completed annual training relating to safeguarding vulnerable people. Staff we spoke with said they would have no hesitation in reporting any issues to the home manager. The manager had made appropriate safeguarding referrals to the local authority and notifications to CQC.

We looked at the arrangements for the management of medication. Since our last inspection, the nurses had completed further medication training and syringe driver training. On the first floor there was a locked medicines room of adequate size which was clean and reasonably tidy. It had a small air-conditioning machine which ensured medication was stored at a safe temperature.

There was a cabinet for the safe storage of controlled drugs and appropriate records were kept. 'Anticipatory medicines' were in place for people who were approaching the end of their lives to ensure that they could be kept comfortable and pain free. These were recorded in a separate CD register and were checked and double signed weekly.

Administration records indicated that people always received their medicines as prescribed by their doctor. Detailed guidance was in place for medicines prescribed to be given 'as required'.

Good

Is the service effective?

Our findings

The provider's training programme comprised a set of ten topics relevant to the needs of the people who lived at the home. These were completed annually. Training was undertaken by watching a DVD followed by a questionnaire of multiple choice answers. Staff also received practical training relating to moving and handling and fire safety. The home had two in-house moving and handling trainers which meant that new staff could receive instruction without delay.

In addition, the manager had sourced accredited training courses through 'Learning Curve'. Nurses had done care planning and medication management; the manager had completed the course about diabetes and said she had found in very interesting and informative. Other staff had completed training about infection control, end of life care, First Aid, dignity and safeguarding, mental health, Control of Substances Hazardous to health, and cleaning principles.

Members of staff told us "Whenever I have wanted to further my development, [manager's name] has found a training session that I could attend." and "Any training I require I know I can ask the manager. She has put me through certain courses which have benefitted me and made me excel in certain areas of my job role."

The induction programme for new staff had been improved and included orientation on days for new night staff and a review after four weeks. A new member of staff told us "My interview went really well, [manager's name] was very informative with all information that I needed to know. I feel if there is a problem that she's approachable and I would feel comfortable going to speak to her." All new staff were working towards the Care Certificate. All members of staff had a supervision every four to six weeks and an annual appraisal.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We saw that mental capacity assessments were included in people's care plans. Some of the people who lived at the home had a DoLS in place and other applications had been made and acknowledged by the local authority. One person had regular visits from their DoLS advocate.

The care plans we looked at, and observations we made during the inspection, showed that people's consent to care and treatment was sought.

The head cook had worked at the home for many years and had a good knowledge of people's needs and preferences. People were always offered a choice of meals and received the support they needed to eat their meal. People told us they enjoyed their meals very much and a relative commented "Food is very good and

always handing out drinks throughout the day."

People were weighed monthly, or weekly if concerns were identified, and care files included risk assessments in relation to nutrition. We saw that, when people were assessed as being at risk of malnutrition, referrals were made to a dietician or speech and language therapist as appropriate for advice. Care plans were put in place to address the risk and care staff kept detailed records of the person's food and fluid intake.

The home had a comfortable and 'homely' feel and was undergoing a programme of redecoration and refurbishment. A small lounge had been furnished and decorated in a 1950s style as a dining room and quiet lounge. This gave people a choice of sitting areas, for example one person found the main lounge a bit busy and noisy at times and liked to move to the quiet lounge.

Some bedrooms had been redecorated to a high standard and others were still in need of upgrading. The manager told us that sometimes people were reluctant to move out of their bedroom for a few days while the work was done.

We observed that a number of people were being looked after in bed and equipment had been provided to meet their needs, including adjustable beds and pressure-relieving mattresses. We checked that mattresses were set correctly for the person and found that they were. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. Different types of supporting armchairs were provided for people who needed them. The back garden had been tidied up and a number of people use it for smoking.

The home received a weekly GP visit and used the 'tele-triage' system for healthcare support when people were unwell. Care records we looked at showed people had visits from health professionals including wound care specialist nurse, podiatrist, and community mental health nurse. The manager told us that anyone with a grade three or higher pressure sore had daily monitoring for signs of sepsis.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the care provided and with the staff. One person told us "The staff are absolutely lovely."

We received written feedback from relatives and their comments included:
"We are extremely happy with the care [person's name] receives here. All staff are always happy to help and both staff and managers are very approachable. Staff are very hardworking and we feel are very dedicated to providing the best care."

"I am happy with the level of care my [relative] receives from the staff. She is well looked after and her needs are catered for. The staff are friendly and pleasant to residents and family members. They keep me well informed on her well-being and treatments she is receiving."

"I have never had any worries about how my [relative] is as the staff have always looked after her. If my [relative] has an illness the staff immediately call for a GP to see her. They understand her well and will always talk to her, have her join in with quizzes, singing and Bingo. The staff will always put a TV on for her if she wants to be left in her room …. They will listen to her."

Throughout the day we observed that people were relaxed, comfortable, and familiar with the staff and we saw positive interactions between them. Staff treated people kindly and always had time to have a few words with them. There was an 'extended family' ethos. The manager told us that a member of staff had taken one of the people living at the home out at the weekend on their day off. Another person liked to go out but it was unsafe for them to go on their own, so they regularly accompanied the activities organiser on shopping trips and errands. Two people went out on their own using an electric wheelchair or a mobility scooter.

Some people had lived at Lezayre for many years and were now frail, but they still liked to join in some of the activities. The manager told us they were supported to get up and dressed in time for lunch and the early afternoon activities then could go back to bed if they were tired.

There were no visiting restrictions and the staff knew people's relatives and interacted well with them well. There was always a member of staff present in the main lounge to keep people safe, but the manager told us this also helped with communication with relatives/visitors. Relatives had been invited to fireworks at the home on 5 November.

Personal care was provided discretely to uphold people's dignity. Bedrooms that were shared by two people were spacious and had a privacy screen.

A folder in the entrance area called 'All you need to know' gave people clear and concise information about the services provided at the home. There was also a summary leaflet clearly presented in large print.
People's care records were kept securely in the nurses' office. The manager had also ensured that there was

secure storage for the personal care records that were completed by the care staff so that confidentiality was maintained.

Good

Is the service responsive?

Our findings

Relatives felt they were involved in their loved one's care and told us "My [relative] has been here for four years. I'm always kept up to date by staff either by phone or on visits. They're all really good. It's a nice home. Any concerns we've had have been addressed." and "I would like him to have a shower more often but he refuses. The staff and care are very, very good and the food looks fine. I'm very involved in taking him for appointments etc."

We looked at care files for three people and found that these were written in a person-centred style that referenced the person's life history and choices regarding how they wished their care to be provided. One of these people had recently returned from a stay in hospital and all of their care plans had been reviewed and updated to reflect the changes to the support the person needed.

The manager had set up a system of 'champions' in the staff team covering areas including dignity, dementia, end of life care, and housekeeping. She told us that the end of life champion had coordinated excellent care for people at the end of their lives. Three members of staff had completed the 'Six Steps' training which promotes best practice in end of life care. The manager considered that this had given the staff both the information and the confidence to support families and give them choices and information to help them through this difficult time.

A relative had put a review on the internet that stated "I sadly have to now write a review to praise Lezayre's staff and management for their outstanding end of life care that has made my mum's passing so much easier. It was peaceful and calm and dignified. I was made comfortable and welcome for the two days and nights that I stayed there with my beautiful mum as she died. The staff have always been very loving and they all said their goodbyes to her. Thank you all so much."

The home employed an activities coordinator four days a week. He had been in post for some years and provided a good range of planned activities and had established good relationships with the people living at the home. An activities programme was displayed and he also spent one to one time with people who stayed in their rooms. Karaoke was the most popular activity and even the most frail people enjoyed participating. On the second morning of the inspection, the activities coordinator was putting up a Christmas tree and decorations in the lounge and people were involved in helping or just watching and chatting. The home did not have its own transport but there were some trips out each year using community transport.

The home's complaints procedure was displayed in the entrance area. This advised people who they could contact both internally and externally with any complaints. Since our last inspection it had been made more concise and 'user friendly'. No complaints had been recorded since our last inspection and CQC has not received any complaints about the care provided at this service since 2011. A relative told us "Any issues/concerns are always dealt with."

Good

Is the service well-led?

Our findings

The home manager had been registered with CQC since 2016. She was a registered nurse. The manager was keen to expend her knowledge and skills and regularly sought advice as needed from the local authority, CQC, and health professionals. She also attended registered managers' meetings and participated in managers' network forums on the internet.

Everyone we asked spoke highly of the manager. A local authority officer told us "She is very keen to improve the home and I have found her to be very passionate in this. She responds well to any feedback and initiates change quickly. I am building a solid working relationship with her and feel she is always keen to engage and work with me."

Staff told us they enjoyed working at the home, with many staying for years, and they worked well together as a team. Comments from staff included "I love it here."; "She's a great boss." and "We all work well together." All staff had been offered and received a flu vaccination this year.

A senior member of staff wrote their thoughts about the manager, "She is very approachable and considers any suggestions or issues raised by staff. She is very proactive in ensuring all staff are kept informed and updated on any changes relevant to nursing homes. She ensures all staff are kept up to date on all areas of training and any areas of interest are accessed. She is an excellent manager with a person-centred approach to the care of all residents needs to ensure residents are cared for with dignity and compassion in a homely environment."

Another member of staff wrote "I feel our manager to be supportive and caring. She always has the residents' best interests at heart, maintaining their right to choose and make decisions for themselves." and a third commented "[Manager's name] has been very supportive of me. She always makes herself available if I need to discuss something. When I have had any personal issues that may affect my work she always tries to be as accommodating as she can."

We also saw evidence that the manager supported staff to extend their knowledge and skills through training and supervision, and this benefitted the people living at the home and their families.

We saw that the manager had made changes in the routines of the home to improve the service provided, for example the activities coordinator worked from Monday to Thursday and the hairdresser visited on a Friday, which meant there was something going on every weekday and people didn't miss social events if they were having their hair done. Some people were in poor health but liked to join in some of the activities so they were supported to get up and dressed in time for lunch and the early afternoon activities then could go back to bed if they were tired. Half hourly checks had been introduced for people at risk of falls and for anyone unable to use the call bell in their bedroom.

Regular meetings were held for all groups of staff, for example on the first day of our visit there was a housekeeping meeting in the morning and one for care staff in the afternoon. The manager had moved the

meetings for night staff to 7am and told us this had resulted in 99% attendance. Monthly meetings were arranged for people who lived at the home and their families but these were poorly attended.

Our last inspection of Lezayre we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have effective governance arrangements in place. The registered manager was on planned leave and the provider had not made adequate provision for the management of the home in her absence.

During this inspection we saw that the manager effectively monitored the quality of the service in a number of ways, consulted with stakeholders, and identified areas for improvement. This meant that the service was no longer in breach of Regulation 17. However, we saw no evidence of input from the provider into quality assurance.

The manager carried out a walk-round each morning to monitor the environment and speak with people living at the home. This was followed by a short meeting with key members of staff. The manager sent a monthly quality report to head office which covered admissions and discharges, staffing, audits completed, maintenance, and infection control. A series of monthly audits were completed including care plans, medication, maintenance, environment, dignity, and activities.

There was a Suggestions Box in the entrance area and satisfaction surveys were sent out regularly to staff, people using the service, and relatives.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was available for people to look at and it was clearly shown on the organisation's website.