

Hill Care 1 Limited

# Lever Edge Care Home

## Inspection report

Lever Edge Lane  
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Date of inspection visit:  
08 October 2020  
20 October 2020  
21 October 2020  
22 October 2020

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26 November 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Lever Edge is a residential care home providing personal and nursing care for up to 81 people. At the time of the inspection 69 people were living at the home. The Bungalow unit on the ground floor and the Turnton 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.

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

People were kept safe from the risk of abuse and safeguarding concerns were responded to appropriately. Care plans identified risks for people and how these could be reduced. Medicines were managed safely. Effective infection control was promoted throughout the home.

People told us they felt safe and spoke highly of the staff team and care they received. Staff were described as being attentive and responsive. One person said, "They're fantastic people, I couldn't care for people like they do. They work tremendously hard, all you have to do is ask."

The registered manager and wider management team received praise from people, relatives and staff. The registered manager was praised for implementing an organised structure for staff to follow; this meant that care needs were met and emotional wellbeing was promoted. Staff felt well supported and received ongoing training, with plans in place to address any shortfalls. Auditing systems were robust and were used to identify improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published in 5 June 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Caring and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

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 the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lever Edge Care Home on our website at [www.cqc.org.uk](http://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 caring?

Good ●

The service was caring.

Details are in our caring 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 service was inspected by one inspector.

#### Service and service type

Lever Edge 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 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

We gave a short period of notice and contacted the service the day prior to the inspection. This was to ensure the registered manager would be on site to support the inspection and to assess the risks relating to infection control and the coronavirus pandemic. Inspection activity started on the 8 October 2020 and finished on 22 October 2020. We visited Lever Edge on the 8 October 2020.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. We spoke with local authority safeguarding and

quality assurance teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used of all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with seven staff members, including the regional manager, registered manager, deputy manager, senior care and care staff. The regional manager is responsible for supervising the management of the service on behalf of the provider.

We observed staff providing care, to help us understand the experience of people using the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at 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 also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records including, audits, training data, rotas and records relating to quality assurance. We spoke again with the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the safety of the building and the equipment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The home had effective systems in place to ensure the premises and equipment were fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists and the lift.
- Fire equipment had been replaced since the last inspection and was regularly checked. The service had effective systems in place to test the fire alarm and check equipment was in working order. People had evacuation plans that clearly identified the support they would need in the event of a fire.
- People's care needs were risk assessed and care plans were organised in to specific areas, with related risk assessments completed for each person.
- People who required a modified diet, such as pureed food or thickened fluid, received these in accordance with information recorded in their care plan.

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

- People told us they felt safe at the home, comments included, "It's very safe here, it couldn't be better."
- Safeguarding systems were robust and action was taken to protect people from harm.
- The provider worked in accordance with the local authorities safeguarding policies. Referrals had been logged, along with the actions taken to mitigate a reoccurrence.
- Staff showed a good understanding of what a safeguarding was and who to raise concerns with. One staff said, "I'd go to the [registered manager], if they weren't there I'd go to the deputy or senior. If nothing was done I'd go higher up or contact CQC."

### Staffing and recruitment

- Staff had been recruited safely with appropriate checks and a formal induction process completed consistently.
- Staffing levels were sufficient to meet people's needs. One staff said, "I think staffing levels are definitely enough to support the people we have at the home. The managers are always looking at what they can do to make sure we have more than enough staff."

#### Using medicines safely

- Medication was administered safely. Staff had a good understanding around the timely administration of medication.
- People received medication in line with their care plans. Staff administering medication were competency checked and had completed training.
- Stock checks were carried out for controlled drugs and medicines not pre-packaged by the pharmacy. Refused medicines were disposed of and recorded appropriately.

#### Preventing and controlling infection

- There were effective systems in place to manage the risks associated with infection.
- Staff used personal protective equipment (PPE) appropriately and supplies were good; staff had received training and guidance regarding the use of PPE.
- The service recognised the increased risk presented by COVID-19 and heightened measures had been implemented.

#### Learning lessons when things go wrong

- Accident and incidents were audited, and analysis had been completed monthly to identify any trends.
- The registered manager had identified a trend in when accident and incidents were occurring more frequently. To manage the increased risk extra staff were being recruited, to work during the times identified.



# 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 requires improvement. At this inspection this key question has now improved to 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

- Staff cared for people in a warm and friendly manner. Staff had a good understanding of how to meet people's diverse individual needs.
- One staff said, "It's about knowing the person and changing your approach in how you're caring for them, so you're supporting them how they want to be supported."
- One person said, "They know what is wrong with you before you even say."

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

- People's views, dislikes and likes were incorporated into their care plans; providing guidance for staff on how to support people specifically.
- Where people could not provide information on their likes and dislikes, relatives were included in care planning. One relative said, "All of the senior team and the carers will ask me how best to support [person]. What works, what doesn't work, they always contact me."
- Staff demonstrated a good understanding of what legislation to follow when people lacked capacity to make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- The provider had policies that promoted people's privacy, dignity and independence. Policies were clear and succinct and referred to relevant legislation.
- Staff knew how to maintain people's privacy and dignity, this included asking people for permission before providing care and ensuring doors and windows were closed during personal care.
- Staff showed a good understanding of how to promote people's independence and provide them with choice. One staff said, "People's rooms are checked every day, to make sure they're how the resident wants them to be, clean and tidy. Staff respond to what the residents choose."
- One relative said, "They support [person], around what they choose to do. They [care staff] are very knowledgeable in how to support people with their specific needs."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Person centred care was evident through review of care records, observations of care and discussions with people, relatives and staff.
- Activities were scheduled with people's feedback in mind. Feedback from people and relatives about staff encouraging involvement and respecting people's choices was positive.
- One relative said, "They do themed activities, based around what the residents want. They've replaced activities away from the home with activities indoors."

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

- People and relatives were informed if something went wrong. One relative said, "They're very quick in reporting any concerns, [the registered manager] is very open." Another relative said, "Communication is brilliant."

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

- Staff were well supported by the management team. Training was up to date and staff were clear about their roles.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner.
- Auditing and analysis systems were in place and these were used as a tool to identify areas where improvements could be made and risks managed. Actions identified were consistently completed.

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

- The home was decorated with people's needs in mind and dementia friendly signage was used. People were encouraged to personalise their own rooms.
- Staff demonstrated a good understanding of how to support people with specific cultural needs. One staff said, "It's similar to supporting people around their choices, it's about respecting people's cultural backgrounds and supporting them how they want."
- Relatives praised the homes staff in maintaining contact with them throughout the coronavirus pandemic. Staff supported people to make video calls. The registered manager sent out a regular newsletter, emails

and maintained contact with relatives, to provide updates on activities, COVID-19 and what measures the home were implementing to keep people safe.

- Local authority and health colleagues praised how proactive the registered manager had been in working proactively with them since coming to the home approximately 18 months ago.
- Links with the local community were promoted and pen pals from a local school were identified for residents. One resident said, "I enjoy writing my letters, that's really nice."