

Surecare Health Limited

Lezayre Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lezayre Nursing Home is a care home providing personal and nursing care to up to 36 people. At the time of the inspection there were 26 people living in the home, some of whom were living with dementia.

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

At the last inspection we identified a breach in regulation regarding the management of medicines. During this inspection we found that although some improvements had been made, further changes were needed, and the provider was still in breach of regulation regarding this. Staff who administered medicines had undertaken training and had their competency assessed.

Records showed that some risks to people had not been fully assessed, such as those regarding smoking, emergency evacuation, COVID-19 and use of flammable creams. However, the manager addressed these concerns straight away to ensure risk was assessed and mitigated.

Although internal and external checks were completed regularly to help ensure the building and equipment remained safe, not all areas of the home had been adequately cleaned to minimise the spread of infection. Action was taken before the end of the inspection to address the issues. Systems were in place to ensure everybody completed COVID-19 testing in line with current government guidance and all relevant people had received COVID-19 vaccinations as required.

People and their relatives told us they felt safe living in the home. There were enough staff available to support people, who had been recruited safely and undertaken training to ensure they had the knowledge and skills to support people well. Staff understood their role in the safeguarding process and knew how to raise concerns.

A range of audits had been completed, which had identified some of the issues we highlighted during the inspection. An action plan had been created and we found that steps had been taken to begin making the required improvements to ensure regulations were met.

The manager was very responsive during the inspection and took quick action to address any issues raised. Feedback from staff, people living in the home and their relatives was positive and showed that despite only being in post a few weeks, the manager had already started to create effective relationships with people. Relatives told us they were kept well informed and staff had regular meetings to ensure they were kept up to date.

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 2 December 2020). At the last inspection

a breach of regulation was identified in relation to the management of medicines. The provider was asked to complete an action plan after the last inspection to show what they would do and by when to make improvements. At this inspection, we found that enough improvement had not been made/sustained, and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 2 December 2020). The service remains rated requires improvement for the second consecutive inspection.

Why we inspected

This was a planned inspection based on the previous rating. However, concerns had also been received about infection control and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remains requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lezayre Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulation in relation to the management of medicines. Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe 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 ●

Lezayre Nursing 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 team consisted of two inspectors, a medicines inspector and an 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

Lezayre Nursing 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 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

During the inspection we spoke with the manager, four members of the staff team, five people that lived in the home and six relatives, most of which were via the telephone.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found during the visit and that sent electronically following the visit.



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 remained the same. 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.

Using medicines safely

At the last inspection we found that medicines were not managed safely, and the provider was in breach of regulation. During this inspection, we found that sufficient improvements had not been made and the provider was still in breach of regulation.

- Medicines were not always managed safely. They were stored securely in a locked clinic room, however the temperature of medicines that required refrigeration were not monitored daily. Temperatures that had been recorded were not all within the recommended range.
- There was insufficient information available to staff to ensure people who were prescribed medicines as and when required (PRN), received them consistently and when needed.
- Systems in place did not always provide staff with clear administration instructions, such as when medications should be administered covertly (hidden in food or drink).
- Procedures for safe administration of controlled medicines were not always followed.
- The stock balance checks we completed showed that records regarding administration were not accurate, as not all of the balances were correct.

Failure to ensure effective systems are in place to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager later provided evidence that some of these issues had been resolved.
- Staff who administered medicines had undertaken training and had their competency assessed.

Assessing risk, safety monitoring and management;

- Risks to people had not always been assessed, monitored regularly or mitigated to maximise people's safety. For example, there were no diabetes care plans in two care files we viewed for people with diabetes. Other people had no individual risk assessments to assess specific risks such as smoking and the use of paraffin-based creams.
- Personal emergency evacuation plans were not in place for all people and those that were in place did not provide enough detail. The manager took immediate action regarding this and provided copies of new risk assessments and care plans before the end of the inspection.
- There was no evidence that people's risk in relation to COVID-19 had been assessed or mitigated.
- The manager took action to address these issues and provided evidence of this before the end of the

inspection.

- Internal and external checks were completed regularly to help ensure the building and equipment remained safe.

Preventing and controlling infection

- Appropriate infection prevention and control measures were not all in place to prevent the spread of infection. The manager was working through an action plan to address this.
- Not all areas of the home had been adequately cleaned. Although cleaning schedules were in place, they evidenced gaps in their completion, and did not cover all areas of the home and equipment. A relative told us, "I have had issues over cleanliness, such as stained pillows" and another relative said, "There are a few cobwebs around, but her actual room is clean." Additional cleaning staff were in the process of being recruited to ensure improvements would be made.
- There was no evidence that people's risk in relation to COVID-19 had been assessed or mitigated.
- Systems were in place to ensure everybody completed COVID-19 testing in line with current government guidance. Staff and professional visitors to the home had received COVID-19 vaccinations as required, as well as all people living in the home.
- Staff had access to adequate supplies of PPE.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place to guide staff in their practice.
- Staff had undertaken training in relation to safeguarding and knew how to raise any concerns they had.
- Records showed that referrals had been made appropriately to the local authority when required.
- People and their relatives told us Lezayre was a safe place to live and that they were well cared for. Their comments included, "I feel safe and get my meds on time", "I feel very safe, there is always someone to help you" and "I think that [relative] was safe every minute she was there, from the moment she arrived."

Staffing and recruitment

- There were sufficient numbers of staff on duty during the inspection and people told us staff were always available when needed. Comments included, "The staff are helpful, and there seems to be a lot of staff around", "If I ring the bell someone is here immediately" and, "There is always plenty of staff."
- Agency staff were utilised to maintain staffing levels and staff told us the same agency staff were usually used so people living in the home were supported by people that knew them and how they wanted to be cared for.
- Staff recruitment records showed that all staff had a disclosure barring check prior to commencing in post, to ensure they were suitable to work in the care sector.

Learning lessons when things go wrong

- Records showed that accidents and incidents had been monitored and recorded regularly up until recently. Audits were completed to look for trends and help reduce the risk of further incidents.
- Records showed appropriate action was taken in response to any accidents and incidents and advice was sought from other health professionals when needed.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- A range of audits had been completed, which had identified some of the issues we highlighted during the inspection. They did not reflect whether the identified issues had been addressed, however an action plan had been created and we found that steps had been taken to begin making the required improvements.
- Management of infection control practices required further improvement to ensure the home remained clean and the risk of spreading infection minimised.
- Medication systems needed further work to ensure medicines were stored, administered and recorded to meet regulatory requirements. The manager had identified issues with medications and a new system was due to be implemented at the next month's medication cycle.
- The manager was very responsive during the inspection and took quick action to address any issues raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post. A new manager had been appointed and had begun the process to register with CQC.
- The Commission had been informed of all notifiable incident's providers are required to inform us about.
- A range of policies and procedures were in place, along with current government guidance, to help guide staff in their roles.

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

- There have been four different managers since the last inspection, however staff told us that despite this causing uncertainty at times, they felt well supported in their roles and enjoyed working at Lezayre. They told us the manager was, "On the ball" and "Easy to communicate with."
- Feedback from people and their relatives regarding the quality of care provided was mostly positive. Comments included, "I have no complaints on the care she is being given and how they are looking after her. The staff are lovely", "The staff are nice and friendly, and I can talk to them" and "Everybody is very nice, they are lovely [staff]."
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their relatives.

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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Records showed that family members were informed of any accidents or incidents and relatives confirmed this. One relative told us, "I know if they have any concern, they will ring."

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

- The manager had begun working closely with other health and social care professionals to help ensure people's needs were met.
- There had not been any recent meetings held with relatives, but relatives told us they were kept informed when they visited or over the phone.
- Regular staff meetings were held to share information regarding the service and inform staff of changes and improvements required.
- People living in the home told us the new manager was very approachable. They said, "The manager is lovely, very nice and is always about, she speaks to me, she never just goes pass without speaking" and, "I have spoken to [the manager]. I would go to the office if I had any complaints."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | Medicines were not always managed safely. |