

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Lezayre Nursing Home is a care home providing residential and nursing care to 35 people at the time of the inspection. The service can support up to 36 people.

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

Risks to people had been assessed and measures put in place to minimise risks and maximise people's safety. Staff knew people's needs and how to meet them and this information was reflected within detailed plans of care. Regular internal and external checks were also made of the building and equipment to ensure they remained safe.

Procedures were in place to prevent the spread of infections and the home appeared to be clean. Staff had access to personal protective equipment and families were supported to visit the home in line with guidance. Accidents were reviewed and opportunities taken to learn lessons to help prevent further incidents.

We found that there were enough staff available, to support people in a timely way, although feedback received was mixed. Staff had been recruited safely, were aware of people's needs and knew how to report any safeguarding concerns they had. People and their relatives told us they were safe living at Lezayre. Medicines were managed safely by staff who had undertaken training and had their competency assessed. However, some records required further clarity and the registered manager actioned this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality and safety of the service and the registered manager was committed to ensuring their regulatory responsibilities were met. Systems were in place to gather feedback from people and their relatives, to help shape the service and people told us the home was well managed and staff provided good care.

Staff worked closely with the local GP and made referrals to other health and social care professionals when required, for specialist advice and support, to ensure people's needs were met effectively.

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 6 July 2022). At the last inspection the provider was in breach of regulations in relation to medicines and risk management. We also recommended that the provider reviewed its systems to ensure effective procedures were in place to monitor the quality

and safety of the service.

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 and the recommendation had been met.

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lezayre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, area manager and three other members of the staff team. We also spoke with six people who lived in the home and eight relatives, about their experience of the care provided.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found risks to people were not always assessed and managed robustly and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation.

- Risks to people had been assessed and managed appropriately.
- Care plans were mostly detailed, person centred and reflective of people's needs. Individual risk assessments had been completed and measures put in place to reduce those risks.
- Staff had undertaken relevant training and were knowledgeable about people's needs and preferences. Records showed that planned care was provided, such as regular support to reposition, monitoring of blood sugars as required and weight monitoring.
- Regular internal and external checks made of the building and equipment to ensure people's safety. Actions identified through external inspections were in the process of being actioned.
- Personal evacuation plans were in place to ensure people could be safely evacuated in the event of an emergency.

Using medicines safely

At the last inspection we found medicines were not always managed safely and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation, however some further improvements were required.

- Medicines were administered safely by staff who had undertaken training and had their competency assessed.
- Medicines were stored securely, and stock balances checked were all correct.
- Protocols were in place for medicines prescribed as and when required (PRN). However, records showed that one medicine was not administered in line with the guidance on the protocol. The manager reviewed this and updated the protocol straight away.
- When medicines were given covertly (hidden in food or drink), the required assessments and agreements had been recorded and staff were clear how to administer these medicines. Further written direction from the pharmacist to support the processes in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- A safeguarding policy was in place; staff had completed relevant training and knew how to raise any safeguarding concerns.
- People living in the home told us they felt safe in the home because they, "Had people to talk to" and that "The [staff] make it feel like home."
- Relatives agreed their family members were safe. One relative told us they could "Sleep at night knowing they are safe."

Staffing and recruitment

- There were systems in place to ensure enough safely recruited staff were available to support people.
- Feedback regarding staffing levels was mixed. Most people and their relatives told us there was enough staff. Comments included, "There are enough staff and that they are all lovely", "There is no staffing issue and that all staff are so friendly" and "There are plenty of staff to help." However, one person told us, "There definitely isn't enough staff, but the ones there are, are very nice" and that they did get help when they needed it. Another person told us they did not see a lot of the staff, but again said they received the support they needed.
- Staff feedback was also mixed, with some staff stating afternoons could be busy when levels were reduced by one staff member.
- The registered manager used a dependency tool and their own observations, to help determine the numbers of staff required to meet people's needs in a timely way. The tool showed that there were more staff on duty than required and rotas reflected these levels were consistently maintained. During the inspection, we observed people received support when they needed it and call bells were answered quickly.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.

Preventing and controlling infection

- Effective infection prevention and control measures were in place and these were reflected within the providers policies.
- People were safely admitted into the home and the provider was supporting people to minimise the spread of infection within the home.
- There was adequate supplies of personal protective equipment (PPE) available for use when required.

- The home appeared to be clean and cleaning schedules were in place to help maintain this.

Visiting in care homes

- People's friends and relatives were supported to visit in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were managed safely. Records showed that appropriate actions were taken following any accidents and advice was sought from other health professionals when needed.
- Accidents and incidents were reviewed regularly to look for any potential trends and help prevent recurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection, we recommended that the provider reviewed its systems to ensure effective procedures were in place to monitor the quality and safety of the service. At this inspection, we found that this had been acted upon.

- Systems were in place to monitor the quality and safety of the service.
- A range of audits had been implemented, as well as daily manager walk-around and flash meetings, to help monitor the quality and safety of the service and ensure good quality care was being delivered. They showed that when areas for improvement were identified, action plans were created and followed up on to address those areas.
- Provider oversight was evident through regular visits from the area manager. They provided feedback following visits and any areas for improvement found were added to the providers action plan.

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

- The registered manager promoted a positive culture that helped ensure good outcomes for people.
- Feedback from people and their relatives regarding the management of the service was positive. They told us, "We cannot praise the management and service as a whole, highly enough" and "The manager has improved the home including the social aspect." The registered manager was described as, "Very nice" and "Approachable."
- People were happy with the care they received and told us staff were, "Caring", "Angels" and "Friendly." One relative told us how their family member was individually cared for.
- Staff told us they were well supported and enjoyed their jobs. They said they would be happy for their family members to be supported in the home.

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

- All incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed of any events involving their family members and this communication continued during the pandemic.

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

regulatory requirements

- The registered manager was fully aware of their responsibilities in ensuring the regulatory requirements were met.
- A range of policies were in place to guide staff in their practice.
- The Commission had been informed of all incidents the provider is required to notify us of.

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

- Systems were in place to ensure regular engagement with people their relatives and other health professionals.
- Records showed that regular meetings were held with people living in the home, to gather their views about areas such as meals, activities and refurbishment. They also provided an opportunity for people to raise any concerns or complaints.
- Relatives were also kept informed through meetings, emails and newsletters.
- The registered manager and staff worked closely with the local GP and made referrals to other health and social care professionals when required, for specialist advice and support, to ensure people's needs were met effectively.