Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Lezayre Nursing Home

100 - 102 Egerton Park, Rock Ferry, Birkenhead, CH42 4RB

Tel: 01516449433

Date of Inspection: 30 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Surecare Health Limited
Registered Manager	Mrs Susan Carol Rush
Overview of the service	Lezayre is a large detached three-storey building set in its own grounds in the Egerton Park area of Rock Ferry. The home is registered to provide nursing and personal care for a maximum of 36 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

We gathered evidence against the outcomes we inspected to help answer our five key questions.

Is the service safe?
The premises had not been adequately maintained to provide a suitable home for people to live in.
Effective recruitment procedures had not been followed when employing new staff to check that they were of good character and had the necessary qualifications. New staff had not completed induction training.

Is the service effective?
People told us that they were happy with the care and their needs were met. Staff had a good understanding of people's care and support needs.

Is the service caring?
Staff were kind and patient to the people who lived at the home and we observed positive interaction between staff, visitors and people who lived at the home.

Is the service responsive?
People's needs were assessed before they moved into the home. Care plans recorded people's personal preferences and interests, and care was provided in accordance with people's wishes. People were asked to give their views of the service.

Is the service well led?
The manager was new to the service and had been registered with CQC. She had considerable previous experience in a similar role. An operations manager provided support in all areas of the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 05 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Thirty people were living at Lezayre when we visited on 30 April 2014. Most of the people who lived at the home were older people, but the service also accommodated people who had learning disabilities and physical disabilities. Approximately half of the people who lived at the home required nursing care and the other people required personal care.

Records showed that people's needs were assessed by the home manager before they moved into the home to ensure that their needs could be met and they would fit in with the other people who lived there. A statement of purpose and service user guide gave people information about Lezayre and the services the home provided.

People told us that they were able to choose when they got up and went to bed and where they spent their time during the day. There was a comfortable small lounge and dining room at the front of the house and a bigger lounge at the back of the house. This opened out onto the back garden where there was an outside sitting area that people who smoke could use. We observed that approximately half of the people who lived at the home chose to sit in this lounge and to join in social activities. Other people preferred to spend most of their time in their bedroom, or were looked after in bed due to their frail condition. One person we spoke with had their own TV and telephone and said that they preferred to spend their time in peace and quiet. They appreciated having a newspaper brought in each day.

Some people were able to go out on their own and others went out with a relative or a carer. One person had been supported to buy a mobility scooter which had greatly increased their independence. The day before our visit, people had been out on a trip to the seaside using community transport and the activities coordinator told us that people had really enjoyed this. The manager said that the bus had to be paid for out of residents' funds raised through fundraising activities and this was a considerable expense so they were unable to do it very often. The activities organiser arranged for entertainers to visit the home monthly and a number of people who completed the home's satisfaction survey stated that they would like to have more entertainment. The activities organiser also

provided a singalong every week, games of Bingo, simple quizzes, chair exercises, and arts and crafts. He also spent time in one to one activities with people who chose not to join in the group activities.

At the time of our visit, the manager was adding more information to people's care files in order to make the documents more person-centred. She told us that some of the people who lived at the home had been able to provide information about themselves but for others, who had communication difficulties, she had gathered information from families and from members of staff who knew them well.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

A visitor we spoke with said: "The new manager is good and the staff are kind to my relative and make sure she has everything she needs." People who lived at the home told us: "We are well looked after here." ; "I am happy with the care I get."; "We can have a visit from the doctor if we need it." District nurses visited the home every day to administer insulin injections and they provided other services for example ear syringing and flu vaccination.

Each of the people living at the home had a comprehensive care plan that detailed their personal and health care needs and how these needs would be met, taking into account the person's lifestyle choices and preferences. During our visit we looked at a sample of care plans. We found that they had been written in detail and a full daily progress record was written for each person. The care plans were kept up to date and were stored in the nurses' office. The care plans gave evidence that people's health, for example weight and blood pressure, was monitored monthly. The care plans also showed that people's close relatives were consulted and kept informed as appropriate. Risk assessments were recorded for any issues identified including smoking, alcohol, falls, malnutrition. Each person had a moving and handling plan. There were records to show that people had home visits from health professionals including podiatry, GP, wheelchair service, and were supported to attend medical appointments. An optician was carrying out sight tests on the day we visited.

One person had a long-standing pressure sore and we saw that detailed wound care records were kept and records of visits by the wound care specialist nurse. Another person had been admitted to the home in a very frail condition with serious pressure damage. The manager told us that significant healing had taken place and the person was more comfortable and their analgesia had been reduced.

We saw that equipment was provided to meet people's needs including profiling beds, pressure relieving mattresses, different types of hoists, and reclining chairs. People who were looked after in bed appeared comfortable and charts were in place to record food and fluid intake and repositioning. The manager had introduced a 10am to 4pm shift so that there was an extra member of staff available to ensure that people could get the help

they needed with food and fluids.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.

This was in breach of regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Lezayre is a three storey detached building set in its own grounds with a secure garden at the back and car parking spaces at the front. We observed that the grass in the back garden had been cut, but apart from this the gardens had not been tended to provide a pleasant environment for people to enjoy.

All of the communal areas were on the ground floor with bedrooms, assisted bathrooms, sluices and storerooms on all floors. There was a wheel-in shower on the first floor. The majority of bedrooms had en-suite toilet and wash basin, however most of these were very small rooms which could not be used by people who required assistance with personal care. We observed that at least two of the toilets on the ground floor did not lock and there was nothing to indicate whether the room was vacant or engaged.

When we walked around the home we noticed that there was still some inappropriate lighting, for example wall lights with glass shades positioned directly over beds. This has been mentioned in previous CQC inspection reports. In one shared room on the ground floor there was no light in the en-suite. People's toiletries, including a tub of prescribed cream without a lid, were kept in plastic baskets that had been placed on the floor of the en-suite. People's toiletries were not labelled with their names and there was one tablet of soap on the wash basin which might have belonged to either of the two people who shared the room.

We observed that everywhere was clean and there were no unpleasant smells. The home's kitchen was awarded a five star rating by the environmental health officer. We observed that the standard of decoration in some parts of the building was poor and some of the bedroom furniture was shabby and damaged. We also noticed some poor bedding, for example very thin sheets and lumpy pillows. Carpets in some of the bedrooms and on the staircase were badly stained. The exterior paintwork was peeling and some of the

external window ledges were rotting. The operations manager told us that there was no refurbishment plan in place, however there had been significant expenditure on upgrading the plumbing throughout the building.

Door-guards were fitted to many of the bedroom doors to enable people to have their door open without presenting a fire risk. A fire risk assessment had been commissioned in July 2013 and a fire inspection in December 2013 had raised no concerns. A maintenance person was employed for 24 hours a week and staff had a book to record any areas that required attention.

The manager was not able to show us certificates to verify that testing and servicing of all utilities and equipment was up to date.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were cared for by staff who had not all completed satisfactory recruitment and induction processes.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the recruitment records for three members of staff who started working at the home recently. The first person, a care worker, had fully completed an application form giving details of their previous experience and employment. References had been obtained from two previous employers and a satisfactory Disclosure and Barring Service disclosure was on file. The person had started working at the home in December 2013, however they had not completed an induction training programme.

The other two staff members were registered nurses who had applied for bank work. Neither had fully completed an application form and they had not provided a satisfactory employment history or given any details of their current employer. There were no records to show that a check of their nurse registration had been carried out. No Disclosure and Barring Service disclosures were on file, and no interview notes had been kept. This meant that the required checks had not been carried out to ensure that the people who lived at the home were protected.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager maintained a quality assurance folder with evidence of the various checks and audits that were carried out regularly. These included monthly audits of accidents, training and supervision, environment, food hygiene, sickness and absence, and medicines. A sample of care plans was audited each month by the manager and the operations manager and a feedback sheet was written for the nurses detailing any shortfalls.

Records showed that regular staff meetings were held, the most recently being on 15 April 2014, and a system of staff supervision and appraisal was in place.

There had been no recent meetings for people who lived at the home and/or their friends and relatives and the manager told us that she was considering how these meetings could be made meaningful and enable as many people as possible to have an input. A satisfaction survey had been carried out with people who lived at the home in January 2014 and we were able to look at the completed forms. People had generally expressed satisfaction with their care but a number of people requested more entertainment. Questionnaires had been posted out to families but the manager had not yet received feedback. The manager told us that a new satisfaction survey form had been developed and was going to be sent out to all stakeholders later in the year.

We were informed that the home owner visited at least monthly and the operations manager was always available for support. A quality assurance officer from Wirral Council told us that the home's action plan from last year was almost completed and there were no current safeguarding concerns.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: The premises had not been adequately maintained to provide a suitable home for people to live in.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: Effective recruitment procedures had not been followed to check that people employed were of good character and had the necessary qualifications. This was in breach of regulation 21 (a) (i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 05 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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