

Newco Southport Limited

Fleetwood Hall

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

About the service

Fleetwood Hall is a residential care home providing personal and nursing care to 41 people at the time of the inspection. The service is registered to support up to 53 people.

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

There was a manager in post. They already worked for the organisation and had submitted their registration forms to CQC. There was a temporary manager who had been managing the home for the last few months with support from senior managers and a registered manager from another home. Most people knew who the new manager was and told us they had introduced themselves. Other people said there had been different managers and they were not sure who was who. Staff we spoke with said they felt well supported by the management. The temporary manager and the supporting managers worked well together to ensure the service was running as well as possible and information was up to date and actions and audits were being completed.

People told us they felt safe. There were some mixed comments around staffing, which we raised with the manager at the time of our inspection. They assured us they would look into this. Medication was stored and administered correctly. People told us they received their medication on time. Risk assessments were detailed and informative and gave clear and accurate instruction on how to minimise risk of harm occurring. Checks and maintenance were routinely carried out, and infection control procedures were robust.

People's capacity had been assessed and recorded. Their ability to contribute to important decisions regarding their care and support had been considered, and best interest meetings were held if required. Rationale for any decisions made on someone's behalf was recorded in their plan of care and more formally in the DoLs authorisations. Care plans did not always evidence involvement, however people told us their care was discussed with them. The food had improved in the last few weeks, and they were able to choose what they ate. Where people needed support with specialist diets, this was clearly documented and guidance from Speech and Language Therapy (SALT) teams was written into their care plans.

We observed staff treated people kindly, and the comments we received from people confirmed this. People's personal items were treated with care and the staff kept inventories of people's possessions. Equality and diversity needs were considered, and people had freedom to choose how they spent their day. Some activities were tailored around people's hobbies and interests. People told us staff respected their privacy and knocked on doors.

On day one of our inspection we raised some concerns with the managers which people had discussed with us. We saw on day two of our inspection these concerns had been dealt with appropriately. People's care plans were personalised and contained a good level of information around their likes, dislikes and backgrounds. There was a complaints procedure in place, and people told us they knew how to complain.

We tracked some complaints through and saw they had been responded to in line with the policy. Staff were trained in end of life care and support. People told us there were activities on offer and we saw people being supported with activities during our inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (Published 21/02/2019)

Why we inspected

The inspection was prompted in part due to some anonymous concerns we received about the environment, infection control, staffing concerns, and management not addressing issues. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fleetwood Hall

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.

Inspection team

This inspection was carried out by one inspector, a nurse specialist professional advisor (SPA) 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

Fleetwood Hall 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 service did not have a manager registered with the Care Quality Commission. However, the service had a manager who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and 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 all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at the service about their experience of the care provided and two relatives. We spoke with 10 members of staff including regional compliance manager, temporary manager, care workers, activities person, chef, temporary manager, supporting manager from another home, registered provider, and the new manager. We also spoke with one healthcare professional visiting people at the home on the day of our inspection. We also left our contact details for staff to call or email us following our inspection if they had information they wished to share. We were not contacted.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at four staff files in relation to recruitment, induction and staff supervision. A variety of records relating to the management of the service, the maintenance of the home, any recent safeguarding concerns, and any updated action plans.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Before the inspection took place, the Care Quality Commission had received a number of anonymous concerns with regards to Fleetwood Hall. There were recording systems in place to ensure people were protected from abuse or harm. Everyone we spoke with said they felt safe. There was a safeguarding adults policy which was available in different formats to support people's understanding.
- With regards to people's safety, we received the following comments; "There's nothing I don't feel safe about." "I do feel safe" "My relative is safe."
- We spent time on this inspection following up concerns where possible and checking the registered provider had taken all reasonable steps needed to ensure actions were taken when issues were found. We saw that all steps had been taken to ensure people were safe from harm and all incidents had been reported appropriately, and investigated appropriately.
- Staff told us they knew how to report concerns and who they would report their concerns too. We checked some of the recent safeguarding concerns and saw they had been investigated and recommendations were followed up.

Assessing risk, safety monitoring and management

- Risk assessments were detailed, robust and reviewed. People's risk assessments contained information for staff to follow with regards to how to keep the person safe, and any remedial actions they must follow.
- For example, one person who had diabetes, had information recorded in their risk assessments which instructed staff how to respond to medical emergencies.
- The environment was routinely checked to ensure it was safe. Safety check on appliances, equipment and water were completed every month and dates were recorded on an online system.

Staffing and recruitment

- Staff recruitment was safe. Staff were only offered positions in the home following a robust recruitment process.
- There was some reliance on agency staff, however the service was actively recruiting.
- Some people and staff fed back that they did not always feel there was enough staff, especially in the afternoon. We fed this back to the manager who assured us they would consult with people and review this.

Using medicines safely

- Medications were stored, administered and managed safely. People requiring medications covertly (hidden in food or drink) had a detailed procedure in place for this.
- Topical medications, (creams) were stored securely and each Medication Administration Record (MAR)

showed where on the person they should be applied.

- Additionally, controlled drugs, (medications with additional safeguards on them) were counted and safely stored.
- We did highlight some recording issues when we checked medications, however, a recent medication audit highlighted that the service had picked this up themselves, and there was a plan in place to address this.

Preventing and controlling infection

- Infection control processes were robust and checks took place daily on the cleanliness of the environment.
- Staff were provided with personal protective equipment, such as gloves, aprons and hand gel, which were well stocked in the home. We spoke to the domestic staff who told us they had no issues ordering any equipment they needed.

Learning lessons when things go wrong

- The manager, and provider routinely learned from feedback, advice and took action when things went wrong.
- There had been some anonymous concerns in the last few weeks which we had been discussing with the temporary manager of the home and the senior managers. We saw they had been responsive and put an action plan in place to address some of these concerns.
- Where improvement was found to be needed, for example, more communication with staff, additional meetings had been arranged and further staff consultation. We spoke to some staff and asked if they felt the home had improved in the last few months and staff said they thought it had.
- Incidents and accidents were recorded and analysed each month for patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- We made a recommendation at our last inspection regarding the décor in the dementia unit. We saw that some areas of the unit had been repainted and there was further plans to re-develop certain areas of this unit, including the production of a cinema / sensory room.
- There remained some historical issues with the building, such as the heating, however, they were in the process of being responded to, and we were shown a further improvement plan which was part way through.
- We spoke at length to the provider who assured us, improving the décor of the home was always ongoing, and we saw they had approved anything the manager had asked for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had been assessed before arriving at the home. They also had an initial assessment document in place which had been completed before they came to Fleetwood Hall and contained information around their likes, dislikes and choices.
- Where possible, people had been consulted with and given choice in their care and support.
- In some cases where admission was urgent, a 72 hour care plan was put in place which was used until the person's full care plan was developed.

Staff support: induction, training, skills and experience

- Records showed staff were trained, inducted into their role, and appropriately skilled and experienced.
- Training percentages were high for all of the staff at Fleetwood Hall.
- One person said, "I'm quite happy with how the staff in general use equipment when they're [supporting] me."
- New staff were inducted into the role and completed shadowing.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet, and most people enjoyed the food at the home. Where people needed support with specialist diets, this was clearly documented and guidance from SALT teams was written into their care plans.
- There was a new chef in post who had consulted with people and made some changes to the menu.
- People said they felt the food had improved.

Staff working with other agencies to provide consistent, effective, timely care

- There was good working relationships with other medical professionals to ensure people received care which was right for them.
- We spoke to one medical professional who was providing some support to one person in an attempt to help them become more independent with a clinical tasks. This had come to light after the person had discussed with the manager they wished to become more independent with this task.
- The staff had arranged for additional visits from the medical professional to ensure this could be done safely.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to see a GP, CPNs, or other medical professionals when needed.
- There was documentation in each person's care plan which recorded when a professional had visited and what the outcome of the visit was.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection:

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's ability to make important decisions had been assessed by the manager using appropriate documentation in line with the guidance of the MCA.
- Where people were unable to consent to decisions regarding their care and support, this was clearly explained and best interest meetings and discussions took place around this.
- Where it was determined a DoLS was required this was applied for and reviewed regularly.

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 good. At this inspection this key question has remained the same. 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

- We observed, on both days of our inspection, kind interactions from staff, and staff were friendly and approachable. We saw examples of how people's diverse needs and equality were taken into consideration.
- People and their relatives shared the following feedback with us; "The carers are lovely and if you ever need to ask or tell them something, they respond straight away." Also, "The staff are quite good – kind and friendly, I would say. They treat you as an individual but they also tend to treat you like a family member, really." One visitor told us, "They are lovely, the staff – I can't fault them – and they tell me how [my relative] has been when I come in." Some minor staffing concerns were raised with us and these were shared with the manager after we obtained consent.
- Staff respected diversity and choice. For example, some people were supported to go swimming, and other people were given support to become more independent when out in the community, one person told us, "You can do what you like really; I'm free to get up when I want, and I go to bed late. I go out all day some days; I go to town a lot, by taxi."

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

- Majority of people we spoke with, or their relatives, told us they were involved in decisions regarding their care and support.
- Care plans evidenced that people and their relatives had been involved in their completion and reviewing process, however, signatures were not always present on some documentation. People told us they were consulted with regarding decisions about the home, such as the décor, activities or the menus.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People's personal items, such as their laundry, was treated with care.
- Staff discussed the importance of knocking on people's doors and asking their permission before providing personal care. One person said, "I'm completely comfortable [that my privacy is respected]. Staff will tap on the doorframe if the doors open; they don't just come in."
- Each person had a possession inventory in their care plan which detailed items they owned were taken care of.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received some mixed feedback with regards to how the service met people's individualised needs. We escalated some of this feedback to the manager on day one of our inspection, so they could take action. When we returned on day two of our inspection, appropriate action had been taken.
- Most of the care plans we viewed were well presented and personalised, with background information which encompassed people's likes, dislikes and routines. We did raise that one of the care plans would benefit from a more person-centred approach to meeting the persons' needs rather than a generic explanation of the health issue. The manager said they would address this and further review the care plans going forward.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were addressed in their care plans.
- Information, such as the complaints procedure and safeguarding process was in the process of being presented in different formats to support people's diverse needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Our conversations with people demonstrated there were mostly positive opinions regarding activities.
- Some people said activities were well advertised and they enjoyed them, one person said some activities had been stopped. Another person told us they haven't been asked what they would like to do and spent time in their room listening to music, which they enjoyed.
- Other people, however, said they went swimming and for meals. We also saw photographs of trips out, parties, and cultural food nights.

Improving care quality in response to complaints or concerns

- Everyone we spoke with except one person said their concerns or complaints were always followed up. One person contacted us between our inspection dates to inform us of some concerns, so we checked the progress of these concerns, with the person's permission, on day two of our inspection. Evidence showed the person's concerns had been followed up appropriately and they were pleased with the action taken.
- There was a complaints process displayed in the main area of the building and this was accessible for

people.

- We tracked some of the concerns and issues CQC had been made aware of before our inspection. We found and saw that investigations had taken place, and matters had been addressed as much as practically possible.

End of life care and support

- There were end of life care plans in place for people which had been sensitively developed with the person and their family members.
- People's choices and last wishes were recorded in their plan of care.
- Staff had received training in end of life care and support.

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 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.

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

- There was a manager who had just taken up a permanent post at Fleetwood Hall. The manager had been in the company for a number of years and was well established in their role. They had submitted their forms to CQC to enable them to become the registered manager. Before this, however, there had been no registered manager in post and two people told us they were confused as to who the manager was.
- Most people told us the new manager had introduced themselves and was visible around the home.
- Before the new manager took up post there was a temporary manager in post and a clinical support and governance team in place, who were supporting the staff and the temporary manager. This included a registered manager from another of the providers local homes, who remained on site for the duration of our inspection and had been involved in the running of Fleetwood Hall for the last few months.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with were complimentary in general regarding the temporary manager and said they felt they were treated fairly and valued.
- Surveys had been sent out to people, relatives, and staff to gather their feedback. The results of these were analysed by the management team and an action plan put in place to address issues identified.
- Team meetings took place every month, agenda items were circulated amongst the staff everyone had an opportunity to contribute.

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

- The management team understood their duty of candour responsibilities. CQC had been made aware of all notifiable incidents.
- The new manager and senior governance team was open about the areas of improvement required within the service and had fully participated in safeguarding meetings and investigations to ensure correct action was taken and complaints and concerns were followed up.

Continuous learning and improving care; Working in partnership with others

- During our inspection it was apparent that the senior managers had listened to feedback from previous inspections to improve and quality check the service. More quality checks, such as weekly walk rounds, had

been implemented by the registered provider.

- The managers worked well together and there was a good ethos of teamwork and networking amongst them. Everyone we spoke with said they would recommend the home.
- The service worked well with other professionals to ensure people had the best possible outcomes.