

Manor Homes (Poulton) Limited

Cleveleys Nursing Home

Inspection report

19 Rossall Road
Thornton Cleveleys
FY5 1DX

Date of inspection visit: 14th & 15th January 2015
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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?

Requires improvement 

Overall summary

The inspection visit at Cleveleys Nursing Home took place on 14 and 15 January 2015 and was unannounced.

This is a care home that provides nursing care for up to thirty two people who are elderly. The home comprises of three floors with lift access. Some of the rooms have en-suite facilities and there are a number of bathrooms and toilets on each floor. The first floor has separate dining and lounge areas.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Procedures and systems were in place to safeguard people against abuse. People who lived at the home and relatives we spoke with told us they felt safe and secure at the home. One relative said, "It's a relaxed but busy atmosphere which is good. I sleep easy knowing my [relative] is safe here."

We observed people were comfortable, relaxed and had freedom of movement around the home. Staffing levels

Summary of findings

were sufficient to enable people to go to their own rooms or any lounges and staff would be able to monitor movements of people regularly because of the numbers of staff on duty.

There was a training and development programme in place for staff. The programme identified when mandatory training courses were due and kept a record of training events individual staff had attended. This supported staff to have the skills and knowledge to provide safe and effective care for people.

We found over the two days people had access to food and drink throughout the day. People were asked what they wanted to drink and were given a choice of hot or cold beverages throughout the day. Comments about the quality of meals provided were positive. One person said, "The quality of food is excellent." We observed support provided to people who required assistance at mealtimes was done so in a sensitive and dignified manner. There was sufficient staff around at mealtimes to give support to people who needed it.

We saw people were cared for by attentive and respectful staff. We saw that nurses and carers showed patience and gave encouragement when supporting people. At times of the day when staff were busy we found staff to be patient and caring towards people.

We found some people went out in the community themselves and attended community events. The staff and management supported people to be as independent as possible within a risk framework. For example one person attended regular meetings in the community for people who had similar health issues and attended these meetings on his own.

There were quality assurance systems in place to get the views of people who lived at the home. However there was a lack of consistent support from the provider to the registered manager. The registered manager had not received supervision for over 12 months. This meant the registered manager was unable to measure her own performance, develop skills and discuss the continued development and running of the home.

Summary of findings

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 safe.

People we spoke with including relatives and health professionals told us the service was safe and people who lived at the home said they felt secure and protected by the way the service operated.

Staff were trained to recognise any abuse and knew how to report any incidents.

Recruitment records for staff were thorough with all checks in place prior to anyone commencing work at the home.

We observed medication was administered safely. People understood the purpose of their medication and their records were properly maintained.

Good



Is the service effective?

The service was effective.

Staff had access to training courses on a regular basis. Training records and staff spoken with confirmed they were encouraged to access courses that would enhance their skills and development.

People who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. People who lived at the home and relatives all told us the quality and choice of food was good.

The service had policies in place in relation to the Mental Capacity Act. The registered manager had a good understanding of the procedures to follow if required.

Good



Is the service caring?

The service was caring.

By observing interaction between staff and people who lived at the home and also relatives we spoke with, it was clear staff were caring and respectful and treated people with dignity. Staff had a good understanding of people who lived at the home.

Staff supported people in a kind and caring way. People we spoke with felt valued and cared for. People's views were respected and listened to. We saw people had their wishes about care recorded in their care plans.

Good



Is the service responsive?

The service was responsive.

Discussion with visiting health professionals and examination of individual care records confirmed people's care needs and support was managed well.

Good



Summary of findings

People's care needs were kept under review and staff responded quickly when people's needs changed.

We observed people were provided with activities and social events throughout our inspection.

Is the service well-led?

The service was not always well led.

The registered manager was open and approachable and demonstrated a good knowledge of the people who lived at the home.

There was a commitment to continually improve the service by the registered manager and senior staff, in order to deliver the best possible care and support for people who lived at the home.

The provider did not visit the home on a regular basis to carry out audits of the service and provide support for the registered manager.

Requires improvement



Cleveleys Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out over two days on the 14th and 15th January 2015.

The inspection was carried out by the an adult social care inspector.

Prior to our inspection we reviewed historical information we held about the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports.

Over the two days of the inspection we spoke with twelve people who lived at the home, eleven staff members which included nursing, care, domestic and maintenance personnel. We also spoke with the registered provider, registered manager and four visiting relatives. We had information provided to us from external agencies including social services and the contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the home. They included recruitment of staff, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service.

Is the service safe?

Our findings

People who lived at the home and relatives we spoke with told us they felt safe and secure. One person said, "I have no problems about safety here, I feel fine, safe and secure." A relative we spoke with said, "It's a relaxed but busy atmosphere which is good. I sleep easy knowing my [relative] is safe here."

During our observations we saw staff were available to support people by providing care and support they needed. Call bells were responded to quickly when people required support and assistance. This was confirmed by our observation and talking with people. One person who lived at the home said, "No they don't take long. I know they are busy, but this morning I needed them and they came within four minutes. They are usually quicker than that. However morning is busy."

We observed people received personal care support in a safe way. For example, we saw two staff supported a person to move position with the use of hoist equipment. During the process they talked with the person reassuring them they were safe. The person looked relaxed and comfortable. We spoke with that person later in the day and she said, "The staff are good I know I need a lot of help but I have confidence in them all when they are moving me around." A staff member we spoke with said, "It is important to ensure residents are safe by using any equipment properly and with two members of staff if required."

The registered manager had a thorough recruitment process in place. This was confirmed by talking with staff members about their experiences of the recruitment process and by recruitment records we examined. One staff member said, "Yes I feel everything was done properly. I wasn't allowed to start until the checks were in place." These checks were required to ensure new staff were suitable for the role for which they had been employed.

We observed the nurse administering medicines on the two days of the inspection. This was undertaken properly and people received their medication on time. The nurse stayed with the individuals until they had taken their medicines. Records confirmed a clear audit trail of medicines received, dispensed and returned to the pharmacy. Products were stored securely and medication documents we reviewed were recorded accurately. The registered manager and

qualified nursing staff undertook regular audits to check and act upon any issues that arose with medication procedures. A nurse said, "We have a very good relationship with the pharmacist and any advice or issues are always discussed and rectified immediately." Staff confirmed to us that only qualified nursing staff administered medication. This ensured medication processes were carried out by qualified staff in a safe and consistent manner.

There were controlled drugs being dispensed at the home. This medication was locked in a separated facility. We checked the controlled drugs register and found it had been completed correctly, with two members of staff signing the book when dispensing medication. People we spoke with about how they received their medication told us they had no concerns. One person who lived at the home said, "I have no concerns I always have my tablets at the right time the staff are very good, never late."

The service had an up to date safeguarding adults policy in place. Discussions with staff demonstrated they had a good understanding of how to safeguard people against abuse. For example comments from staff about recognising the signs of abuse and how to follow the procedures included, "I am confident from the training I have done I would be able to recognise any signs and follow the correct procedure. Another staff member said, "I would report the concerns to the manager straight away to make sure it was acted upon. I would not investigate the matter myself." Training records we reviewed showed staff had received related information to ensure they had the knowledge and understanding to safeguard people.

Risk assessments were in place to identify risks to people who used the service. When risks had been identified appropriate plans were in place to reduce the risk. For example one person went out on a regular basis in a wheelchair to meetings in the community. The care plan explained how staff should support this person in terms of personal care and transport arrangements when attending these meetings. The care plan was regularly updated to ensure correct support was carried out by staff and any risks identified to keep the person safe. One member of staff said, "He enjoys the meetings and we encourage that. On those days we make sure he is ready and transferred to transport safely."

By observing the daily routines and staff interaction with people we found people moved around the home freely

Is the service safe?

with no restrictions. People who lived at the home and relatives told us there was sufficient staff on duty to keep people safe. For example on the day of our visit there were sufficient staff around to enable one person to have one to one support to be able to go out in the community.

All of the staff we spoke with during the inspection told us they thought there was sufficient staff on duty to meet people's needs. Staff we spoke with told us that there was good team work and that everyone worked well together. Staffing rotas examined demonstrated a mix of qualified, care and admin staff on duty to meet the needs of people who lived at the home. We observed during the day staff responding to people's wishes and requests in a timely manner. Comments from staff about staffing levels included, "I would always like more time with the residents

however we are alright with staffing levels." Also, "I feel we have enough staff around. When we are not busy we are encouraged to sit with people and chat about things. I love to do that. "

We found by walking around the premises there was a lack of storage space for equipment and furnishings that were not in use all the time. The registered manager had rectified this by using a room specifically for storage. The registered manager had put signs on the door so people could see the room was unoccupied and used for equipment and furnishings. This ensured people were kept safe from injuring themselves. One staff member said, "It has been a problem in the past storage. However the provider has utilised one of the bedrooms."

Is the service effective?

Our findings

We found by talking with people who lived at the home and family members, their comments about the standard of care provided was very positive. People told us they felt the staff understood their needs and support they required. They said the staff were good and competent. One relative said, “No problems at all, the staff are very good at what they do and seem to understand what my [relative] needs.” A person who lived at the home said, “I was nervous when first coming here but the manager and staff have been great. I have every confidence in what they are doing for me.”

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who lived at the home. We looked at training certificates for individual staff records that were kept. Each staff member had a personal development plan in place which included training requirements. This was confirmed by talking with staff members. The registered manager was in the process of updating detailed individual training plans for staff, which identified future training requirements.

Staff had received training in safeguarding vulnerable people, moving and handling and fire safety. This was confirmed by talking with staff. Also further courses were available such as food and hygiene and Infection control. We confirmed this by looking at training records and from what staff told us. One staff member said, “Training is not an issue here, it’s regularly updated and we are encouraged to attend courses.” Staff members we spoke with told us they had accessed additional training courses to develop their skills. For example one staff member said, “I will be starting a National Vocation Qualification (NVQ) level 3 soon.”

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. Records we looked at confirmed this. Supervision sessions consisted of discussion around current work practices and the continuing development of the staff member, in terms of training and role development. A staff member told us, “It is a good time to discuss any issues or training needs with the manager.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The service had policies in place in relation to the MCA and DoLS. We spoke with the registered manager to check their understanding of MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training in these areas. Clear procedures were in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

There had been no applications made to deprive a person of their liberty in order to safeguard them. However the registered manager understood when an application should be made and how to submit one.

We found over the two days of inspection people had access to food and drink throughout the day. One person who lived at the home said, “I like a cooked breakfast and the cook is very good.” We observed at lunchtime meals being served in people’s rooms as they wished. People were supported to eat in their rooms and staff were patient and sensitive. There was a good interaction between staff and people who lived at the home and staff supported people to eat at their own pace.

In the main dining area we found sufficient staff around to support people who required help. The food looked appetising and nutritious with fresh vegetables and homemade meals being served. Comments on the quality of food included, “The food is very good. I have a dicky tummy but the cook is so good and makes sure what I get suits me.” Also, “The quality of food is excellent.”

We spoke with the cook who told us they had a rotating menu however choices were available. For example we found one person did not like what was on offer (homemade chicken supreme) or the alternative dish. This

Is the service effective?

was not a problem for the cook who made a prawn salad on request from the person. We spoke with the person who said, "Where else would someone make something completely different. The cook is marvellous."

There were special diets being catered for on the day. For example liquidised meals were prepared. The cook ensured each portion of the meal was blended separately to ensure people were able to taste the different foods on the plate. The kitchen area was clean and tidy and fridges and cupboards were appropriately stocked with food ingredients to ensure people received a healthy diet.

Drinks and snacks were served throughout the day and we saw staff ask people what they wanted to drink. One person said, "They don't just put something in front of you or assume what you want. They always ask." We saw fluid balance charts were in place. These records documented fluid intake for people who required their fluid to be monitored.

Care plans contained information about people's food and drink likes and dislikes. Care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We found changes in care plans as people were weighed. For example one person was losing weight. The registered manager put an action plan in place following discussion with the person and their family. Healthier nutritious high calorie foods were provided as well as fortified drinks. The situation was being monitored and the person was being weighed more regularly. One staff member said, "If it continues we will call the doctor."

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

Staff spoke knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people who lived at the home. By our observations and talking with relatives we found staff were respectful of people's needs and wishes. Staff members described a sensitive and caring approach to their role. One relative said, "I come here every day so I know. The staff are caring and do a wonderful job."

We saw people were cared for by attentive and respectful staff. We saw that nurses and carers showed patience and gave encouragement when supporting people. At times of the day when staff were busy we observed staff to be patient and caring towards people. For example during a busy period a person required assistance with some paperwork. A member of staff took time to sit down and go through the documents so that the person understood what they had been given.

From our observations we found people's choices were respected and staff were sensitive, caring and patient. This was also confirmed by talking with people and relatives at the home. One relative said, "The staff show [my relative] respect and patience they are all so supportive and caring."

People we spoke with said they were involved in making decisions about their care. They told us they were aware of their care plans and had input into any reviews that took place. One person said, "I know we talk about my illness every month or so and see if any changes are needed. I do sign to say I agree with them."

We observed staff ensured people's privacy and dignity was protected. For example, staff knocked on people's doors before entering bedrooms. Also, when people required support to go to the bathroom and became anxious we saw staff were sensitive and respected people's privacy.

We looked at care records and found information to demonstrate that staff kept relatives up to date and

informed about the care of their loved ones. One relative said, "They always keep me informed of any issues or changes." Care plans included people's wishes regarding their care so their requests were respected by staff so ensuring dignified care was provided.

We looked at three people's care records. We saw evidence people had been involved with and were at the centre of developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was being provided for them. Members of staff told us care records were accessible, informative, and easy to follow and up to date. One staff member said, "We are all responsible to keep records up to date to make sure people are being given the correct support."

The registered manager discussed with us end of life care. They had details of end of life care arrangements to ensure people had a comfortable and dignified death. This included consultations with health professionals and family members. Staff and the registered manager we spoke with had a good understanding of making sure people who were receiving end of life care were treated sensitively. One staff member said, "Some of us have received training in end of life care so we are confident when supporting people." For example the registered manager told us if no family was available they would ensure one to one care for a person was provided for the last few hours of life.

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the documentation the service gave to people, so that people were aware of who to contact should they require the service. This meant it ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf. We found information about local advocacy services in the reception area was available for people.

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and had a good understanding of their individual needs. The registered manager encouraged and enabled people and their representatives to be fully involved in their care. This was confirmed by talking with people and relatives. We saw information in people's bedrooms about their likes and dislikes and preferences around how they wished to be supported. This included brief details about the individual. This meant the registered manager had ensured nursing and care staff were informed of people's needs and how best to support them.

People spoken with were happy with the activities and events going on in the home. One person who lived at the home said, "I do enjoy the entertainers. We had a cracker over Christmas. She was a lovely singer." The service employed an activities person to support with activities and entertainment. A notice board was visible to explain what was going on that day in the home. The staff entertained people by playing card games and bingo. One person said, "I do enjoy card games." There were a variety of events taking place to ensure entertainers were available to visit the home. On the day of our visit for example, a member of staff was taking a person to the cinema on a one to one basis. A staff member said, "We do try and ensure people are supported to follow their interests."

We noted that some people went out in the community themselves and attended community events. The staff and management supported people to be as independent as possible within a risk framework. For example one person attended regular meetings in the community for people who had similar health issues and attended these meetings on their own. One staff member said, "It is important to maintain links with the local community and regularly invite people to the home, we also join in with community social events."

Relatives told us they felt the communication with the management team was excellent and they were kept up to

date regarding care planning and any changes in health needs. One relative said, "The manager is very good and I feel comfortable to approach her any time to discuss my [relative] care."

Care records we looked at were developed from the assessment stage to be very person centred with input from the person themselves. The details demonstrated an appreciation of people as individuals. For example we saw history profiles of people and information of their preferred routines. This enabled staff to have as much information about people they cared for so they could get to know individuals better and provide quality care. One staff member said, "It's good to get individual information and histories of the person you care for. It helps get to know people better."

The service had a complaints procedure which was made available to people they supported and their family members. Information of the complaints process was on display in the reception area of the home. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or formal complaint. For example one relative thought the wait at the door for staff to answer was sometimes too long and was left waiting for a while. The registered manager took action by discussing with staff the concern and also by displaying a note in the window to say nurses and staff may be dealing with an emergency so that people were aware at times why it was taking a while to answer the door. This was documented in the complaints book and the relative was happy with the outcome.

People we spoke with who lived at the home and relatives were aware of how to complain and who to speak with should they have any concerns. One person who lived at the home said, "Yes I would talk with the manager if I had a complaint but at the moment I am very happy." A relative we spoke with said, "I am here all the time and at times have had some minor issues but they have been acted upon straight away. This is a wonderful home for [relative]."

Is the service well-led?

Our findings

People we spoke with all said how supportive the registered manager was. Comments from people included, “Truly wonderful, always available if I want to talk to her.” Also, “Approachable, willing to help and generally a nice person to run the home.”

People told us there was a good atmosphere in the home and the staff made people feel at ease, safe and relaxed. For example one person said, “The staff work well together it’s more relaxed here than other places I have heard about.” We observed the registered manager participating with people in activities and general day to day routines. One staff member said “[The registered manager] always mucks in and because she is the trained nurse is always available to help with any support residents need.”

People we spoke with all knew who the registered manager was and told us she always had time to spend with them. They told us she was visible every day and was approachable.

Resident and staff meetings had been held at the home and minutes of the meetings were available for inspection. The meetings provided staff, people who lived at the home and relatives the chance to express their views on the quality of the service. People we spoke with told us the meetings were useful and gave them a chance to comment on how they felt the home was run. One staff member said, “The manager always takes on board suggestions and ideas which would improve the home.”

People we spoke with said the home was relaxed and staff were respectful and understanding. For example one person said, “The staff are always there to help. They all get along and you can have a laugh and joke with them all.” Another person said, “They work well as a staff team.”

We found there were a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. However more regular visits by the provider to monitor the quality of the service should ensure the home continues to develop and improve.

The registered manager told us they were currently reviewing all the policies of the service and updating their audit systems. We spoke with a member of staff who said, “We are now putting a monthly audit review in place.”

Although some audits of the service were being completed, the visits to the service by the provider were not undertaken regularly. Audits included checks of the environment, medication and fire safety. Monitoring systems included records of any issues and actions undertaken to address these issues. However the findings of audits undertaken were not recorded consistently. The lack of consistent auditing meant the service could not monitor the quality of care being provided. Also identify where improvements could be made to see the service continually develop.

We recommend that the provider undertakes more regular visits to the service to carry out regular audits and support the registered manager, so that the service is monitored regularly.