

Orchard Care Homes.Com (2) 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 57 people aged 65 and over at the time of the inspection. The service can support up to 62 people. The home has two floors, with the first floor caring for people who live with dementia. The ground floor is a residential unit.

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

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. However, we found that documentation was not always fully completed. We have made a recommendation about this.

People told us they felt safe with staff who supported them. Management had completed risk assessments to ensure people were protected from risks associated with their care. Systems were in place to show people's medicines were managed safely.

Staff recruitment remained safe. People told us, and we could see for ourselves there was enough staff available to meet people's needs and to keep them safe. Staff were aware of their responsibilities in relation to infection control.

People we spoke with expressed their confidence in the staff and felt they knew their needs. People's needs for nutrition and fluids had been considered. People were supported by staff to live healthier lives. Staff received training to help them in their role.

We received positive feedback about care provided at Fleetwood Hall from people who lived at the home and their relatives. We saw staff speaking with people who lived at the home in a respectful and dignified manner. People we spoke with told us they were offered a variety of choices, which promoted their independence.

People told us they felt staff were responsive to their needs. We saw people and their relatives had been involved in the planning and review of their care. People told us they were encouraged to give their views and raise concerns or complaints.

Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were fit and able to do so. People told us that they were provided stimulation and opportunities to join in activities.

There was a positive staff culture. Systems were in place which continuously assessed and monitored the quality of the service. We found the management team receptive to feedback and keen to improve the home. The manager worked with us in a positive manner and provided all the information we requested.

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 good (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

The service was inspected by two inspectors 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. The Care Quality Commission (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 at the time of the inspection. A manager was in post and had applied to be registered with the CQC. 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.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with fourteen members of staff including the manager, senior care workers, care workers, domestic staff and the chef. We also spoke with one visiting professional.

We reviewed a range of records. This included five people's care records and several medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, minutes from meetings and the auditing and monitoring of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe and were happy living in the home. One person said, "I do [feel safe] and I'm happy with everything and everybody."
- Management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

Assessing risk, safety monitoring and management

- The manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs. Staff were provided with guidance on how to keep people safe. Staff demonstrated they were aware of the different risks people were vulnerable to.
- The provider had processes in place to provide a safe and secure environment for people, visitors and staff. A range of checks were carried out on a regular basis to ensure the safety of the property and equipment was maintained. These checks included the fire alarm, water temperatures and electrical appliances.

Staffing and recruitment

- The provider made sure there were enough staff to meet people's needs in a timely way and in line with their care plan. People and their relatives told us there were enough staff to meet their needs. At times, the service was reliant on agency staff. We were told regular agency staff were deployed which provided continuity of care for people.
- We observed staff were busy but responded quickly to any calls for assistance. One person said, "If you use the call bell, you wait maybe a couple of minutes. The emergency button gets an immediate response. I have used it once and the response was smashing."
- The manager carried out checks on all new staff before they were employed. We discussed how the process could be improved by ensuring a full employment history was always obtained. The manager told us they had received a new recruitment procedure and would ensure this was followed for any future recruitment.

Using medicines safely

- The manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- People spoken with said their medicines were well managed. Management completed weekly checks and

identified and acted on areas for improvements.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. All the people spoken with said they were satisfied with the cleanliness of the home. The home was clean and tidy. There were cleaning staff and checking systems to keep the standards high.
- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment and they had received training on infection control and food hygiene.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents. Where lessons had been learned these were shared throughout the staff team.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

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.

- The manager understood when an application for a DoLS authorisation should be made. At the time of the inspection, there were two authorisations approved by the local authority. Other applications had been made to the local authority and were awaiting approval.
- Staff recorded people's capacity to make decisions in the care plans. Best interest meetings had been held for some important decisions, however, the information was at times, conflicting. The documentation in place to support the principles of the MCA was not always fully completed. We discussed the principles of the MCA with the manager who was able to demonstrate a good understanding of the process and assured us this would be followed.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.

We recommend that the service ensures they work within the principles of the MCA.

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

- People received safe and effective care which met their needs. The manager completed initial assessments and devised care plans. Staff used these to guide them on how best to support people.
- The provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.

- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff received a range of appropriate training to carry out their role effectively. New staff were given an induction programme to ensure they could carry out their role safely and competently.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the manager. One staff member said, "Training is really good and always has been. In fact, I have recently approached the manager to have some specialist training and she has sorted it." Another told us, "We have mandatory training which is updated, to be fair there is loads of opportunities or training and the manager is very keen to improve our skills."

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

- Peoples needs for nutrition and fluids had been considered. Records documented peoples likes and dislikes and identified any associated risks with eating and drinking.
- People we spoke with said they were given choices on what meals and drinks they wanted. People told us they enjoyed the meals provided. One person said, "The food is very good, and I thoroughly enjoy being cooked for."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service. We discussed working on these relationships to ensure continuity moving forward. Previously there have been concerns raised from professionals which the manager agreed to look into.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable and homely; bathrooms were suitably equipped. The manager informed us there were plans in place to improve the signage around the home.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

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

- People were treated with respect, compassion and kindness, they were given emotional support when needed. We observed staff speaking with people who lived at the home in a respectful and dignified manner.
- People were complimentary about the attitude and kindness of staff. Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to support them. A relative told us, "The regular staff know everybody's 'quirks' and you can tell they're fond of everybody, not just doing a job."

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

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings, regular resident meetings and customer surveys. Information around the home and regular newsletters helped keep people informed.
- There was information available for people about how to access local advocacy services, should they want to. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Respecting and promoting people's privacy, dignity and independence

- The manager and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited to enter. One person said, "[Staff] certainly show you respect, and that's very important."
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities. One person said, "'I have support with a shower [and] I can have a shower when I want, within reason. I can go out when I want to."
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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

- People received personalised care, which met their current and changing needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in care records. Care records were regularly reviewed.
- The manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

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.

- The manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

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

- The provider had a programme of activities to help promote people's intellectual and emotional wellbeing. Various games, crafts and therapies were offered. There were regular visits from entertainers and church representatives. Seasonal events were celebrated.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service. Links with local community groups, such as a local primary school and the town football club, had been developed. People told us, "I enjoy the children coming in," and, "A sportsman comes every Friday morning and does ball activities."

Improving care quality in response to complaints or concerns

- People were happy living in the home and told us they had no complaints or concerns. People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.
- The manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the manager and a full response provided to the complainant.

End of life care and support

- Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible. We discussed that the information could be made more specific to the individual. The manager agreed they would look into this.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- Management had the skills and knowledge to lead the service effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

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 manager and provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- We observed staff being supported throughout the day with individual decisions and saw the manager and team leaders actively give verbal guidance on tasks and support relatives with concerns or queries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people living in and visiting the home. Staff and management meetings took place regularly and were open forums for information to be shared.
- The provider monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Continuous learning and improving care; Working in partnership with others

- Systems were in place which continuously assessed and monitored the quality of the service. The audits completed had highlighted areas for improvement and action plans had been devised. Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.
- The registered manager kept up to date with current good practice guidelines by attending meetings at which they shared learning and discussed new developments in care.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses. The service had also established links with a local school, church and football club.