Care Quality Commission

Orchard Care Homes.Com (2) Limited

Fleetwood Hall

Inspection report

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Fleetwood
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection visit at Fleetwood Hall took place on 29th January 2015 and was unannounced.

This is a care home situated close to Fleetwood Town centre and the promenade. The home is has two floors, with the first floor caring for people with dementia. The ground floor is a residential unit. At the time of the inspection there was 59 people living at the home.

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.

At the last inspection 17th September the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home told us they felt well cared for, safe and secure. Comments from people and relatives included, "Everybody's so kind." Also, "Here nobody's

Summary of findings

threatening. Nobody can wander in and there's always staff around." A relative said, "I live quite a long way from the home. However it is comforting to know she is in excellent hands."

People's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relative's care and were informed of any changes that occurred. People who lived at the home told us their views and choices were listened to by the staff and registered manager.

We observed medicines being administrated. We found that medicines were administered safely. However morning medication was not all being administered at the right time for people. For example the last person to receive medication was at 10.45 am. This should have been given out at 9.00am to ensure people receive their medication at the correct time medicines were prescribed to be given. We spoke with the registered manager and staff responsible for administering medicines. On that day they were a senior staff member down and this had resulted in a delay of administering medication on time. The service had not looked at ways of ensuring people receive their medication despite problems or issues that arise.

We found staffing levels at certain times were not always sufficient to ensure peoples safety and meet their needs. The registered manager told us they would discuss staffing levels with the provider to ensure they had sufficient care staff on duty to support people.

The premises were well maintained and comfortable. There were appropriate communal areas so people could spend time taking part in activities, or meeting with relatives on their own.

The registered manager assessed and monitored the quality of care consistently. The registered manager and provider encouraged feedback from people and families, which they used to make improvements to the service.

We have made recommendations about ensuring people living with dementia were safe and cared for by sufficient staff. Also medicines were not taken at the correct time prescribed for people who lived at 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?

Requires improvement

The service was not always 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.

We found staffing levels at certain times were not always sufficient to ensure peoples safety and meet their needs.

We observed medication was administered safely. People understood the purpose of their medication and their records were properly maintained. However on the day of the visit staff shortages meant people did not receive their medication in the morning at the correct time.

Is the service effective?

Good

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

People were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and the knowledge of the process to follow.

Is the service caring?

Good

The service was caring.

People told us the staff were kind, sensitive and respectful. We saw that staff showed patience and dignity when supporting people with personal care needs.

The staff we spoke with had a good understanding of people's care needs and preferences. People were encouraged to be independent with support provided if required.

Is the service responsive?

Good

The service was responsive.

People who lived at the home told us they had been involved in making decisions about what was important to them.

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

Summary of findings

People, where able consented to their care. For those who could not, the service ensured that steps were taken so that decisions were made in their best interest.

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

Is the service well-led?

Good

The service was well led.

There was a commitment to continually develop the home. The registered manager talked with people who lived at the home and relatives for their views and suggestions on how the service could continually improve.

There were good support systems in place throughout the organisation. The service was continually monitored and audited by the provider on a regular basis.

Fleetwood Hall

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.

The inspection visit took place on 29th January 2015 and was unannounced.

The inspection team that visited the home consisted of an adult social care inspector, a specialist advisor 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. The specialist advisor on this inspection had a care background with expertise in nursing and care of older people.

On the day of our inspection we spoke with 16 people who lived at the home, 10 care staff, registered manager, visiting relatives and health professionals. Staff members included kitchen, domestic, maintenance and administration staff. 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.

On the day of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

We also reviewed information we held on the home such as notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

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

Requires improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "Nobody can wander in and there's always staff around." A relative we spoke with said, "I would not leave [my relative] here if I thought she wasn't safe."

There was good evidence of completed risk assessments including for falls, the assessment of pressure areas, personal care and wellbeing, and malnutrition assessments. One visitor said, "[My relative] does fall, the staff do a great job to keep her safe and they always let me know if she has had a fall. I am perfectly confident with the staff and manager." We noted that in some people's care records that equipment was needed to ensure their safety and wellbeing. For example pressure relieving cushions and mattresses. On observation these pieces of equipment were found to be in place and they were being used appropriately.

We looked at staffing levels at the home to ensure people were safe with the numbers of staff on duty. The registered manager stated that during the day it would be usual to have four staff on each floor, one senior health care assistant and three care assistants. This number was sufficient to meet people's basic needs but did not allow for much one to one time. People who lived at the home we spoke with told us this was not impacting on the quality of care provided. They told us during these times staff were busy and sometimes people might have to wait to be supported .Comments included from staff, "I feel when working upstairs on the dementia unit we are pushed a bit." And, "We could do with an extra staff member upstairs at times so we can spend more time with residents."

We spoke with the registered manager about the mixed feedback we had received. She told us in light of the feedback they would review staffing levels in the home.

At times call bells were noted to be ringing frequently and at times these took several minutes to answer. Staff engaging in activities or personal care with people were observed having to stop their task in order to go and answer the call bells, and sometimes appeared frustrated at not having enough time to do everything they wanted to do. One staff member said, "It will be better with maybe another person at certain times but we do manage."

We observed medicines being administrated. We found that medicines were administered safely. However morning medication was not all being administered at the right time for people. For example the last person to receive medication was at 10.45 am. This should have been given out at 9.00am to ensure people received their medication on time and has prescribed.. We spoke with the registered manager and staff responsible for administering medicines. On that day they were a senior staff member down and this had resulted in a delay of administering medication on time.

The service had not looked at ways of ensuring people receive their medication despite problems or issues that arise. Caution would be needed to ensure that enough time had lapsed for people to receive their next doses of medication safely. The registered manager assured us that no medication was given out without the correct time lapse for their next medicines. We checked records of the person who received late medication and this was the case. Whilst the staff member was administering the medication she appeared calm and focussed, allowing the person time to take their medications and ask any questions.

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. Only trained staff gave out medication to people who lived at the home. This was confirmed by talking with staff and the registered manager.

The management team had an up to date safeguarding adults policy in place. Documentation on how to contact the relevant agencies for safeguarding was displayed in the reception area. Staff we spoke with had good understanding of how to safeguard people against abuse. One staff member said, "I know the signs and would be confident to follow our procedures." Staff all told us they had received training in safeguarding vulnerable adults and this was regularly updated.

Staff told us they were recruited with all appropriate checks in place prior to commencing work at the service. Records we looked at confirmed this. Checks included a Disclosure and Barring Service (DBS), an application form that required a full employment history and references. One staff member said, "It was a proper process with a thorough induction training pack provided."

We recommend that the service ensures sufficient staff were deployed to keep people safe. This includes seeking advice and guidance on staffing level models.

Good

Is the service effective?

Our findings

We spent time talking with people and family members and found their comments about the quality of care provided was very positive. People told us they felt their staff were aware of their support they required and had formed good relationships with staff members. One relative said, "The staff keep me informed of [relative] care. They seem to have a good knowledge and understand my [relative] health problems. I have every confidence in them all." We asked one person if they felt the staff were competent and they said, "Course they are, they are trained for the job. I think they are quite good."

We found there was a continuous programme of training for staff and they had individual training records. This informed the management team of what courses staff had completed throughout the year and also indicated when mandatory training was due. Training included, safeguarding vulnerable adults, fire safety and moving and handling. The organisation had training professionals employed throughout the company and courses were delivered at the service. Staff spoke positively about the training provided by the service. Comments included, "No company is better. The training is second to none." Also, "Don't talk to me about training we have it coming out of our ears, it is very good."

Staff were encouraged to undertake additional qualifications to develop their skills. For example one staff member told us they approached the management team to request further training in 'challenging behaviour' courses. This was agreed at management level and the staff member was enrolled on a course. A staff member said, "You cannot fault the training regime here they do encourage people to further their skills by obtaining professional qualifications."

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities and discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. A staff member said, "We have a formal supervision session approximately every two months." Records confirmed staff had opportunities to discuss training, or any other issues they had and to continue to develop their skills and competencies.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated (DoLS), with the registered manager. The (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. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). 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 and all staff were trained in these areas. This meant 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. During our observations we did not see any restrictive practices.

Care records we looked at contained documented evidence of people's consent to their care and support. This included information about people's choices with regard to, activities, personal histories food and drink preferences and what they wanted to be known as. This meant people were involved in care planning and staff were aware of people's individual choices and preferences.

People were provided with food and drinks throughout the day and staff supported them when required. All the people we spoke with told us they could have a drink whenever they wanted. We observed a staff member gave drinks of water, or orange or lemon squash prior to lunch being served. We also noted the staff member top up the glasses twice during lunch. One person said, "You can have a drink or snack when you want nobody says no you can't."

We observed at lunchtime staff were patient and sensitive when supporting people who required help eating their meal. People ate at their own pace and meals were provided for people in their own room as it was their choice. In one instance a staff member gave a person their meal and gently encouraged them to eat. After a while the

Good

Is the service effective?

staff member returned to find nothing had been eaten. A choice was offered however the person refused and became agitated. The staff member gently supported the person away from the dining area and spent time with them. We noted the staff member reported to the kitchen staff no food was taken by the person. Following lunch when people had finished and moved away the person returned to the dining area had some food with the staff member. This showed staff were patient and ensured people received their meal and if people refused food it was then reported so they could monitor the person food intake. A staff member said, "We know the person well and because of that we knew later on he would choose to eat something with encouragement."

Comments from people about the quality of food were positive and included, "Very good, I'm a fussy person. I've always got enough and you get seconds if you want them." Also, "I think it's quite good, I've no complaints." One person commented, "At times it's excellent, at other times very good."

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for people to have a healthy diet. The cook told us that people preparing food had all completed 'Food and Hygiene' training which was regularly updated. Training records we looked at confirmed this.

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 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.

Good

Is the service caring?

Our findings

People who lived at the home and relatives were complimentary about staff and the management team on how they cared for people. They told us they were kind and caring. One relative said, "The staff are so nice nothing is too much trouble." Also from a person who lived at the home, "They are all caring staff they only want what is best for me."

We spent time in the residential and dementia unit. We saw interactions between staff and people were respectful, caring and there was a good understanding by the staff of communicating with people who lived with dementia. We observed staff to be kind and caring and we saw staff talking to people in a compassionate manner. For example one person was upset and started to shout, immediately a member of staff went over put their arm around the person and led them to their room. We spoke with member of staff who said, "I know [this person] that well when they become upset we retreat to her room and spend a little time to calm things down. [Person] will be alright." We later saw the person appeared happy and relaxed.

Staff engagement with people was good, staff clearly knew the person very well. When one of the persons became anxious or distressed staff were observed to be kind, caring and reassuring.

When the staff were heard talking to one another about people they were always respectful and appeared to do everything they could to make sure people had what they needed. We also observed staff knocking before they entered rooms ensuring they maintained the privacy and dignity of people who lived at the home. All the people we spoke with told us they were treated with privacy, dignity, respect and compassion. One person referred to the way they acted when visiting their rooms. One said, "They always knock." People told us their dignity was respected. People said the staff always closed doors when providing personal care support.

We examined three care records to check people's involvement in care planning. We found records were, comprehensive and personalised. There was evidence of good information about peoples personal histories which helped staff get to know people better. One staff member said, "That is one thing we do well, ensure we get as much information as possible about the individual. We get to know the person better then."

Comments from people were mixed in relation to involvement in their care planning. For example one person said, "Yes myself and my son went through everything. I was asked for my opinion about what I felt I needed in terms of support and care." Another person said, "No, they didn't ask about [person] routine, but they asked about his likes and dislikes."

Our use of the (SOFI) tool found interactions between staff and people were positive. There were no negative conversations and people were attended to appropriately within realistic timescales. For example one person requested the use of the toilet. A staff member told them they would attend to their needs shortly. They supported the person within two minutes and they were calm and patient whilst escorting the person to the bathroom.

The registered manager told us people who lived at the home had access to advocacy services. Information was available about these support services in documentation given to people. This was 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.

There were several lounges and private areas where families could be taken to have a private meeting with their relative or friend. One relative said, "The registered manager will always find somewhere private if I needed it."

Relatives told us there were no restrictions for visiting times. Families and friends could visit any time. One relative said, "I come here quite a lot and have to come at funny times due to my work. This is not a problem and never has been, the staff are always welcoming."

Good

Is the service responsive?

Our findings

There was evidence of an 'activity planner' on the wall. Whilst we were there the activities on the planner did take place. The registered manager told us the activity coordinator had left and a new one had been appointed but in the interim the care staff were taking on these responsibilities. They had been successful and were finalising employment checks so that the person could start soon. A member of staff we spoke with said, "We do put activities on in the afternoon both upstairs and down stairs." Music was playing and we observed some low level activities taking place such as nail painting and a game of skittles with some people. One person said, "I like to join in with the staff." The registered manager told us that some of the people did enjoy going out in the local area and that trips to church and to the shops did take place on occasion. One person said, "Yes I do go out when the weather gets better."

We had mixed responses about the level of activities and availability of staff to ensure people were occupied in their chosen pastime. For example one person said, "The staff do put entertainers on regularly I like them. I also join in with some card games and activities in the afternoons." Another person said, "Things do go on in the afternoon, but I choose not to join in." However one person said, "I would like to see the return of live music on a Tuesday and more going on."

We looked at three care records of people. In the files we reviewed we noted that all the people had numerous care plans. These care plans covered all areas of daily living. For example, eating and drinking, mobility, maintaining a safe environment and socialising. The care plans had all been reviewed every month. Relatives told us they were consulted about their relatives care and any changes. One relative said, "I live away but the manager phones me when any changes are made and when they reviewed all her care plans." We spoke with the manager about ensuring where possible people sign the care plans when they were reviewed. This was to show people had involvement in making decisions about their care and agreed to actions that were required to be taken in terms of the care and support they needed.

Peoples care records we looked at contained individualised records for the person. This included their likes, dislikes, choices and preferences and also a documented history of the person's life. The registered manager told us they used these to be able to reflect back with the person on memories of their life. One staff member said, "The personal histories are very good especially on the dementia unit as it paints a picture of the person and we can understand people better."

The service had a complaints procedure which was made available to people and on display so people would be aware of how to raise any concerns. We looked at documentation in relation to complaints and found a recent complaint raised had details of the concerns, investigation carried out and the outcome. One person we spoke with said, "Yes, I did make a formal complaint about [my relative] being taken to an appointment without a coat and not given lunch. I received a response from the service and the head office."

We asked people who lived at the home if they were comfortable raising concerns. One person said, "I've never complained, everybody is kind and I appreciate them, let's face it they have a difficult job. I would complain if I felt it was necessary."

We noticed signage around the dementia unit to support people living with dementia. For example there were pictures of activity events and personalisation of their rooms. This would help people communicate their wishes and be more familiar with their surroundings. A family member we spoke with said, "It does help I know about dementia conditions and the staff do a fine job in trying to make people feel comfortable in the surroundings."

Throughout the day we saw staff spent time with people to make sure they were getting the care that was individual to themselves despite being pushed at times. For example nothing appeared to be too much trouble. One person who kept asking for the same thing over again was offered constant reassurance without the staff appearing frustrated or impatient.

Whilst we were at the home some relatives were visiting. They were relaxed in the environment and were able to go between communal areas and their relative's bedroom. For example one person went to fetch belongings and drinks. They also clearly had a good rapport with the staff and they were observed chatting and laughing together.

Good

Is the service well-led?

Our findings

We spoke with people and family members about how they considered the service was led by the registered manager and organisation. All the people we spoke with told us they thought the registered manager and senior staff were kind and approachable. One person said, "Always available." People who lived at the home told us they had good communications with the registered manager. One relative said, "[manager] is never too busy to have a chat about things."

All staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. The management and staff team worked closely together on a daily basis. This meant quality could be monitored as part of their day to day duties.

Observations of how the registered manager and senior staff interacted with staff members and comments from staff informed us people were well supported and staff knew the lines of responsibility and accountability. One staff member said, "If ever I have had a problem [manager] is always helpful and supportive." All staff members we spoke with confirmed they were supported by the registered manager.

Staff we spoke with were positive about registered manager and the organisation. A lot of staff we spoke with had worked at the home for a long time. By talking with staff it was clear they felt the home was well led and that they got along well as a staff team and supported other. One staff member said, "Even though this is a big home the staff get along well and support each other. Another member of staff said, "We support each other when people are ill or have personal problems. We never have a problem covering a shift."

There were good systems in place to monitor the quality of service and to continue to develop the service. These systems included monthly audits carried out by regional manager. The audit documents we looked at included, medication records, suitability of the building and medication records. Audits showed they were meeting the standards expected, however they informed the registered manager where they could improve. For example they identified where improvements could be made to people's 'input and output' charts for their diet. This was done by adding more detail in the records so they could monitor what individuals were eating and drinking. If any concerns were identified action would be taken.

Staff and 'resident' meetings were held on a regular basis. One person said, "I go to resident's meetings and sometimes I think things change." Topics discussed at the meetings included, how they could improve the quality of the service, meals and activities. An example of issues discussed with people and which were implemented by the management team included change of menus. One person said, "We asked at a meeting for a change in main meals at tea time and this was discussed and the manager agreed and changed things."

The registered manager informed us twice a year surveys were sent out randomly to people who lived at the home and relatives to pass on their opinions and views of the service. The results would be analysed at the 'head office' and discussed with the registered manager. Any negative comments would be investigated and acted upon. However over the last year no negative comments had been received. One person we spoke with said, "Yes I filled one in but everything to me is fine here."

The registered manager told us the senior management team of the organisation were supportive and confirmed that the resources necessary for the effective running of the service were always made available. The registered manager informed us they had regular monthly meetings with the provider and met up with other managers in the organisation. This gave managers the opportunity to share ideas, support each other and discuss ways of improving the quality of service they provided.