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

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

This is a care home situated close to Fleetwood town centre and the promenade. The home has two floors, with the first floor caring for people who lived with dementia. The ground floor is a residential unit. The total occupancy is for 62 residents. There is lift access to the first floor with separate lounge and dining areas on both floors. All bedrooms have an en suite bathroom. The building has parking facilities and access for people who have mobility difficulties.

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify the different types of abuse and had received training in safeguarding adults. Records we looked at confirmed this.

Staff had been recruited safely, appropriately trained and supported. This was confirmed by records looked at and discussions with staff. One staff member said, "The process was very good and was useful to me."

The recommendation from the previous inspection in relation to staffing levels had been addressed. The management team now monitored and regularly assessed staffing levels to ensure sufficient care staff were available to provide support people needed. We observed there were plenty of staff around to meet people's needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were implemented and plans updated.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live.

The management team now ensured two trained carers supported the medication round so that people received their medication at the correct time. One of the management team said, "It is better now and people receive their medicines when they should do." Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The lunch time meal was served in the two dining areas of the building. We observed there was nobody who needed help on the ground floor the staff were very pleasant with people. The first floor dining area supported people who lived with dementia. We observed sufficient staff supported people who required

help in a sensitive manner. Comments about the food were positive one person who lived at the home said, "Very good I get a choice. If there is something we don't like we just choose the other option."

People who lived at Fleetwood Hall had access to healthcare professionals and appointments were documented with outcomes implemented in care plans. We found staff had responded promptly when people had experienced health problems.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived at the home. We found staff were knowledgeable about support needs of people in their care.

People who lived at the home and relatives knew how to raise a concern or to make a complaint. The complaints procedure was available on view and people said they were encouraged to raise concerns.

The management team used different ways to assess and monitor the quality of care at Fleetwood Hall and told us they were supported by the organisation. These included regular audits of medication, the environment and care records of people who lived at the home. In addition staff and 'resident' meetings to seek the views of people about the quality of care being provided took place on a regular basis. Any suggestions to improve the service were acted upon.

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.

We found staffing levels were now sufficient to ensure people's safety and meet their needs.

We observed medication was administered safely. People understood the purpose of their medication and their records were properly maintained. We found people now received their medication in the morning at the correct time.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Fleetwood Hall

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection visit took place on 18 April 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a nursing care background.

We spoke with a range of people about Fleetwood hall. They included 18 people who lived at the home, four relatives, the manager, the area manager and 11 staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire and Blackpool. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training records, medication documentation and records relating to the management of the home. We looked at recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People who lived at Fleetwood Hall told us they felt safe and supported by staff and management. For example some comments included, "They can't do any more than they do, always comfortable." Also, "Yes I do feel safe because staff are always popping their head in and at night there are plenty around the place."

The management team had procedures and processes to follow to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. One staff member said, "We do have regular training it is something the company are hot on." Staff members we spoke with knew what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns to the relevant people and organisations.

Care plans we looked at contained risk assessments. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home. Risk assessments provided instructions for staff members when delivering support for people. For example if people were at risk of falls plans were in place to reduce the risk. This could be pressure mats in bedrooms, walking aids and also two carers to support when mobilising around the building. Records of risk were reviewed when circumstances changed.

We found staff had been recruited according to their procedure and had all required checks in place prior to commencing work. Records we looked at and staff spoken with confirmed this. Staff had skills, knowledge and experience needed to support people with their care and social needs. We found staff commenced their induction programme and completed training appropriate to their position. One staff member said, "The process was very good and was useful to me."

The recommendation from the previous inspection to staffing levels had been addressed. The management team now monitored and regularly assessed staffing levels to ensure sufficient care staff were available to provide support people needed. This was completed through a dependency tool which calculated the number of staff required to meet people's needs at Fleetwood Hall.

The management team told us since the previous inspection two trained carers now supported the medication round to ensure people received their medication at the correct time. One of the management team said, "It is better now and people receive their medicines when they should do." Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records of people who lived at Fleetwood Hall. This was during the morning and lunchtime medication round. Records showed medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the

management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

People received care that was relevant to their needs and effective because they were supported by an established staff team. They also had received appropriate training such as dementia awareness and had a good understanding of people's needs. We confirmed this by our observations during the day. We also looked at training records and talked with staff about individuals who lived at Fleetwood Hall. For example a staff member said, "We are well supported with training, we have trainers on site and are encouraged to attend courses that would benefit us and the residents."

Our conversations with relative's and observations found people visiting the home were made welcome by staff and able to discuss their relatives care. One relative said, "They keep me informed of any changes and are always welcoming when we come here." A person who lived at the home said, "My daughter-in-law visits, my son works in Nigeria and my granddaughters visit every so often."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The managers demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the area manager and manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection. When we undertook our inspection visit 21 people had requests for an assessment to the local authority.

We arrived at breakfast time and people were having breakfast in different areas of the building. For example in the dining room, lounges and their bedrooms. It was a relaxed atmosphere and people were getting up as they pleased. Although a few people had had a lie in they could have breakfast whenever they got up there was no restriction on time.

The lunch time meal was served in the two dining areas of the building. We observed there was nobody who needed help on the ground floor and the staff were very pleasant with people. There was a bit of chatting going on between staff and people who lived at the home. We noticed people were laughing together and having fun. The dementia unit was sufficiently staffed so that people who required support received it in a sensitive manner. For example staff sat with them at the same level talking and encouraging people to take their time. Drinks were provided and offers of additional drinks and food were made where appropriate. Comments about the quality of meals included, "Very good we get two or three choices." Also, "Very good I get a choice. If there is something we don't like we just choose the other option."

People's healthcare needs were monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to General Practitioners (GP's), dentists and other healthcare professionals had been recorded. They contained a record of what action had been taken.

We looked at the premises and found it was appropriate for the care and support provided. The home was on two floors and each floor had two bathrooms and separate lounges. The dementia unit was suitable for people who lived with dementia. For example bedroom doors were painted different colours and appropriate signage was evident around the unit to help people recognize their surroundings. There was a lift that serviced the building and all rooms could be accessed by wheelchair users. Outside garden areas were available for people to access and walk around the building.

Good

Is the service caring?

Our findings

People who lived at Fleetwood Hall and relatives told us they received high standards of care by kind and patient staff. For example one relative said, "They do have a lot of patience with people I see it when I come and see [relative] they are very good with residents." A person who lived at the home said, "You cannot question their kindness and patience they are all lovely people." Comments from people who lived at the home included, "It is very good the staff are alright." Also, "The care is champion I have been here two years."

During the day we observed examples of staff being kind and compassionate towards people who lived with dementia and in the rest of the home. One staff member noticed a person was getting agitated and upset. They immediately sat with the person and occupied their time looking at a book. We observed the person soon settled down with the staff member talking and comforting them for a period of time. We spoke with a staff member who said, "People who have dementia need time and patience and fortunately we are encouraged to do that here."

We noticed there was information about advocacy services on display in the reception area for people and their relatives if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

We spoke with staff about protecting and respecting people's human rights. We were shown training schedules that encouraged staff to complete courses in for example equality and diversity. We observed there was a sensitive and caring approach by staff. We spoke with staff about treating people as individuals and equals. Staff spoken with had an awareness of the Equality Act 2010 and were offered training to gain knowledge and skills to support people equally. One staff member said, "Everyone is different and we ensure people are treated so and with respect."

Staff were aware of how to treat people with respect and dignity. We saw examples of this during our visit. Staff knocked on people's bedroom doors before entering. People were spoken to in their preferred term of address. One staff member said, "In their care plan it will stipulate how residents like to be known as."

The management team and staff told us they fully involved people and their families in their care planning. Records we looked at contained detailed evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Good

Is the service responsive?

Our findings

People who lived at the home told us staff responded to their needs when required and made sure the support was personal to them. For example comments from people who lived at the home included, "They are very good and do know what people need on an individual basis." Another person said, "The staff do make sure I am consulted before we go ahead with anything." A relative we spoke with said, "They keep us up to date with information and we are confident they know [relative] well so any issues they can respond to."

Fleetwood Hall had a complaints procedure which was made available to people in documentation provided to them on admission. This was confirmed talking with people who lived at the home and relatives. Also the procedure was on display in the reception area of Fleetwood Hall. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. One person who lived at the home said, "I know who to complain to if I had a problem."

The management team completed a range of assessments to check people's abilities and review their support levels. For example they checked individual's needs in relation to mobility, mental and physical health. We found assessments and all associated documentation was personalised to each individual who lived at Fleetwood Hall. Documentation was shared about people's needs should they visit for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

Good

Is the service well-led?

Our findings

Fleetwood Hall did not have 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.

The registered manager had recently left their position in March 2017. However the organisation had acted quickly and appointed a person to go through the process to be registered as the manager with the Care Quality Commission (CQC). The process was ongoing

On the day of our visit and following discussions with the area manager, staff and managers on duty it was evident the service had clear lines of responsibility and accountability. This had been put in place since the departure of the registered manager. One staff member said, "The management has been unsettled but we know they have acted quickly and the [managers] now in charge have both been very good." Another said, "[Managers] are both experienced and familiar with how this place should be run, so there is no concerns on the management side of things."

Fleetwood Hall had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, infection control, monitoring the environment and medication. Regular checks were also made to ensure water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

Staff and 'resident' meetings had been held to discuss the service provided and any suggestions to improve the running of Fleetwood Hall. They also had 'flash meetings' at 11 am every day. These were meetings of the heads of departments to discuss the day events and any immediate issues. On the day of our visit they were expecting two new admissions and the meeting was to discuss the planning of the arrivals to ensure it took place smoothly. One staff member said, "The meetings are useful and enabled us to act on any issues that come to light daily."

The management team had completed 'resident' and relative surveys to gain opinions on how the service operated and any concerns they may have. They were positive responses and included, 'Can I just say on record many thanks to the night staff who have looked after [relative] since there fall. We are full of praise for them.' Also, 'All in all I am very pleased with the care and attention given to [relative].'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

We observed Fleetwood Hall had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.