

## The Fleet Care Home Limited

# The Fleet

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The Fleet is a residential care home providing personal and nursing care registered to provide care to 39 people. There were 28 people residing at the service at the time of the inspection.

The Fleet accommodates people across two floors. The lower floor accommodates people who need residential care. Here nursing care is provided by the community nursing team. A further floor provided accommodation and in-house nursing care.

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

People told us staff were kind and caring, responsive to their needs and effective in ensuring they experienced good outcomes. Family members were also positive about the care and the staff.

People told us staff listened to them and made sure they were involved in planning and consenting to their care. We found people had their needs met but the records and, how the service evidenced the care of people and demonstrated people were involved in planning their care, needed to improve.

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 in the service supported this practice. Staff knew how the Mental Capacity Act 2005 applied to their role however, people's records could improve to evidence when staff were acting in people's best interests.

The provider was in process of restructuring and recognised in a recent audit that improvements at The Fleet were needed. The manager and staff demonstrated they were aware that improvements were needed and were in process of actioning this. Further audits by the provider and manager were planned to review each area of the service and act on any recommendations. This would ensure infection control practices, for example, are checked.

People, family, staff and professionals were all positive about the manager and their abilities and openness.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 17 April 2020. We inspected the service's infection prevention and control measures in March 2021 and found no concerns. This is the first inspection of all key questions which provides a rating for the service..

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines, people's skin care, staffing and systems the provider and manager had in place to oversee the quality and,

the clinical governance of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to how the service is governed at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Fleet

## 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 inspection was completed by two inspectors, a pharmacist inspector, a specialist nurse 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.

#### Service and service type

The Fleet is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager in place, but they had not submitted their application to register with the Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account in making the judgements in this report.

We reviewed information we had received about the service since their registration. We used this

information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service and 11 relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, clinical lead, regional director, senior care workers, care workers and the chef. We spoke with one health professional.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first full inspection for this newly registered service. We inspected the service's infection prevention and control measures in March 2021 and found no concerns. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's risks, needs and health conditions were known to staff however, the supporting evidence was not always recorded, inconsistent or was not available to review.
- People had risk assessments in place to monitor a range of risks that they may face while living at The Fleet. These were updated frequently.
- Prior to the inspection, we had concerns raised with us in respect of people's skin care. We found, people's skin care was reviewed by the provider's quality assurance team in June 2021. This audit had found the service was noncompliant with their standards and an action plan was devised. Some improvements had been made against the action plan. People's needs were being met with some records still needing to improve.
- People and family told us staff safely managed individual diagnosis' and conditions however, the care records did not always evidence how people's needs had been assessed and planned. This meant staff did not have the level of information available to them so they could identify when something was a concern. For example, people living with dementia or Parkinson's disease, people who needed their bowels monitored or had a catheter fitted did not have clear details recorded to support all staff to meet these needs safely.
- People with a diagnosis of diabetes did not always have full detail available for staff to use to recognise people's changing needs due to high or low blood sugar.
- Some people were living with a condition that meant they could be physically and/or verbally challenging to staff and others. Although staff were able to verbalise how they supported individuals, this was not recorded in people's care records.
- Systems were in place to ensure the building and equipment were safe.
- People's needs were assessed to support them safely in the event of a fire or the home needing evacuating.

### Using medicines safely

- Prior to the inspection we had concerns raised with us about the management of medicines. We found shortfalls in respect of some supporting records and governance systems. For example, where people required their medicines to be administered covertly (disguised in food or drink), care records did not clearly evidence this decision had been made in their best interest. There was no record advice had been sought from a pharmacist to ensure their medicines could be given safely in this way.
- The service had a medicines policy in place although it did not reflect current practice at The Fleet.

- Staff were able to tell us how they supported people with medicines prescribed to be taken 'when required' to ensure they were administered safely and consistently. The care plans however did not always contain this information.
- Pain relief patches were applied in accordance with the prescriber's directions. Records evidenced when the patch had been changed but there was no documented monitoring to evidence the patch remained in place in the days between application and removal. However, the records did show that patches were removed.
- People told us they had their medicines on time and as prescribed. One person said staff could give them a better explanation about their medicines. This was highlighted to the manager.
- People were getting their medicines safely. Staff were assessed to ensure they were competent in the safe administration of medicines. This included the delegation of the administration of insulin.
- Staff carried out medicine audits and met to discuss medicines issues. However, a more robust audit was to be implemented by the manager in the coming weeks.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- People felt safe living at the service and family told us they were confident their relatives were safe. A family member told us, "I feel that she is 100 percent safe in the home."
- Staff received training in safeguarding and demonstrated they knew how to keep people safe. One staff member said, "We would refer anything like that to safeguarding and notify the CQC. It (abuse) won't be tolerated".
- The manager had recently introduced a system to ensure any safeguarding concerns were reviewed and tracked to ensure any learning was embedded.

#### Staffing and recruitment

- Prior to the inspection, concerns were raised with us about staffing at the Fleet. We found, staff were recruited safely and deployed in sufficient numbers to ensure people were safe.
- People and relatives were happy with staffing levels.
- Staff told us they had time to spend with people and provide good quality care. One staff member told us, "It's not the same every day and, it's busier on the nursing floor, but it's okay".

#### Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The infection control auditing had not been completed for some time. This had been recognised by the manager and was planned to be completed soon. The manager advised this would also include checking staff member's ongoing competency and compliance with policy and government guidance.

We have checked with manager following the inspection who has advised this audit has been completed.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Formal systems to reflect on errors or when things had gone wrong was being introduced, to enable better reflection and learning from adverse events.
- The inspection identified the service had responded well to recent safeguarding concerns and had worked with key professionals in social care and health to address these.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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.

- People told us staff asked for consent before giving care. Relatives said they were consulted around decisions regarding people's care and support. Recently, people's consent to be cared for at the service had been sought and recorded.
- Staff were knowledgeable about the MCA and how it applied to their work. They could describe how they were adhering to the MCA, but this was not always evident in people's records. For example, staff were not storing people's DoLS applications or evidencing how people's best interests decisions were being reached in people's records.
- We saw staff supporting people who lacked capacity to go out into the garden and the community.

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

- Prior to admission, people needs were discussed between professionals, with some involvement with relatives and people, prior to them being admitted to the service.
- Care was delivered in line with standards, guidance and the law. The manager discussed with us how they wanted to improve this through staff training, support and supervision.

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

- People told us they could see their GP when needed.
- People's records detailed staff had involved other health and social care professionals when needed.
- A family member said, "I am kept informed when doctor visits, and I feel involved" and another, "The staff are perfect; I can't fault them, they keep me informed".

#### Staff support: induction, training, skills and experience

- People and relatives told us the staff had the skills to meet their needs.
- Staff had undertaken a range of training appropriate to their roles and responsibilities. Staff told us they felt they had enough training to meet people's needs. A staff member said, "Most of it is online but it's good".
- Staff told us they could seek advice and support from senior staff. Formal supervision, appraisals and checks of staff competency had been recognised as needed by the provider and manager and were in process of being arranged.
- As part of the provider's quality audit, it had been identified, some of their required training had not been completed. This included training staff to the Gold Standard of caring for people at their end of life. Plans were being put in place to address this and this had been communicated to staff.

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

- People liked the food and told us they had the opportunity to choose something else if they did not want the option available. One person said, "It's blinking wonderful; the staff, the food. I can have what I want; having sausages tonight as I don't like what is on offer".
- People were supported to remain hydrated with regular encouragement and opportunities to drink what they chose. Water was placed in rooms and refreshed. During the inspection ice lollies and smoothies were being offered as the weather was very warm.
- Staff were knowledgeable about people's differing dietary and hydration requirement. They were also aware of people's right to choose for themselves and the importance of a good quality dining experience.
- Where a risk of malnutrition had been identified, support was requested from the GP, Speech and Language Team (SaLT) and dieticians. Care and kitchen staff were kept up to date and ensured people's needs were met. However, people's care records did not always reflect people's assessed needs. When staff were required to keep a record of what people had eaten and/or drunk, these were not always filled in fully.
- The provider's quality assurance check completed four weeks before this inspection also found concerns in respect of the recording of people's needs and the provider's hospitality team were involved in supporting the manager and chef in meeting this requirement.

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

- The Fleet has four floors; two were occupied when the inspection took place. The provider had plans to renew the décor for the second floor soon. In the meantime, people requiring nursing care had been relocated to the third floor.
- The building was suitable for people with a range of physical abilities who could move freely on their own or with staff support, depending on their needs.
- The building had a café area on the ground floor with access to the secure garden.
- People could add their own personal touch to their rooms and bring items with them that were important to them.
- There was a good stock of equipment, such as beds, hoists, mattresses and chairs, that could be used to meet people's changing needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and their family members spoke highly of the staff and felt well treated by them. A person said, "I love it, they are very kind and caring; there is always someone to help you. They let me use the phone to speak to my sister." Another person said, "The staff are very helpful; they are excellent in the way that they help us. I can't think of a bad word to say about them. The best is feeling secure. I'm happy to be here." A family member said, "[My relative] is happy. She always says that she is happy, the staff are extremely pleasant and, they go the extra mile."
- People told us they were treated as individuals by staff. People described conversations they had with staff demonstrating staff were interested in them and meeting their individual needs.
- People's care records did not offer an insight into people's beliefs and views regarding their care, or any in depth information about their personal, social, cultural and spiritual histories. Sexuality was described in respect of people's appearance and did not extend to identity. This was highlighted during the inspection and we were advised that this is part of the provider's drive to improve the personalisation of people's care.

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

- People told us they had a say in the provision of their care. One person told us, "The staff are very kind and they will always ask me before they do something. They do listen to me". Another person said, "I wouldn't say I'm in charge of the care I get but I am kept informed. I know that if the staff wanted to make changes, like to my tablets, they would tell me".
- The staff we spoke with were aware of people's rights to be involved in their care. One staff member told us, "Not all of the residents can make decisions for themselves but those that can, must be able to. It's their home after all, not ours".

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy, dignity and independence. They told us staff were always polite and discreet in how they met their needs. A family member said, "They treat [my relative] with dignity and respect."
- We observed staff interacting with people on both days of our visit. Staff showed kindness and compassion throughout; all showed respect towards people. We observed staff responding to a person quickly, who was distressed, showing empathy and reassuring eye contact.
- We observed visitors being accepted warmly into the service by name. A family member told us, "Given that we have been through a pandemic, I think that they have done really well. They have always managed to enable us to see [my relative]. Very good customer service."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

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

- People received their care in the way they wanted to. However, records needed improving.
- The language in people's care records was not personalised or reflected how care was being provided in line with their goals, needs and preferences. The daily records completed by staff were purely task centred. There was no description of how people were feeling and how their day had been. However, people described how staff were responsive to their needs and spent time discussing their care with them. For example, one person described how staff were supporting them to manage their lifestyle to improve their diabetes.
- Relatives were also positive about the staff responsiveness. A family member said, "I am incredibly grateful for what they have done for [my relative]; they are brilliant. I phone or visit every day. The nurses ring me if necessary." Another relative said, "This is my first experience of a care home; I am very impressed, with their dedication and professionalism."
- People on short stay and required a period of assessment and/or rehabilitation, had no detail recorded about how they were being supported to achieve their goal of going home. Two people on short stay described the staff in positive terms but were not aware of their rehabilitation plans.
- The manager had recognised people's records, and how staff record how people's care has been met, needs to improve. Plans were in place to train and support staff to better evidence the personalised care

### End of life care and support

- No one was identified to be in their final days when we inspected. We were told that specific care plans, monitoring and pain-relieving medicines would be put in place when required.
- People's records contained little detail of how people wanted their end of life needs to be met or what was important to them at this time. The manager advised this was an area they had identified for improvement.
- People had treatment and escalation plans (TEPs) in place. These were stored with people's records and highlighted in their electronic care record. TEPs are used to plan what intervention would take place when a person reaches their end stages or suddenly becomes ill due to a pre-existing condition.

### Meeting people's communication needs

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

- People's records did not detail how staff were to support people in line with the AIS. However, systems were in place to support people to communicate if they were unable to do so verbally. For example,

whiteboards were used to help a person who was deaf to communicate.

- Electronic communication was available to support people speak with their advocates, key professionals in their care and their families.

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

- People told us staff were interested in ensuring they were not isolated. One family member felt the level of activity for people could improve, but no concerns were raised by other family or people. One relative said, "Mum is sociable, and they encourage her to go down to the dining room; she enjoys the company of others."
- The service employed two activity coordinators who completed activities with people on a group and one to one basis. The manager had recently met with the co-ordinators to seek to improve the planning and availability of activities for people.
- During the inspection, we saw visitors coming to see people and these could take place in their rooms or in the garden. People were in the communal areas and staff were observed being attentive to people and having conversations and a laugh with them.
- People's records contained little detail about people's interests and how they liked to pass their time; what was culturally and personally significant were also not always recorded. The manager advised us that this had been recognised and was in process of being addressed.

Improving care quality in response to complaints or concerns

- People and their family felt they could speak to staff or approach the manager to raise any concerns. A family member said, "I am very impressed with the manager and her staff. I have no concerns." Another family member said, "I have raised a few queries, and these have been resolved."
- The provider's complaints procedure was available to view in communal areas. It contained information about how, and to whom, people and their representatives could make a formal complaint. There was no record kept of concerns that were at a lower level.
- The manager had recently introduced systems to review formal complaints to ensure these were reviewed in line with the provider's policy. They advised they would look at how to record and review lower level issues. This meant lessons learnt could be discussed with staff and used to improve care at the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not ensured there were sufficient leadership and governance systems in place so the service was meeting all its requirements.
- Throughout the inspection, we found that the records held at the service were not of a good enough standard to ensure there was always evidence of how people's needs were being met and the service run.
- Robust audits had not been completed on a regular basis to enable continual monitoring of the service. Although the home had opened in April 2020, the provider's quality assurance team had not completed a quality audit until June 2021. This had identified the service was non-compliant with the provider's required standards.
- Although medicine audits had been completed by staff at the home, these had failed to recognise the shortfalls identified within the Safe section of this report.
- There was no evidence people's care records had been audited. As clearly evidenced throughout this report, care records were not always personalised and were not an accurate reflection of people's current care and support needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was always effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the provider's audit, an action plan was being developed and was in process of being actioned. For example, the maintenance and catering managers had been to site to complete their own assessments and ensure these areas were being overseen.

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

- People, family and staff were positive about the management of the service. They described the manager in positive terms, telling us they felt they were responsive and open to being approached. A family member said, "I am very impressed with [the manager]; most impressed. She responds to emails and is always visible; she walks around the floors" and another, "I have spoken to [the manager] and she appears professional; easy to deal with. She says it doesn't matter what question I want answered, just ask."

- The regional director and manager spoke with us about the improvements they wanted to make at The Fleet, and their commitment to ensuring this happened to ensure people always achieved good outcomes.
- People, family and staff felt the manager was seeking to establish their involvement in the service. A questionnaire had been sent out to family members and staff had a recent meeting that began to look at the improvements needed.
- The manager spoke with us about the improvements they wanted to make to the service and in ensuring people, family and staff felt valued. This included full consideration their equality characteristics.

#### Working in partnership with others

- The manager had taken time to get to know and build a good networking relationship with key professionals involved in people's care
- The manager aimed to link with other care professional networks as restrictions due the Covid-19 pandemic were eased.

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 provider and manager understood how they should meet the requirements of the duty of candour.

#### Continuous learning and improving care

- The inspection team found the manager, clinical lead, staff and regional director wanted to learn from this inspection and improve The Fleet as a result. There was recognition from the provider and manager that this will take time, but they were committed to making it happen.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>Regulation 17(1)(2)(a)(b)(c)</b>  Systems and process were not always operating effectively to assess, monitor and improve the quality and safety of the service.  Systems and process were not always established and operating effectively to ensure there was evidence that people's care needs were being assessed and met.  Records were not always accurate, complete and contemporaneous.