

NR & VGP Carehomes Ltd

Fleetwood Nursing Home

Inspection report

Grange Road
Fleetwood
Lancashire
FY7 8BH

Tel: 01253779290

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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

The inspection visit took place on 02 February 2016 and was unannounced.

Fleetwood Nursing Home provides care for people who require residential or nursing care. The home has two floors a lift is available for access to both floors, some rooms are en-suite. Registered for 30 people. The home is located near Fleetwood town centre. Car Parking is available at the front and side of the home. At the time of the inspection visit there were 23 people living at Fleetwood Nursing Home

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 of the service in April 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection people told us they felt safe at Fleetwood Nursing Home. There were sufficient numbers of staff deployed to meet people's needs and provide a flexible service. We found a registered nurse was on duty 24 hours a day.

The registered manager had systems in place to check people's safety, including the safe management of accidents and incidents. Staff demonstrated they had a good understanding of protecting individuals from potential harm or abuse. Staff we spoke with told us they had received training in safeguarding adults.

We observed people's medicines being administered at lunch time. They were dispensed in a safe manner and people received their medicines on time. Nursing staff only gave out medicines. The registered manager and local pharmacy had carried out checks to ensure processes were completed safely.

The home was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspection team. People we spoke with said they were happy with the standard of accommodation provided.

The registered manager had completed an assessment of people's support and nursing needs. This was before they moved into the home. People who lived at the home said they were happy with their care and support provided to them by caring staff. One person said, "Lovely staff." Also, "I feel safe here."

Safe recruitment procedures were in place and appropriate checks made before new staff commenced their employment. Sufficient staffing levels were in place to provide support and nursing care people required.

Staff told us access to training courses was good and training records we looked at confirmed this. Staff told

us they were encouraged by the registered manager to further their skills by obtaining professional qualifications.

People who lived at the home were happy with the variety and choice of meals available to them. The service employed cooks who prepared homemade meals and comments were positive about the quality of food. Regular snacks and drinks were available between meals to ensure people who lived at the home received adequate nutrition and hydration.

We found examples where the service had responded to changes in people's care needs. We found evidence in records where referrals had been made to external professionals.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. People told us they were also encouraged to take part in activities of their choice. One person said, "We have singers come in now and then I enjoy that."

Staff we spoke with had a good understanding of how people should be treated in terms of respect and supporting people with dignity. We observed examples of staff respecting people's privacy and dignity.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The registered manager and owner used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that were undertaken by the registered manager and owner. This ensured the service continued to be monitored and improvements made when they were identified.

People were supported to feed back about the quality of their care through meetings and one to one discussions. The registered manager was looking at ways of formalising meetings for people who lived at the home.

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 there were sufficient staff on duty to meet people's needs. Also safe recruitment practices were in place to ensure appropriate personnel were employed.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Is the service effective?

Good ●

The service was effective.

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

The registered manager and staff had an understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not restricted.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Is the service caring?

Good ●

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Is the service responsive?

Good ●

The service was responsive.

Care records identified people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The registered manager and staff worked very closely with people and their families to act on any comments straight away, before they became a complaint.

Is the service well-led?

Good ●

The service was well-led.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks for the running of the service were regularly undertaken. Any identified issues were acted upon to improve the quality of care provided for people.

The views of people who lived at the home and relatives were sought by a variety of methods.

Fleetwood Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection visit carried out on the 02 February 2016.

The inspection visit was carried out by a social care inspector and a specialist professional advisor in nursing care.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at the service. They included the registered manager, two visiting health professionals and six staff members. In addition we spoke with seven people who lived at the home and three relatives. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of two staff, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

We spoke with people who lived at the home and relatives. They told us they felt safe and their rights and dignity were respected. For example one person said, "I need help with personal care the staff support me safely and help me keep my dignity." Another person said, "I feel safe here."

We noticed staff wearing appropriate protective clothing. These included items such as aprons and gloves when required. One staff member said, "When carrying out nursing tasks or any care for that matter it is important to take protection against infection."

We found the home was clean, tidy and maintained. No offensive odours were observed during the day. Hand sanitising gel and hand washing facilities were available around the building, and were observed being used by the staff. We spoke with people who lived at the home about the cleanliness of the building. One person said, "I think the home is spotless they keep a good ship."

We found equipment had been serviced and maintained as required. Records looked at confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines to ensure people were not at risk of scalding.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care practices. We looked at training records for staff and found the registered manager and staff had received safeguarding vulnerable adults training. Staff spoken with confirmed this. The service had a whistleblowing procedure which staff spoken with were aware of. One staff member said, "I would not hesitate to use it should I witness any abuse going on." All the staff we spoke with had an understanding of the process to report any abusive practices. They also demonstrated an understanding of what abusive practice meant. One staff member said, "I know the policy on safeguarding people and what to look out for."

Care records of people who lived at the home contained an assessment of their social and nursing care needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises and falls. Records were personalised and covered what actions the registered manager and staff would take to manage risk.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by the registered manager following incidents that had happened. Records clearly identified what action had been taken to reduce the risk of reoccurrences. A staff member said, "Accidents do happen but we try and analyse what happened when they do, also if there is anything we can put in place so it doesn't happen again."

We discussed staffing levels with the registered manager and looked at staffing rotas for the week. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who required nursing

care. Staff we spoke with were happy with the numbers and skill mix of personnel on duty. One staff member said, "We could always have more but yes I feel we have enough staff to provide good care."

We had a walk around the building and spoke with people in their rooms. We found call bells were positioned in bedrooms close to hand so people were able to summon help when they needed to. One person who lived at the home said, "Look it is right next to me. I feel safe knowing I can call someone if I need to." Also, "If I press the buzzer they come straight away." We checked the system and found staff responded to the call bells in a timely manner.

We reviewed how short-term circumstances, such as leave or sickness, were managed to maintain people's safety by having sufficient staff on duty. For example a shortage of nursing staff recently meant the registered manager was able to call on agency staff. This was to cover the shortfall until permanent staff were employed. The registered manager said, "We are having a recruitment drive. However we are able to cover for people until then. "

All the staff we spoke with were happy with the staffing levels. Comments from staff included, "We manage fine." Another said, "If we are ever short we tend to cover it. The residents are never rushed."

We arrived at breakfast time and observed staff supporting individuals in a timely and unhurried manner, using a caring and patient approach. Staff were supporting people with their breakfast in their own rooms or in the dining room. We spoke with people who lived at the home and one said, "There seems plenty of staff around to me. I don't see them rushing around like mad." Another said, "Whenever I need assistance I don't have to wait long."

We looked at how medicines were administered and records in relation to how people's medicines were managed. We observed medicines being administered at breakfast and lunch time. We found medicines were administered at the correct time they should be. We observed the nurse was patient and talked with the person until they had taken their medicine. A staff member said, "It is important to stand by the person until they have taken their medication for their own safety."

The service had introduced regular audits of medicines to ensure they were correctly monitored and procedures were safe. The registered manager told us if any discrepancies were found this would be addressed straight away.

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

Is the service effective?

Our findings

Comments we received about the effectiveness of care and support from people who lived at the home were positive. They included, "The staff get to know you well. That's what I like. Also, "They appear to know what they are doing and have experienced care staff working here."

People who lived at the home had their nutritional needs monitored. We saw nutritional assessments were carried out to ensure people were supported to maintain their health. We found monitoring of people's food intake took place if this was required. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals such as dietitians or the GP. We found evidence of this in care records we looked at. One staff member said, "We monitor people to ensure they have the right amount of food and drink to stay healthy."

We looked at menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit and vegetables. The chef we spoke with told us they would regularly make homemade cakes and pies for people. One person who lived at the home said, "The cooks are wonderful. Very good bakers." People we spoke with told us the menu was flexible and choice was available. Comments about the quality and quantity of food included, "Good dinners and always a choice." Also, "Meals are great and there is plenty of food."

We observed lunch being served and found sufficient staff deployed to support people who required help eating their meals. Different portion sizes were being served to suit individual's needs.

We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. The kitchen area at Fleetwood Nursing Home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Care records documented when people's healthcare had changed. There was evidence staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

We spoke with staff about access to training courses and what training they had completed. We found by talking with staff access to further their skills by attending training courses was not an issue. For example training records we looked at indicated when courses such as safeguarding adults and moving and handling were due. Every staff member we spoke with told us there were no issues with training events offered to them. The registered manager had a programme of mandatory training which included, moving and handling and safeguarding adults. These training courses were updated on a regular basis. Training records we looked at confirmed this. Comments from staff included, "We do get offered lots of training."

Staff told us they were encouraged by the registered manager to further their skills by obtaining professional qualifications. Staff told us they were supported to complete care qualifications. For example one staff member told us they were looking at completing a 'skills for care' course. They told us the registered manager would support them to achieve this qualification.

Supervision of staff was undertaken however not on a regular basis. The registered manager informed us this was now being addressed. Staff we spoke with confirmed this. The registered manager told us due to staff shortages at senior level, staff had not had supervision sessions as often as they usually do. One staff member said, "We do have supervision but [registered manager] is available at any time. She is so supportive." Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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. During the inspection we did not see any restrictive practices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions.

When we undertook this inspection the manager had completed applications to request the local authority to undertake DoLS assessments for persons who lived at the home. The registered manager had followed the correct process to submit an application to the local authority.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded

Is the service caring?

Our findings

People we spoke with told us they were treated with respect and kindness. They all told us staff were caring towards them. Comments from people who lived at the home included, "They are a caring bunch." Also, "I feel I am well looked after. I need time in the mornings however the staff are patient with me."

Whilst we were walking around the premises we observed staff talking with people who lived at the home. We found the staff were warm, caring in their tone of questions and attentive. Comments from people who lived at the home included, "Never been happier." And, "We are treated well and respected."

A relative who was visiting told us they were happy with the choice of home they had made. The relative said, "I cannot come that often as I live away, but the staff have always been kind to [relative] because she tells me. Also when I come and watch the staff they treat everyone with kindness."

During the inspection visit we had several walks around the building and observed staff interactions with people. We found staff caring and kind towards people. For example one person was being transferred with a hoist from their wheelchair to a lounge seat. Throughout the process the two staff were talking to the person making sure they were relaxed and comfortable. When they finished one of the staff sat with the person for a while and chatted away. We spoke with the person who lived at the home and they said, "I do get anxious when using that machine, but as you saw the staff are so good and I feel comfortable when they are helping me."

We observed staff knocked on people's doors before entering. They would not enter until a response was given or they were aware the person was not in their room. People who lived at the home we spoke with said they always knocked. One person said, "The staff respect my privacy. They always shout me first or knock before entering."

Throughout the day people were free to move around the premises. For example from communal areas to their own bedrooms with staff support if required. We saw people were provided with the choice of spending time on their own or in other areas of the building. This was confirmed by talking with people who lived at the home.

Care records we checked showed evidence discussion had taken place between staff and people who lived at the home regarding end of life care. This demonstrated a respect for people's views, preferences and wishes. People had contributed to the planning of their own end of life care.

We found evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. Relatives were also involved when required to. This was confirmed by talking with relatives we spoke with. This ensured staff had up to date information about people's needs.

People who lived at the home told us they were encouraged to express their opinions on how their care was provided. Care records of individuals contained information about people's current needs as well as their

wishes and preferences. Daily records being completed by staff members were up to date and maintained. One staff member said, "We do keep on track with care plans and discuss them at daily handover meetings."

Before our visit we received information from external agencies about the service. They included the commissioning department at the local authority. They had no concerns with the service at the time of the inspection.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They had information details that had been provided to people and their families. Also relevant details were available on display in the reception area of the home. This ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home were supported by staff who were experienced and responsive to people's needs. We found by talking with staff and the registered manager they had a good understanding of people's individual needs. The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people who lived at the home and relatives. A relative we spoke with said, "They keep me informed. If anything has changed they let me know pretty much straight away."

Care records of three people we looked at were developed from the assessment stage to a plan of care, where the person who received the care and relatives were involved. Nursing input was contained in care records if required. We also found identified nursing needs where applicable were recorded. A staff member said, "The plan of care has to be up to date to ensure people who require nursing care are treated as according to their needs."

Relatives we spoke with and one person who lived at the home said they were consulted when their care needs were planned. A relative said, "We looked around for a place for a while. [Relative] liked it here and the way the staff involved us all through the planning and information gathering stages."

We found information about people's social histories and hobbies. Staff told us they spoke with people to develop relationships and find out about their lives. This helped ensure personal information was recorded so people's backgrounds and wishes were discussed. One staff member said, "It helps when building a picture up of someone. The more information supports developing relationships."

Throughout the day of our visit we observed staff spent time with people. Staff made sure they were not rushed when speaking with people who lived at the home. For example one person who lived at the home was discussing their family with a staff member. We observed the staff member spend a considerable amount of time talking and showing interest in the conversation. We spoke with the person who lived at the home afterwards. They said, "That's what I like the staff are patient and you can have a good chat with them. They don't rush off."

We found advertised in the hallway an activities programme was in place. Staff told us a range of activities took place. They included singing and board games. One person who lived at the home said, "It is too cold to go out at the moment but in summer we will." Another said, "I do enjoy the entertainers when they come in. He was here yesterday."

There was a complaints policy the registered manager had in place it had recently been updated and had been made available to people who lived at the home and relatives. One relative confirmed to us they were provided with information on complaints when they arrived at the home. The documents contained the various stages of a complaint and what timescales were involved. This was to resolve the complaint and how people could expect their concerns to be addressed.

People who lived at the home and relatives we spoke with felt the registered manager and staff were responsive to any issues or concerns. One person told us, "I have not had any queries but if I had then I would speak with [registered manager]." We spoke with three people about complaints and enquired if they had any issues. All three said 'no'.

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership and organisation. Relatives also told us the registered manager was supportive and always available to talk with them. Comments included from people who lived at the home. "[Registered manager] is lovely always finds time to sit and chat." Also, "I have lived here a while and she is a very nice person." Staff comments included, "You can knock on [registered manager] door anytime, and she always finds time to support you."

During the inspection visit we observed the registered manager was part of the staff team and provided nursing care for people. We also observed the registered manager sat talking with relatives and people who lived at the home. A person who lived at the home said, "We all get along well the manager and staff."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. One staff member said, "Were not a big home but we all pull together. The manager is very good and knows each other's strengths." The staff told us they felt the service was well led and they got along well as a staff team. One staff member said, "We all support each other it is a good team."

The staff had handover meetings daily. These meetings discussed the day's events and information was shared to staff coming on duty. The meetings kept people informed of any issues and enabled staff to discuss the running of the Fleetwood Nursing Home. This kept staff up to date with information concerning people so that they could provide the best care. One staff member said, "The meetings are very useful."

Staff meetings were held although not on a regular basis. Staff we spoke with told us the daily handover meetings were more useful. However the registered manager was looking to implement more regular formal staff and resident meetings. The registered manager informed us they were interviewing more staff. They would then look to increase more formal meetings of staff and people who lived at the home. This was to ensure the views of staff and people who lived at the home had a say in the running of the home. Comments from staff included, "We speak with residents every day and ask if everything is ok or if they had any ideas to improve things." Another staff member said, "We have 23 residents so we talk every day with people to get their opinions of the home informally. One person who lived at the home said, "We speak with the manager all the time and staff to see if things can improve."

In the reception area there was a suggestion box for people to pass comments on the running of the service. The registered manager told us there had been a couple of responses and they were positive. The registered manager informed us any negative comments would be acted upon straight away to ensure they were addressed and action taken.

We found there was a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits undertaken included care records, medicines and

the environment. One environmental audit highlighted issues with the general furnishings and decoration of communal areas such as corridors and doorways. This had been addressed and timescales for refurbishment were in place for 2016. The registered manager acknowledged these audits were needed to be undertaken more often. This would be addressed once new staff had been employed following their latest recruitment process. The registered manager told us audits were important and were completed to ensure the service continue to improve and highlight any concerns.