

Manor Homes (Poulton) Limited

Cleveleys Nursing Home

Inspection report

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14 December 2020

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Cleveleys Nursing Home is registered to provide care for up to 32 older people, people living with dementia or physical disabilities. The home is situated close to Cleveleys town centre. There are bedrooms on all floors. There is a choice of communal lounges and seating areas, although people were self-isolating in their rooms, due to the COVID-19 pandemic when we visited. There were 20 people lived at Cleveleys Nursing Home when we inspected

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

People and their relatives told us they felt they were cared for safely by the staff team. However, this did not reflect our findings in relation to infection control and cleanliness, staffing and training, record keeping and governance.

Areas of the home were not clean and hygienic on the inspection, which increased the risk of infection outbreaks. The management team had not assessed risks to minimise the likelihood and spread of infection and in relation to COVID-19. The infection prevention and control policy gave inaccurate information which increased risks to people. Staff practice in infection control was not of a safe standard for reducing and managing the risk of infection outbreaks. After the inspection, the provider arranged a deep clean of the home, routine cleaning was increased, and infection control practice improved.

We saw the management team had not completed actions highlighted during gas and electric utilities and lift checks. The provider arranged for these checks to be completed soon after the inspection, and any actions needed were taken.

Record keeping was unsatisfactory. We saw on the inspection staff did not always assess, review and update care records and help people to manage avoidable risks. They had not always completed care plans to assist staff in providing the right care for each person. The provider told us the manager made sure people all had care plans after the inspection.

The home was not well-led, and governance was ineffective. The provider and manager did not have a system for auditing and monitoring the service to check on the quality and to make sure staff were providing good care. Where the manager completed audits, they were basic, infrequent and did not identify issues of concern. The management team did not fully understand and act on legal obligations, including conditions of CQC registration and those of other organisations. They were not aware of national and local guidance available to keep people safe and improve their well-being.

Although, Cleveleys Nursing Home is required to have a nurse on duty 24 hours a day, on the inspection the inspectors found significant periods where there was not a nurse on duty. After the inspection the manager made sure all shifts had a nurse on duty. Staff recruitment procedures were sufficient, although the manager had not provided adequate and recognised induction to assist new staff with the skills needed to give

people good care. They had not overseen important training was provided to staff and this affected care practice.

Staff spoken with demonstrated an understanding about how to safeguard people from the risk of abuse. Staff supported people with their medicines safely and were reorganising the medicines room to improve medicine processes when we inspected.

We received positive feedback from people supported and their relatives about the home. They told us they felt the manager and staff team involved and informed them about their care and any changes in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good last report (published 25 July 2018).

Why we inspected

We received concerns in relation to care practice, infection control and management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

The provider began to take action shortly after the inspection to mitigate the risks identified. This has made the home safer than it was on inspection. The provider arranged a deep clean of the home, improved infection control, arranged checks on utilities and equipment and completed the risk assessments and care plans we had identified. Staff training for infection control has been completed. However, other issues identified on the inspection still need action.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cleveleys Nursing Home on our website at www.cqc.org.uk.

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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to care practice, infection control, staffing, governance, record keeping and monitoring the home at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this time-frame. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our safe findings below.

Cleveleys Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Cleveleys Nursing Home 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.

The service did not have a manager with day to day responsibility, registered with the Care Quality Commission (CQC). The manager had started the process to apply to become the registered manager with CQC but was not yet registered. This means the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We inspected because we had received concerns about care and infection control and needed to discuss the safety of people supported, staff and visitors with reference to COVID-19.

We started the inspection activity on 08 December 2020 and ended on 14 December 2020. This included telephone and video calls to people supported, relatives and staff. We requested other information to be

sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We sought feedback from professionals who work with the service, including Blackpool local authority, Clinical Commissioning Group and Healthwatch. We used this information to plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who lived at Cleveleys Nursing Home and four relatives about their experience of the care provided. We spoke with the manager, one nurse and four care and ancillary staff.

We reviewed a range of records. This included three people's care records and several medication records. We looked at two staff recruitment and supervision records. We also looked at a variety of management records. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

After the inspection we spoke with the provider who began making the necessary improvements

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and protected from avoidable harm.

Preventing and controlling infection

- We were not assured the manager implemented and staff consistently followed infection control processes. A relative told us, "Staff have always had PPE (personal protective equipment such as masks, aprons and gloves) on when I have been there." However, when we inspected staff were not always wearing protective face masks or were wearing face coverings, that did not meet good practice infection prevention and control guidance.
- During the inspection we observed staff moving between areas of infection without changing PPE. Where PPE is not used in a way that minimised the risk and spread of infection it exposes people to the risk of cross infection. Staff did not check the temperatures of people supported, on a regular basis. Neither did they check temperatures of staff and visitors on entering the home.
- The service was not visibly clean on the inspection. Staff had not consistently maintained equipment in the home to ensure it could be effectively cleaned. We found flooring that was not properly sealed and ingrained dirt on floors, doors and other surfaces. Enhanced cleaning of bedrooms and communal areas and schedules for cleaning were not in place.
- Neither people supported, or staff had been risk assessed in relation to COVID-19, so it was unclear who may be at higher risk of contracting COVID or should be shielding. There were no risk assessments for visitors into the building, or people admitted or discharged from the home. Although people who lived at Cleveleys Nursing Home were all self-isolating in their bedrooms when we inspected, there were no risk assessments in relation to this.
- The infection prevention and control policy had been reviewed in July 2020 but did not reflect current guidance. It stated in three places that staff did not usually need to wear face masks in care homes. This guidance was out of date and reflected pre COVID advice.

People who used the service were placed at risk because robust procedures and practice to reduce the risk and spread of infection were not in place. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the provider arranged a deep clean of the home. Staff increased the cleaning regime and a cleaning schedule and checklist was started. An infection control health professional carried out a visit and found infection control had improved. The provider updated the infection control procedure, so it reflected national infection control guidance. They made sure risk assessments about COVID-19 for people supported, staff and visitors were completed. The provider told us staff were working in a safe way. However, we will want to check that good infection control practice is sustained and consistent.

We have also signposted the provider to resources to develop their approach.

- There was an area within the home for staff to put on and take off uniforms and PPE as needed and there were washing and sanitising facilities available. Staff and people supported were accessing testing which made them aware of any infection. People supported and staff were tested for COVID-19 infection frequently.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At the last inspection we had made a recommendation for the provider to seek guidance on care planning and risk assessments, so they were accurate and provided correct information. Sufficient improvements had not been made on this inspection.

- Although people said they felt safe and protected from the risk of abuse and avoidable harm, we found significant areas of concern with care records, that reduced people's safety.
- When we inspected, people did not always have care plans to assist staff in providing the right care for each person. Two people recently admitted, did not have a care plan. Neither did they have adequate risk assessments, so staff could not check how to keep them safe. One other person had incorrect information about their care needs in their care plan. However, staff did know the person's care needs.
- Pressure area care and wound management information, where completed, was brief so it was difficult to understand people's particular care needs. Staff were not consistently completing documentation. There were large gaps in food and fluid charts, so it was unclear whether people had sufficient nourishment. Other care records were basic and not person centred. Daily reports on people's health and well-being were often brief and uninformative. There was little information about their life history or social and leisure activities they enjoyed.

People did not always have accurate, complete and contemporaneous care records. 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.

After the inspection, the provider told us the management team had made sure every person supported had a care plan and risk assessments.

- We looked at safety certificates for gas, electrical installations and lift servicing on the inspection. We saw there were requirements or recommendations that had not been completed. The provider arranged for gas, electric and lift checks to be completed soon after the inspection, and any actions needed were taken. We requested evidence of a legionella check but this was not provided so we were not assured this check had been carried out.

Staffing and recruitment

- Enough suitably qualified and trained staff were not always deployed to meet people's needs. The manager informed us they had not had a nurse on shift on several occasions over the last few weeks due to staff sickness and absence. As a Nursing Home, the home must be staffed with a nurse 24 hours a day.
- Although the manager arranged police and reference checks when recruiting staff, induction training for new staff was not sufficient to provide them with the skills and knowledge they needed. New staff who had not worked in care previously had not completed the care certificate or equivalent training to assist them in their role.
- Most staff had not completed infection prevention and control or COVID-19 training when we inspected.

This lack of knowledge was reflected in poor infection control practice. Most staff were not trained in safeguarding vulnerable adults, although staff spoken with knew what to do if they felt someone was being harmed or abused.

- Staff had not completed training in food hygiene or health and safety. Only a few staff members had completed moving and handling, dementia awareness and first-aid training. We were not assured staff had the correct knowledge and training to provide safe care.

Sufficient qualified staff were not always in place and staff had not received suitable training to assist them to provide safe care. This is a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 (Staffing)

The provider responded after the inspection and made sure nursing staff were in place on every shift. They also arranged for all staff to be trained in infection prevention and control, which reduced the risk of harm to people.

Learning lessons when things go wrong

- Staff did not routinely feedback and reflect on situations that did not go as well as planned.
- Reporting and documentation was not of a standard to assist with monitoring and reviewing incidents.
- The manager usually informed CQC of issues affecting the home.

We recommend the provider develop systems for reflecting on and evaluating accidents, incidents and near misses.

Using medicines safely

At the last inspection we had made a recommendation for the provider to improve medicines management. On this inspection this had improved, and we saw medicines were given and recorded safely.

- People received their medicines safely. Senior staff were in the process of reorganising the medicines room and reducing excess medicines when we inspected. The medicines fridge temperatures were regularly checked and recorded. We observed staff giving people their medicines as prescribed and in line with good practice guidance. Medicine administration records (MARs) were completed accurately and medicines stored securely.

- The manager told us there was at least one member of staff trained in medicines administration on each shift. However, audits and competency checks to make sure they were giving people their medicines correctly were limited.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- CQC was not assured there were effective governance systems for management oversight and leadership and audit processes, in particular for staffing cover, staff training, infection prevention and control practices and cleaning.
- Quality assurance systems were basic and infrequent. The management team had not managed the absence of nursing cover safely. The provider's policies and procedures were not reflective of COVID-19 pandemic. The concerns we raised on the inspection had not been identified by the provider.
- The management team had not always completed or overseen care records for people, and where completed these were not always accurate and informative. Neither were there always relevant records for the running of and management of the home.
- The management team did not always follow current and relevant legislation and best practice guidelines. They did not always understand legal obligations, including conditions of CQC registration and those of other organisations. This increased the risks to people supported, staff and visitors.
- The provider and senior staff were not up to date with guidance and best practice in relation to the pandemic or staff training. We advised them of the CQC website, local authority support, Public Health England and Skills for Care guidance and emphasised the importance of checking this frequently.
- The management team had failed to ensure staffing, training, and management oversight had been provided and to ensure staff had the skills and competencies needed to support people safely.

The lack of effective systems to ensure the quality and safety of the service placed people at risk of avoidable harm. The above matters demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

- Since the previous inspection the registered manager had stepped down and the current manager had come into post. The staffing structure had newly altered when we inspected, and lines of responsibility and accountability made clearer.

Continuous learning and improving care; Working in partnership with others

- The manager had not provided learning and development opportunities through meetings, discussions and training to assist in providing good outcomes for people.

- The management team had not checked current legislation, standards and evidence-based guidance. Evaluation of accidents and incidents to see if lessons could be learnt and to reduce risks of similar events was limited and not embedded into working practice.
- The manager maintained good working relationships with partner agencies although, partner agencies said they did not always keep them informed.
- Staff had developed links within the local community, although most of these were on hold because of the restrictions in relation to the Coronavirus pandemic.

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

- The manager and provider were open and transparent and reacted quickly in response to the concerns raised. However, audits should have identified these much earlier.
- Although we found issues on inspection people and their relatives were complimentary about the manager and staff team. People said the manager was approachable, willing to listen and easy to engage with. They said they sought people's views and those of their relatives. One person told us, "I am very content and looked after here." Relatives said, "Since [family member] moved there she has come on leaps and bounds despite this COVID. The staff are all wonderful and need medals for what they are doing." And "The staff are angels for what they are doing for [family member] despite all the problems."
- Relatives gave us positive feedback about how staff kept them up to date with changes, particularly in relation to the pandemic. This included, "During this COVID they have been tremendous, keeping us up to date and video calls." And, "They keep us up to date with all care information. No complaints and don't worry I would complain if needed to."
- Staff told us they felt encouraged by the manager. They said the manager worked with them and helped and supported them. They said they could be open and honest about anything in staff supervision, handover or just chatting. One staff member said, "It is really nice here. [Manager] is really interested and is flexible about ideas. We all work well together – we are a good team." Another staff member told us, "I am glad I work here. The manager is good to talk to and listens."

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 registered manager understood the requirements and their responsibilities under the duty of candour.
- The provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and acted on their duty of candour.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 The provider failed to ensure people received safe care and treatment as risks, including those relating to the spread of infection, were not effectively assessed and mitigated. Regulation 12 (1) (2) (a), (b) and (h).
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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate governance systems to monitor the quality of care and safety of service users and to provide complete and accurate service user records and those for the running of and management of the home. This is a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 1, 2,(c) (d) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure nursing cover 24 hours each day to meet people's needs and keep them safe. and staff had not received suitable training to assist them to provide safe

care. This is a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 1,2(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA RA Regulations 2014 The provider failed to ensure people received safe care and treatment as risks, including those relating to the spread of infection, were not effectively assessed and mitigated. Regulation 12 (1) (2) (a), (b) and (h).</p> <p>People were placed at risk because the safety of the premises and equipment were not suitably checked and safety assured. Regulation 12 (1) (2) (d) and (e)</p>

The enforcement action we took:

Notice of decision for urgent conditions

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	<p>☐ Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate governance systems to monitor the quality of care and safety of service users and to provide complete and accurate service user records and those for the running of and management of the home. This is a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 1, 2, (a) (b) (c) (d) (f)</p>

The enforcement action we took:

Notice of decision for urgent condition

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing
The provider failed to ensure staff had received suitable training to assist them to provide safe care. This is a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 1,2(a)

The enforcement action we took:

Notice of decision for urgent condition