

# Newco Southport Limited

# Fleetwood Hall

## Inspection report

100 Fleetwood Road  
Southport  
Merseyside  
PR9 9QN

Tel: 01704544242  
Website: [www.fleetwoodhall.com](http://www.fleetwoodhall.com)

Date of inspection visit:  
22 January 2019  
28 January 2019

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20 February 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Fleetwood Hall accommodates 53 people across five separate units, each of which had separate adapted facilities. One of the units specialises in providing care to people living with dementia, and is split into a male and female side. The other unit specialises in supporting people with mental health needs, and is also split into male and female sides.

People's experience of using this service:

Quality assurance procedures had improved since we last inspected the home in January 2017. This is because more thorough action plans were being produced when audits identified areas of improvements.

People told us they felt safe living at Fleetwood Hall and we received positive feedback from everyone except one person, which we shared at the time with permission.

People said there was enough staff, although there was still some dependency on agency staff for some of the shifts. Staff were recruited safely and checks took place on their character and suitability to work. Incidents and accidents had been appropriately documented and a detailed analysis of the incident was completed by the manager.

Risk assessments were in place and contained detailed information with regards to the actions the staff were expected to take to minimise the risk of harm.

The environment and equipment was safe and well maintained. There were compliance checks for gas, electricity and legionella and emergency evacuation plans were in place to ensure people were safe in the event of a fire. Medications were managed and administered safely. We raised that some creams, although they were being applied correctly, would benefit from being stored more securely in locked boxes.

The home had recently been audited by infection control and there were some action points which required addressing. We viewed the action plan and saw that the registered provider had taken action to address most areas. Further improvements were being made to sluice areas.

There was an improvement plan in place to address some of the décor in the home, however, we saw that the unit for people living with dementia needed improving and we have made a recommendation about this.

People were being supported in line with the principles of the Mental Capacity Act. Best interest meetings were in place for people who required them.

Staff were trained and supervised in line with the registered providers policies and procedures. Some of the training percentages required improvement, however the registered provider had identified this on a recent audit and this was being addressed.

Most people told us they enjoyed the food and were offered a choice of food. People were screened for the risk of developing malnutrition and staff were keeping records in relation to this. We did raise that some records were incomplete, this was rectified on day one of our inspection.

People said the staff were caring, one person raised a concern which we followed up with permission at inspection. Care plans demonstrated people had been involved in them. People could choose how they spent their time at the home.

Care was personalised to suite people routines and choice. People were assessed before they moved into Fleetwood Hall.

Complaints were recorded, investigated and responded to in line with the registered providers complaints procedure.

There was no registered manager in post at the time of our inspection. The role had been temporally filled by the deputy manager, whom staff were complimentary about and said they felt happy to raise any concerns with them.

The registered provider showed openness and transparency regarding some of the ongoing improvements required at the service and there was a plan in place to address these. The service had improved since the last inspection and was not in breach of any legal requirements.

Rating at last inspection: Requires Improvement. Report Published 22 January 2018.

Why we inspected: This inspection was planned in accordance with our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as, per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Fleetwood Hall

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two adult social care inspectors, and Specialist Nursing Advisor (SPA) and an Expert by Experience who has expertise in caring for older people with dementia.

#### Service and service type:

Fleetwood Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager at this inspection.

#### Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 22 January 2019 and we returned on 28 January 2019. The first day of the inspection was unannounced, however the registered provider knew we were returning on 28 January 2019.

#### What we did:

We looked at notifications we had received about the home and contacted health and social care professionals for feedback. We did not receive any information of concern. We checked the registered providers PIR. This is a form we ask the registered provider to complete before the inspection to tell us about

the service and any changes they have made. We use this information to populate our planning tool which we use to plan how the inspected should be conducted.

Over the two days we spent time with five people who lived at the home, four visitors, a visiting health professional, seven staff, the maintenance person, the chef, the activities coordinator, the quality assurance manager, the home manager, and the registered provider. We looked at a range of documentation, including, care plans, risk assessment, medication documentation, information relating to staff, training records, and the overall care which was being provided to people. We spent time looking around the home and engaging with the people that lived there. We partook in lunch and sat in the communal areas.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- During our last inspection we made a recommendation regarding the recording and following up of incident and accidents. We saw during this inspection that all incidents and accidents had been appropriately documented and a detailed analysis of the incident was completed by the manager.
- Risk assessments were in place and contained detailed information with regards to the action the staff were expected to take to minimise the risk of harm. Risks were assessed depending on the level of need for each person, and there were comprehensive assessments in place for areas such as moving and handling, eating and drinking, wound care, medication, communication, and behaviour support.
- The environment and equipment was safe and well maintained. This had improved since the last inspection, as we raised that the external gate to the home was not always kept locked as required. This was not being checked as part of handover. We now saw that safety checks and audits were in place, including checking the external gate. There were also compliance checks for gas, electricity and legionella and emergency evacuation plans were in place to ensure people remained safe in the event of a fire.

### Staffing and recruitment

- People who lived at the home and their relatives told us that care was provided when they needed it and there was always staff around to assist them. Two staff members told us the home was sometimes short staffed when staff went off sick, however this did not happen all of the time. Rotas showed a decrease in the use of agency staff over the last few months, however one relative raised there was sometimes too many agency staff.
- Staff recruitment folders viewed evidenced staff were being recruited safely. Checks on employment, references and a new DBS check was undertaken for staff. A DBS check helps new employers to make safer recruitment decisions. We raised that one recruitment folder for member of staff who had been in post for a number of years was missing some information. The manager assured us they would speak to the administrator to make sure this was placed in the file.

### Using medicines safely

- Medications were managed and administered safely.
- Stock balances and storage of medications was appropriate, and people received their medications on time.
- There was a clear procedure in place in relation to covert medication, which is medication which is hidden in food or drink.
- We raised with the manager that some liquid medications had not been dated when they were opened,

which increased the risk of them being used after their shelf life. Action was taken to address this straight away.

- We raised that some creams, although they were being applied correctly, would benefit from being stored more securely in locked boxes. When we attended for day two of our inspection, we saw evidence that locked boxes had been ordered.

#### Preventing and controlling infection

- The home had recently been audited by infection control and there were some actions points which required addressing.
- We viewed the action plan and saw that the registered provider had taken action to address most areas. Further improvements were being made to sluice areas.
- There was personal protective Equipment (PPE) available in all areas of the home.
- Staff attended training in infection control and knew how to report outbreaks of flu and viruses.

#### Learning lessons when things go wrong

- There had been an improvement since the last inspection to the way incidents, accidents and actions were recorded and communicated to staff.
- The safety of the premises, were now being checked as part of handover, which reduced the risk of people leaving the home without the staff knowledge.

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

- One person told us they did not always feel safe at the home, so with permission we raised this with the manager and the registered provider, who were in the process of addressing these concerns.
- Everyone else told us they felt safe, comments included, "I know [person] is safe because the site's well looked after" someone else said "I feel safe."
- Staff were able to explain in detail the process they would follow to report harm or abuse. This included speaking to their line manager, or accessing the local authority and whistleblowing to CQC if needed.
- Staff had undergone training in safeguarding, and this was discussed at team meetings as a topic of conversation.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment for people living with dementia required improvement. This was because there were a lack of contrasting colours in corridors and bedroom doors to support people to orientate their way around.
- There was some directional signage for people, however, some information was not being utilised. We saw a large pictorial menu on display in the lounge area of the dementia unit. The photographs on the menu did not correspond to what was for lunch, which could confuse people.

We recommend that the registered provider considers best practice guidelines for ensuring the environment is suitable for those living with dementia.

- Some of the communal lounges had trailing wires, and looked in need of decoration.
- The registered provider shared their programme of redecoration which included these areas. The registered provider explained this was a working progress and they would keep us updated with the redecoration programme.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Peoples capacity was being routinely assessed.
- There was a process in each person's care plan to ensure that any conditions stipulated on DoLS referrals were being met.
- Capacity assessments were decision specific, and we saw that different approaches to testing the person's understanding were being utilised, such as personalised communication methods.
- The manager and care staff had a good understanding of their roles and responsibilities with regards to

people's capacity, and were able to describe to us what this meant.

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

- People's risk assessments were reviewed every month. Referrals were made to external medical professionals, such as Tissue Viability Nurses, when the need arose.
- People were assessed prior to them living at the home. Pre-admission assessments contained information in relation to people's choices and preferences for their daily living. This information then formed the basis of the person's care plans.

Staff support: induction, training, skills and experience

- Staff underwent a training programme which was updated every month by a dedicated training manager.
- Training was a mixture of E-Learning and face to face courses; additional support was provided for staff in the form of one to one coaching by the training manager. Staff spoke positively about this, one staff member said, "[Training manager] is a great support."
- Additional training needs were identified, such as more awareness of tissue viability, and this was sourced.
- Staff training dates were recorded appropriately, and percentages of training attended was regularly discussed in team meetings and supervisions.
- Some training percentages were lower than others, which we queried, and we were assured that new staff had yet to be enrolled on some courses, which accounted for the lower percentage of training attended in the current month. This had been identified during a recent audit and action plans had been put in place to address this.

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

- People who required assistance with maintaining their dietary needs had all of the relevant information recorded in their care plans. People had monitoring charts in place for food and fluid which staff were completing. We did raise that staff were not always completing records by totalling the amounts at the end of the day, which we raised at the time with manager.
- A Malnutrition Screening Tool (MUST) was completed for each person and recommendations were written into their care plans for staff to follow if the person was identified as being at risk of malnutrition. Where this was the case people were weighed weekly.
- Two people told us they did not always like the food, but did not say why. We observed lunchtime and saw people being offered a choice of food.

Staff working with other agencies to provide consistent, effective, timely care

- Referrals were made to healthcare professionals in a timely way when people needed additional support. We spoke to a medical professional who told us that they were always contacted for advice by the staff when needed.
- People told us they liked the staff and they felt they had the right skills to deliver care appropriate to their needs.

Supporting people to live healthier lives, access healthcare services and support

- People had Health Passports in place which contained information about them and their medical diagnosis. This information was shared with professionals when needed.

- The staff contacted GP's, district nurses, OT's, Dieticians and Speech and Language Therapists when needed. There was a dedicated area in people's care plans for any information.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Most people we spoke with said they felt the staff were caring and looked after them well. One person raised one issue which, with permission, we followed up with the registered provider.
- Comments relating to the caring nature of the staff included; "Most of the staff are caring, I've got my favourites, the staff put up with a lot", "I've no complaints about the staff, they work really hard", "They look after me, I love living here, this is our home" Also "They're nice and very respectful" one visitor told us they "Felt lucky" their relative was living at "Fleetwood Hall"

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

- Some people could not remember if they had seen their care plan or not. Care plans we viewed were signed by some people where they had capacity to do so, which demonstrated that the care plan had been discussed with the person. Other care plans had been completed via a best interest process and signed for on behalf of that person following the best interest decision.
- People we spoke with told us they had control over their care and some people came and went from the home as they wished.

Respecting and promoting people's privacy, dignity and independence

- People regarded Fleetwood Hall as their home.
- Staff prompted, supported and assisted people in a way that respected their freedom and they encouraged people to make every day choices and decisions they made.
- Staff respected people's privacy and dignity Staff provided people with dignified care in a person-centred way.
- People's sensitive and private information was protected and in line with General Data Protection Regulations (GDPR).
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Loved ones were able to visit the home without any restrictions.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were identified from the outset. People were appropriately assessed and protected characteristics (such as age, gender, disability, cultural, religious support needs) were identified. Any reasonable adjustments and/or adaptations were supported to ensure that people were treated fairly and equally.
- People's care plans focused on their personalised needs. For example, we saw how one person liked to be woken up at a certain time by staff, whilst someone else preferred to be left in bed. Care plans also contained information around people's likes, dislikes and individual routines. There was a 'life story' in place for each person which had been completed by the person themselves or with support from family, which described the person's hobbies, interests and personality from before they lived at the home.
- People were encouraged to participate in a range of different activities. An activities timetable was visible in the home and were arranged around the likes and interests of people who were living Fleetwood Hall.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and would feel confident speaking with managers and/or staff. One person told us, "I know who to go to."
- A record of complaints was kept; complaints were responded to in accordance with organisational policy. At the time of the inspection, there had been eight complaints which had been investigated, responded to and closed.

End of life care and support

- People who were assessed as being at the end of stages of life were supported by staff who received the necessary end of life training.
- Staff provided end of life care in a dignified and sensitive manner, ensuring that the wishes and desires of the person were respected and maintained.

# 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

During the previous inspection we found the registered provider was in breach of regulations in relation to poor governance. During this inspection we found improvements had been made and registered provider was no longer in breach of regulation.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was not a registered manager in post at the time of our inspection. There was a deputy manager who knew the home well who was completing this role on a temporary basis. The manager had a good knowledge of the home and people and staff said they were supportive.
- The quality assurance systems and processes had improved since the last inspection. The registered provider, manager and quality assurance manager understood the importance of providing high quality care and were aware of their regulatory responsibilities. There was now a range of audits in place, which identified the need for improvement and action plans were drawn up and monitored every week.
- All notifications had been reported to CQC as required. Other authorities, such as the police and local authority had also been alerted when it was appropriate to do so.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager and the registered provider were engaging throughout the inspection and accepted responsibility when areas needed to be improved.
- Staff told us the manager was approachable and said there was an open door process in Fleetwood Hall where they could raise any concerns they had.
- New quality assurance audits which focussed on people's experience of living at Fleetwood Hall, such as a dining experience audit, had been implemented. Audits showed that the registered provider was clearly identifying the need to improve some décor in most areas of the home, which demonstrates willingness to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at the home and their relatives were asked for their feedback regarding service provision. This was formalised every 12 months in the form of questionnaires. The results of which were analysed.

- Staff engaged in regular team meetings. The last team meeting took place in January. The agendas for the team meetings focused on shared learning and areas for improvement. For example, we saw the recent infection control audit had been shared with the staff and the action plan had been discussed.
- Team meetings were staggered to enable those staff who work night shifts to attend.

#### Continuous learning and improving care

- Records we viewed demonstrated that the registered providers approach to quality assurance had improved since the last inspection. We saw that as well as audits just being completed, they were now an effective form of continuous improvement because detailed action plans were being drawn up from audits. These action plans were shared with staff in team meetings and staff were given accountability for areas they were expected to improve. We saw that these action plans were being checked every month for progression.
- There had been improvement made to the way the manager assessed capacity. This now involved adapting the form as well as the managers communication style to support the person with their understanding. The manager told us they found this enabled people to have more input with decisions regarding their care.

#### Working in partnership with others

- We spoke to a medical professional who informed us they had good relationships with the staff at the home, and any time instructions were left for additional care to be completed this was done.
- The registered providers had developed effective working relationships with other agencies who were supporting the home. Relationships had been developed between the Local Authority, GP's, and social workers.