

Manor Homes (Poulton) Limited

Cleveleys Nursing Home

Inspection report

19 Rossall Road
Thornton Cleveleys
Lancashire
FY5 1DX

Tel: 01253865550
Website: www.cleveleysnursinghome.com

Date of inspection visit:
24 March 2023
29 March 2023

Date of publication:
18 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 three floors, and there is a choice of communal lounges and seating areas. There were 24 people living at Cleveleys Nursing Home when we inspected.

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

Best practice for the safe management of medicines was not consistently followed. Some documentation was not consistently completed. Some documentation did not have clinical oversight or evidence of clinical oversight. These were similar concerns identified at the previous inspection. Current practice on recruitment was not consistently followed. We have made a recommendation about this.

People told us they felt safe, and staff were effectively deployed so people received support when they needed it. Staff knew the help and support people required and risk assessments were carried out to minimise the risk of avoidable harm. People were supported in being involved in decisions about their care. Staff were seen to wear appropriate personal protective equipment, and visitors were welcomed into the home.

People, relatives, and staff told us there was a positive culture at Cleveleys Nursing Home. The provider worked with healthcare professionals to meet people's needs and promote their independence. The provider and registered manager co-operated with the inspection and took swift action to reduce risks and improve the service.

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 requires improvement (published 09 February 2022). The service remains rated requires improvement. For services rated requires improvement on one or more occasions, we will take proportionate action to help encourage prompt improvement.

At our last inspection we recommended that the provider considered current guidance on the safe management of medicines and the introduction of effective communication systems to promote accurate and complete records. At this inspection we found similar concerns.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection. 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.

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 and Recommendations

We have identified breaches in relation to the management of risk and the ongoing concerns around good governance.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

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

One inspector carried out the inspection.

Service and service type

Cleveleys Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed to assess how the inspection would impact on how they managed a suspected COVID-19 outbreak.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the provider, registered manager, carers, housekeeping staff and the cook. We had a walk around the home to make sure it was homely, suitable, and safe.

We reviewed a range of records. This included 4 people's care records, 3 recruitment files and multiple medication records. We reviewed a variety of records related to the management of the service, including policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the proper and safe management of medicines. At this inspection we still found some similar and new concerns.

- Medicines were not consistently managed safely. Documentation was not always completed to evidence safety checks had taken place. Daily fridge and medicine room temperatures had not been consistently recorded. The stock of one medicine for one person did not match the total held on site.
- Medicine administration records were not consistently completed following best practice. One medicine for one person was discontinued but written as available to be given as and when required. There was no supporting protocol or administration record to support this. One person required one medicine dose to be made up of a combination of different strengths of tablets. Staff were only signing that the medicine had been administered they were not signing for each tablet given. This made clinical oversight and stock control difficult.

We found no evidence that people had been harmed however, the provider failed to ensure care and treatment were provided in a safe way to ensure proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider carried out checks to ensure prospective employees were suitable to work with people who may be vulnerable. Information was available to view; however not all recruitment files contained a detailed employment history and there was no documentation to show this had been explored.

We recommend the provider seeks and implements best practice information on the recording of information in relation to employment records.

- Staff were deployed effectively. We saw people were helped quickly and people told us they did not have to wait for help from staff. One person told us, "They come when I press the buzzer." A second person said, "I press the buzzer and they [staff] come. I have never been left stranded."
- The provider provided additional staff to escort people to scheduled appointments. This ensured there were enough staff at the home to meet people's needs.

Assessing risk, safety monitoring and management

- The provider and registered manager did not always ensure risk was managed to lessen the risk of avoidable harm occurring. People's weights or moving and handling records were not consistently recorded, see the Well-led domain for action taken. We discussed this with the provider and registered manager who changed their processes to ensure greater oversight in line with people's identified needs.
- Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to the registered manager. One relative commented, "[Relative] is safe, they are 100% safe. I wouldn't have him anywhere else." One staff member said, "I would blow the whistle if I saw any safeguarding concerns. I would tell Matron, the police or the council."
- The registered manager ensured everyone had an up to date personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need assistance, to evacuate a building or reach a place of safety in the event of an emergency. Staff had received specialist training to help people leave the building safely, should it be required.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Parts of the home required updating and refreshing. The provider told us they were aware of what was required and would be taking appropriate action.
- The provider had a food hygiene rating of 3. This meant hygiene standards were generally satisfactory when inspected by the food standards agency.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider had protected mealtimes in place. This meant they asked relatives and friends to visit during mealtimes as staff were busy. However, people were supported to welcome visitors into the home at any time. The registered manager told us, "I ask relatives to respect mealtimes, but I would never turn a visitor

away."

Learning lessons when things go wrong

- The provider has a history of working with the local authority and us to address concerns. However, the provider or some systems or processes have repeatedly not effectively addressed some concerns found at consecutive inspections.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to explain the action they would take if people were at risk of harm or abuse. Training in safeguarding had taken place to help ensure staff understood their responsibilities to raise concerns with the management team and external bodies. Staff told us they were confident the registered manager and provider would respond to concerns. One staff member said, "I think people are safe here, we make sure they are safe." One relative told us, "Yes of course [relative] is safe." One person commented, "I feel safe, yes, absolutely."
- The contact number of the local safeguarding authority was accessible to staff to enable concerns to be raised if this was required.
- Staff were kind and respectful with people and were patient when they supported them. People told us they liked the staff. One person said, "They [staff] are taking excellent care of me. They go out of their way to look after me."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection we recommended the provider introduce effective communication systems to promote accurate and complete records. At this inspection we still found some similar and new concerns.

- Audits and checks had not been embedded effectively after the last inspection or consistently identified shortfalls and driven improvement. It had not been identified or action taken that medicine room temperature and weight management had not been recorded consistently.
- Daily records did not consistently accurately record the times staff had completed tasks or provided support to people. Staff had documented that multiple tasks or support had been provided to more than one person at the same time.
- Some paperwork such as fluid records did not have evidence of management or nurse oversight. This meant it was difficult to see if the provider had clinical oversight and if care was being consistently provided in line with current standards.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was 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.

- The provider had purchased a care management system that supported their compliance with current regulations. They provided up to date policies and procedures. The provider told us, "We have a governance calendar now and we are trying to stick to it." We noted multiple quality checks taking place including, infection prevention, moving and handling, hoist and slings and mealtime audits.
- Feedback from audits had driven improvement. Paperwork had changed in response to feedback from a pharmacy audit. Environmental audits had prompted the purchase of new mattresses.
- The provider and registered manager had learned from previous infection outbreaks. When there was a suspected COVID-19 occurrence, they took swift action to keep people safe and informed the local authority as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People said they received person centred care and support. One relative said, "I am very happy, and very impressed. They let us hold a family party here. [The provider] is fantastic." People we spoke with described a positive, caring environment. One person said, "The staff are brilliant, they will do anything for you."
- Staff were consistently complimentary about the management team and colleagues. One staff member said, "We have a good team, it's a good nursing home. I like it here and I like [registered manager and provider]. A second staff member commented, "I felt supported when I started from the staff and management."

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 registered manager and provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The registered manager encouraged candour through openness. The registered manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements. One staff member said, "[Registered manager and provider] are approachable".

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

- People and staff told us the provider was onsite gathering formal and informal feedback. One staff member said, "You can see [provider] sat chatting with people most days."
- The provider sought people's views. Surveys were provided to people, relatives and visitors within the home to drive improvement.
- Daily meetings with staff and regular meetings with nurses took place to manage people's support needs.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

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	We found no evidence that people had been harmed however, the provider failed to ensure care and treatment were provided in a safe way to ensure proper and safe management of medicines. This placed people at risk of harm. 12(1)(2)(g)

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	We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. 17(1)(2)(a)