

Newco Southport Limited

Fleetwood Hall

Inspection report

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22 June 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection of Fleetwood Hall took place on 22 June 2016.

Fleetwood Hall is a large care home set in its own grounds on the outskirts of Southport. The home is registered to provide accommodation for up to 53 people across three units. The units include: a mental health unit that can accommodate men and women (separately) with enduring mental health needs, a dementia care unit that can accommodate six men and women and a general nursing unit for up to 14 people, both men and women.

The service was last inspected in November 2016, and at that time was found to be in breach of regulations 12 and 11 relating to safe care and treatment and consent. We had also made a recommendation under the 'well-led' domain with regards to the effectiveness of quality assurance systems. Following the inspection the provider sent us an action plan detailing what action they were going to take to address the concerns we found. We checked this as part of this inspection.

This inspection was 'focussed' in that we only looked at the two breaches of regulations to see if the home had improved and the breaches were now met. We also checked if quality assurance procedures had improved. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover only three of the domains we normally inspect whether the service is 'Safe' 'Effective' and 'Well led'. The domains 'Caring' and 'Responsive' were not assessed at this inspection.

During this inspection we found that improvements had been made and the provider had taken action to address the concerns raised at the last inspection. Care plans were easy to read and follow, and information was accurate, complete and up to date. Additionally, documentation around people's capacity was updated and recorded. The registered manager had also attended an advanced course in the principles of the MCA (Mental Capacity Act). The provider was no longer in breach of these regulations. We checked the quality assurance procedure during this inspection to ensure its effectiveness had improved since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 our last inspection in November 2016, the service was in breach of regulations in relation to safe care and treatment. This was because some records relating to people's care and treatment were disorganised, missing, or lacked a sufficient amount of clinical detail about that person. After the inspection the provider sent us an action plan detailing what action they were going to take and we checked this as part of this inspection.

The records we saw during this inspection had been re-organised into coloured coded sections. This made it easier to find information. Care plans and risk assessments had also been recently reviewed. The provider was no longer in breach of this regulation.

At our last inspection in November 2016, the service was in breach of regulations relating to consent. This was because the registered manager did not have a full awareness of DoLS and any conditions on people's DoLS were not being appropriately managed. Best interest processes were not being considered for some people who did not have capacity to make decisions around their care. Following our inspection the provider sent us a list of actions detailing what steps they were going to take to address this, and we checked this during our inspection. We found that sufficient improvements had been made, and the provider was no longer in breach of this regulation.

During our last inspection, we found that procedures relating to the governance of the service had improved enough for the provider not to be in breach of regulation; however we did make a recommendation regarding this due to the inconsistencies we found with risk assessments and the MCA. We checked the providers approach to quality assurance at this inspection to see if any improvements had been made. We saw that the registered manager had adapted their quality assurance process to ensure that clinical information was checked and updated, also the nurse in charge was issued actions if there was anything which required following up. There was a new file in place which contained all the people who were subject to DoLS at the home, the application stage, and any conditions. This file was audited as part of the quality assurance process.

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

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 safe.

Risk assessments were in place to help support people with their clinical and emotional needs and these were regularly reviewed and updated.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective ' at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective.

The registered manager had a good understanding of their roles and responsibilities in relation to the Mental Capacity Act (MCA). People were only deprived of their liberty when it was necessary once the appropriate procedure had been followed.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective ' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was well-led.

The quality assurance procedure had been revised to ensure information around people's risk assessments and the MCA were being audited in line with the provider's approach to quality assurance.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective ' at the next

Requires Improvement ●

comprehensive inspection.

Fleetwood Hall

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 inspection took place on 22 June 2017 and was unannounced.

The purpose of this inspection was to see if the provider had made the improvements they told us they would make and was meeting legal requirements in the areas of concern identified at the last inspection

The inspection was carried out by an adult social care inspector.

We spoke with the registered manager during the inspection, one of the nurses and the provider.

We looked at the care records, risk assessments and DoLS applications for four people. We checked the quality assurance and auditing systems.

Is the service safe?

Our findings

At our last inspection in November 2016, the service was in breach of regulations in relation to safe care and treatment. This was because some records relating to people's care and treatment were disorganised, missing, or lacked a sufficient amount of clinical detail about that person. Care plan reviews did not reflect when people's needs had changed, and some specific care plans, for example foot care plans for people with diabetes, were missing. There was also some gaps in the recording of weights for some people. People who experienced behaviours which could become challenging were missing specific information in their risk assessments with regards to de-escalating situations. This meant that staff might not know what action to take to support that person safely. After the inspection, the provider sent us an action plan detailing what action they were going to take to meet this breach and we checked this as part of this inspection.

The records we saw during this inspection had been re-organised into coloured coded sections. This made it easier to find information. For example, we saw that one person was a diabetic. We expected to see a relevant foot care plan for this person, and when we looked at the appropriate section in the care plan we saw that the care plan was there. It had also been recently reviewed.

We saw that one person's risk assessment indicated that their mobility had changed, and they had become less able to transfer themselves, so their falls risk assessment had changed which meant this person was at greater risk of falls. We checked this person's moving and handling plan and saw that this had been updated, and the monthly review of the care plan had also incorporated this change.

We saw that one person was subject to a healthy eating regime as part of their clinical needs. Part of this regime including the staff weighing the person weekly and keeping accurate records relating to what they ate or drank. We checked the records for this person dating back to the last few weeks, and saw that all records had been completed and there were no gaps in the recording of information. This meant that information was accurate. The person had also been weighed weekly and had maintained a steady weight.

We saw that one person who had a diagnosis of mental illness could often become challenging. We saw that risk assessments had been expanded to explain how staff must interact with this person if they were showing signs of these behaviours. This explanation detailed what techniques the staff must use, and how they should react to ensure the person's behaviour did not escalate. The service was no longer in breach of regulations relating to safe care and treatment.

These examples show that the provider had taken action since our last inspection and has met the breaches. While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Is the service effective?

Our findings

During our last inspection in November 2016, we found that the service was in breach of regulations relating to consent. This was because the registered manager did not fully understand the Mental Capacity Act 2005 (MCA). Also when authorisations were granted from the local authority to deprive people of their liberty any conditions on the authorisation were not always being adhered to and checked. Where people lacked capacity to make certain decision regarding their care, for example, the use of bedrails, there was no evidence that decisions had been made in people's best interests. Following this inspection the provider sent us an action plan detailing how they were going to meet this breach and we checked this as part of this inspection.

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 decision's and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the provider was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met.

The registered manager had attended an advanced training course with regards to the Mental Capacity Act and was able to explain in detail which of the people living at the home had DoLS in place, and what they were for. We also saw that the registered manager had introduced new documentation which logged the outcome of each person's DoLS, including any condition. For example one person's DoLS stated '[relative] to be involved in all aspects of care planning.' When we looked at the care plan we saw that this person's relative was involved and there were best interest decisions documented for this person where the relative had been consulted.

We saw that the registered manager was emailing the local authority every month as part of their quality assurance process to check the outcome and timeframe on recent submitted authorisations. This meant that the registered manager was making sure people were not unlawfully being deprived of their liberty due to their DoLS expiring. The provider was no longer in breach of regulations relating to consent.

These examples show that the provider had taken action since our last inspection and has met the breaches. While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Is the service well-led?

Our findings

During our last inspection in November 2016 we made a recommendation in relation to the governance of the home. Even though we found that the home had improved enough not to be in breach of regulation, we saw that some aspects of quality assurance could be further improved. This was because we found inconsistencies in relation to risk management and care planning, and the MCA. These inconsistencies had not been identified during a routine audit.

We saw during this inspection that the provider had made improvements and this was evidenced using the new paperwork that had been introduced. We saw that new handover sheets were in place to enable the nurses working at the home to make more thorough and detailed notes during shift changes so information was not missed. These handover notes were checked as part of the quality assurance process for inconsistencies. Care plan audits and risk assessment audits took place every month by a nominated clinical lead, who went through each risk assessment in detail. Actions were drawn up if needed and allocated to the person's named nurse so they could update people's care plans.

Audits were also taking place on the DoLs applications and a new tracking tool had been introduced by the registered manager to ensure that conditions and expiry dates on DoLs were audited and action was taken before DoLs expired.

The quality assurance procedure had improved, however we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.