

Manor Homes (Poulton) Limited

Cleveleys Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 15 people living at Cleveleys Nursing Home when we inspected.

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

Best practice for the administration of medicines was not consistently followed. We have made a recommendation about the management of some medicines. The management team had auditing systems to maintain ongoing oversight of the service. However, concerns had not been escalated to the registered manager when best practice on the management of medicines had not been consistently followed. We have made a recommendation about communication systems.

The provider had made improvements to recruitment procedures to help ensure suitable staff were employed to work with people who may be vulnerable. Risks to people were assessed and documented. Systems were in place to support people visiting the home safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were provided with a choice of meals and snacks and were supported by staff to eat and drink if this was needed. Staff knew the help people needed to remain safe and had received suitable training for their role. Staff received inductions which were tailored to meet their experience and developmental needs.

The provider and registered manager had worked with the local authority and CQC to drive improvements in the home. They worked in partnership with health professionals to ensure people had access to medical support when required. The provider and registered manager had created a supportive environment where staff morale was high. Staff said they felt able to challenge poor practice and believed their concerns would be acted on.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 17 September 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At our last inspection we recommended the provider made improvements within employment records to

show gaps in employment histories had been explored. At this inspection we found the same concern remained in one recruitment pack we viewed. The provider took steps during the inspection to ensure the staff members employment history was complete.

This service has been in Special Measures since 10 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21, 22 July and 02 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 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 monitor the service and will take further action if needed.

We have made a recommendations about the safe management of medicines and communication systems aimed to promote accurate and complete records.

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

Follow up

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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'. 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 had 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.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

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 of this information to plan our 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.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior care worker, care workers and domestic staff. We also spoke with the provider of the service. We carried out observations of care to help us understand the experience of people who could not talk with us. We walked around the building to look at the environment to check on the suitability of this.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We spoke with professionals who regularly visit the service.



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 inadequate. At this inspection the rating has changed to 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 found quantities of medicines were not always recorded; we could not be assured people were receiving their medicines as prescribed. This made it difficult or impossible to audit the safe administration of medicines. This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (Safe care and treatment).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were not consistently safely managed. The provider did not ensure all prescribed medicines were managed and stored safely. Stock totals for two people medicines were recorded incorrectly.
- Documentation was not always completed to evidence safety checks had taken place. Daily fridge temperatures had not always been recorded following best practice.

We recommend the provider consider current guidance on the proper and safe management of medicines.

Staffing and recruitment

At our last inspection we found staff had not received suitable training to assist them to provide safe care. This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 (Staffing).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had been provided with training in key areas in line with people's needs. This included safeguarding, infection prevention and control, dementia care and dysphagia care among other areas.

At our last inspection we recommended the provider ensured schedule 3 information is evidenced as required, as part of their recruitment process.

- The provider had made improvements and followed safe recruitment procedures including DBS checks to help ensure suitable staff were employed to work with people who may be vulnerable. Disclosure and

Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- However, one staff member did not have their full employment history documented. There was no evidence this had been discussed during the recruitment process. This was rectified during the inspection process.
- The manager deployed staff effectively. During the inspection we saw people were helped quickly and people told us they did not have to wait for help from staff.

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

At the last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were safe and protected from abuse and their human rights were respected and upheld. 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."
- Risks to people's health, safety and wellbeing had been reviewed, assessed and documented.
- Staff knew how to support people whose behaviours could be described as challenging. The registered manager had ensured care plans included information and strategies to ensure people received appropriate support and were safe.
- 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 help people leave the building safely, should it be required.

Preventing and controlling infection

At our last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us, "Yes, I am able to visit, they [Nursing home] are really good with all measures in place like they should be."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The provider had systems that requested evidence of vaccinations and testing before admission into Cleveleys Nursing Home was granted. One relative told us, "The home doesn't want COVID in the building and they have worked hard to keep people safe."

Learning lessons when things go wrong

At our last inspection we found the provider was unable to evidence that lessons were learnt following accidents and incidents. We viewed the records of accident and incidents which did not always include details of any lessons learned. This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Staff completed accident records which were reviewed by the manager or provider to identify trends. The manager shared any lessons learned with staff to improve the safety of the service. One staff member told us, "All the regimes [way we work] are tighter now."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had failed to seek people's consent and had failed to follow the code of practice. This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 (Need for consent).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had been assessed in line with the principles of the MCA and documentation was kept to evidence this.
- The manager submitted applications to deprive people of their liberty to the local authority.
- The registered manager consulted with relatives and health professionals when restrictions were identified as necessary and the least restrictive option to keep people safe.

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

- The registered manager had reviewed all care plans, so they met people's individual needs and preferences. One relative told us, "Registered manager is really helpful regarding the care plan. They are on the ball with it all."

- Staff could explain the needs and preferences of people they supported and told us they delivered care to meet those needs.

Staff support: induction, training, skills and experience

- The provider ensured staff received regular training to maintain and update their knowledge. Staff confirmed they carried out training in key areas such as safeguarding, moving and handling and fire evacuation. This was a mixture of e-learning and face to face training.
- The registered manager and provider supported staff to maintain and increase their skills. Staff spoke positively about the practical elements of the training such as practicing using the evacuation chair during fire safety training.
- Staff praised the support they received from the registered manager and provider, and said they had regular supervisions to review their work and seek feedback.

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

- The registered manager completed nutritional risk assessments to identify people's individual needs. Care records reflected the help and support people needed to eat and drink.
 - Staff knew the help people needed to help them achieve their best outcomes and stay safe.
- We observed people who required support as identified in their risk assessments received the support required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. Documentation showed they worked with other professionals such as GP's, speech and language therapists and district nurses to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making. A relative told us, "They are good with [relative's] health. They have never messed around and got the doctor in when they should. I am happy with their response."

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

- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- Corridors were clutter free, lessening risk when people wanted to travel independently around the home.

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 inadequate. At this inspection the rating has changed to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found a lack of effective systems to ensure the quality and safety of the service placed people at risk of avoidable harm. This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found some inconsistencies in medicine documentation had not been escalated to the registered manager or provider.

We recommend the provider introduce effective communication systems to promote accurate and complete records.

- At this inspection we found the management team and staff were clear on their roles and responsibilities.
- The provider and manager were working to improve the service. Staff told us there had been significant changes since the last inspection, they felt the home was focused on improving. One staff member told us, "We are more organised, we know what we are doing."
- Staff and relatives praised the care and support they received from the provider and registered manager. One relative commented about the provider, "Nothing is too much trouble, they are really really helpful." One staff member told us, "The provider is good with us and [registered manager], I love her, she is brilliant." A second staff member said, "Staff are lovely, residents, I could take home and management are so welcoming."
- The registered manager discussed how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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

- People and relatives told us they were consulted about the care and support delivered. One relative told

us, "I have had quite a lot of dealings with [registered manager] and looked into NICE guidelines when looking at pressure cushions." NICE guidelines are evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, and people circumstances or settings.

- The registered manager worked in partnership with other organisations to ensure they followed current practice. They had developed strong positive relationships with relatives and health professionals.

Continuous learning and improving care

- The registered manager attended local authority web forums to ensure they had the opportunity to learn from and share good practice. They had implemented safeguards to lessen risk based on information they had received from Public Health England safety alerts.
- The provider and registered manager engaged with the local authority and CQC to drive improvement within the home.