

Achieve Together Limited

Fleetwood House

Inspection report

9 Maltravers Drive
Littlehampton
West Sussex
BN17 5EY

Tel: 01903733750

Date of inspection visit:
13 January 2022
14 January 2022

Date of publication:
30 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 House is a residential care home providing care and accommodation for people with learning disabilities. It is registered to support up to eleven people, there were eleven people living at the home on the day of our inspection.

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

We have made recommendations about staff numbers and some medicine management.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture:

Right support

There were enough staff to keep people safe and occupied at home, however, regular staff shortages sometimes led to people not receiving support with going out and fulfilling activities out of the home. The provider was actively recruiting but had not been able to address long term recruitment needs. Records of people's support were not always up to date or completed accurately. Staff knew people well and were committed to supporting people's choices and independence. The home environment was safe and welcoming, IPC and medicine administration was managed safely.

Right care

Risk assessments for health and emotional wellbeing did not always provide clear guidance to staff and were not always up to date. This placed people at risk of support errors or changes in needs being missed. However, people experienced support which was kind and caring, staff were well supported with training and development opportunities and were committed to person centred care. People were encouraged to make their rooms personalised and homely. People's relatives saw their loved ones were happy with their support and treated with dignity and respect.

Right culture

Management oversight did not always ensure records and processes were followed, this sometimes prevented the professionals supporting people to have confidence that plans and actions were being carried out effectively.

Staff understood the values of person-centred and respectful care and felt supported by managers to

provide this. People's relatives felt managers and staff were approachable. People were relaxed and comfortable in the company of staff.

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

Rating at last inspection

This service was registered with us by a new provider on 25 September 2020 and this is the first inspection since then. The last rating for the service under the previous provider was good, published on 1 April 2020.

Why we inspected

This was a planned inspection because the service had not been inspected since registering under a new provider.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

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 monitor the service and will take further action if needed.

We have identified breaches in relation to how people's care needs were updated in their plans and the level of governance in place to monitor people's risks and safety.

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 effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Fleetwood House

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

The inspection team was made up of two inspectors who visited the service and an Expert by Experience who made telephone contact with people's relatives and representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fleetwood House 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.

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 who work with the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people, observing the support they received and how staff understood their needs. We spoke with three relatives and an advocate about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager and support workers.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four 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 spoke with senior area managers to clarify their approach to quality assurance processes and recruitment and retention challenges. We continued to seek clarification from the registered manager to validate evidence found. We sought further records and information from the registered manager. We spoke with two health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this service under a new provider. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Positive behaviour support plans were not in place for people who needed support to reduce risk of self-harm or active support when in crisis. These are support plans developed from specialist functional assessments and give guidance to staff about minimising harm in planned and consistent ways. We saw staff moving people away from each other to avoid risk of harm but they had no guidance for managing risks consistently with people.
- People's bowel chart records and body maps were not always completed with sufficient detail to monitor people's risks. Staff we spoke with knew people's individual needs, risks and routines well and were able to tell us how people were supported with their diet and medicine. However, people's records did not always reflect what we were told. This increased the risk of people's physical health deteriorating.

The provider had failed to ensure there were clear and consistent approaches for managing health and wellbeing risks with people. We did not find evidence people had experienced harm but there was an increased risk that systems would not identify or reduce risks of harm. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Building service and maintenance requirements were up to date and the premises was clean and tidy.

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

- We received mixed views from people's relatives and representatives about how well the service responded to safeguarding concerns. A representative told us that safeguarding records had not always been clear but that, "Recording better [now] than what it was." Relatives told us they observed staff to provide a positive culture in the home with staff getting on well with people. One relative told us they were, 'Very happy [relative] is safe and out of harm's way', both at home and when going out."
- Staff had received safeguarding training and understood the various forms of abuse which should be reported.
- There was a whistleblowing policy which staff were aware of. Staff we spoke with felt comfortable raising any concerns directly to the manager or through the whistleblowing procedure.

Staffing and recruitment

- There were not always enough staff to ensure people were supported to go out. We saw photographs around the home showing people enjoying day trips and going out. The registered manager was actively involved in recruitment to the service, however, there had regularly been a shortfall in staffing levels. Staff told us when there was not a full rota of staff this meant care and support was provided in the home but

support with going out had to be delayed.

- On the first day of our visit we observed there were not enough staff to support people to go out. On the second day staff numbers had increased and we observed people went out with staff support.
- We had feedback from people's relatives and representatives that staffing levels were generally sufficient for people's care and daily practical needs to be met. We were told that there were some consistent staff they recognised. However, we were told there were not always enough staff to provide one to one time for quality activities such as the use of the sensory garden room.

We recommend the provider reviews their approach to ensuring there are sufficient staff numbers to support people's social and community needs.

- Staff were recruited safely to their roles. Systems were followed to ensure appropriate checks were made, such as to referees and the Disclosure and Barring Service. The 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.

Using medicines safely

- Some guidance to staff and records for medicines which people needed 'when required', also known as PRN medicine, were not always clear. For example, responsive medicines for epilepsy seizures were held for people but staff told us people did not experience seizures anymore and they were not needed. Where people had breathing difficulties, there was not clear guidance to staff about how this should be monitored if they did have a seizure.

We recommend the provider considers current guidance about the use of PRN medicines, specific guidance from the prescriber, and ensures this is available to staff.

- Staff who administered medication had been trained and assessed appropriately and understood how to manage medicines safely with people.
- We observed people being supported with their medicine in a respectful way with hand hygiene and personal protective equipment (PPE) being used appropriately.
- People's medicine was stored safely, stock was regularly checked and regular audits were carried out for medicine administration records.

Preventing and controlling infection

- 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 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 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.

People were supported to receive visitors according to current government guidance. We saw there was a garden room available for visits and the manager told us people could welcome visitors in their rooms if this was preferred.

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. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

This is the first inspection for this service under a new provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's therapeutic needs were not always proactively supported or updated in their care plans. One person was recommended to have support from staff with regular speech therapy and physiotherapy exercises, however, sessions had not taken place as recommended. Personalised healthcare guidance, such as therapy plans, had not been reviewed for over four years. This meant the person was at risk of their physical health and wellbeing declining.
- Where people had complex or multiple health and emotional needs their care plans were not always updated or accurately monitored. Although staff and managers could give verbal accounts of people's needs we were not assured that systems were robust for keeping healthcare records accurate.

The provider had failed to ensure people's records were accurate and up to date. This is a breach of Regulation 17 (Poor Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to have regular access to their GP, we saw recent GP reviews had taken place. Relatives were informed about GP and health appointments and were confident that their loved one's had access to health professionals when needed.

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

- People's relatives had not attended review meetings during the COVID-19 pandemic but felt updated with changes. Relatives felt their loved ones were known well by the manager and staff.
- People's preferences for care and support were known and recorded in their care plans. We saw people being offered food and drink according to their choices. People were occupied with activities at home which they appeared to like and be interested in.
- Not all relatives had recent copies of reviewed care plans but they knew how to contact the registered manager and found him accessible if they had questions.

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 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 relatives and representatives were not always clear how people's mental capacity was assessed or how decisions were made in people's best interests, although some relatives did feel involved in this.
- Staff had received training about mental capacity and understood when decisions should be made in people's best interests.
- People who were subject to an authorised deprivation of liberty had access to their relatives and advocates to represent their views.
- Where conditions had been attached to authorised deprivation of liberty, we saw these had been followed up and acted on by the registered manager.

Staff support: induction, training, skills and experience

- Staff were supported to complete the Care Certificate through their induction period. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The twelve week induction included a range of learning opportunities such as shadowing and working with experienced staff and understanding people's needs.
- The support offered to staff included probation meetings, development support plans and supervision meetings. Staff told us they could request the training and support they needed. Staff felt the registered manager was supportive and knew their strengths, they told us the home's management often worked alongside support staff to ensure people's care was consistent.

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

- Menus and meals options were planned in advance with people. Weekly meetings were held by staff, showing people pictures of different meals and foods and offering a range of favourite and new meals to try. A folder of food photographs had been created to show people different types of foods, different meals and combinations of food in order to help people understand options and plan menus.
- Meals were prepared from fresh ingredients and people who wanted to watch or help meal preparation were supported to do so where possible.
- Staff told us what people's preferences, likes and dislikes were, they knew when people required, or should avoid, specific foods.
- We observed mealtimes which were calm and well organised. People were supported to use the crockery and equipment they required, specific dietary requirements were followed and one to one support was provided where needed.
- People's relatives knew they had choices about their food and meals and we had feedback that people enjoyed the fresh food and options provided.

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

- People's rooms were decorated to reflect their interests, preferred colour scheme and décor they found attractive. We saw bedrooms were individualised with furniture, layout and personal belongings which were

important to them.

- Communal areas such as the lounge, dining room, corridors and landing had photographs of people who lived at the service, pictures which had been created by people and décor chosen by people.
- The garden was accessible for people who used wheelchairs and had large areas to easily move around with paved areas around the building for easy access.
- A garden room was available for sensory and relaxation sessions as well as for visits to take place separately to the main home.
- The registered manager showed us garden art and fruit and vegetable planting for people to enjoy when in the garden and to see from inside the home.
- People's relatives and representatives told us staff helped to create a homely setting that people enjoyed living in. There was communication and involvement of family members about new furniture, bedroom décor and when items needed replacing.

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.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and spoke in a friendly and caring way. People's relatives told us staff were, "kind and consistent", "caring, kind; they're [relative's] friends as far as she's concerned."
- Where people needed one to one support when going out, relatives felt staff were both supportive and protective of the risks people could experience.
- People's individual interests, routines and habits were known by the staff who supported them. We observed people spending time doing individual activities they seemed interested in and staff knew what range of options each person might want to choose.

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

- Staff understood how best to communicate with each person to reach an understanding. This included verbal language, body language and gestures, visual cues and objects of reference. We observed staff using these communication methods through the day, adapting to each person.
- People had personal goals noted in their care plans, these ranged from improved mobility to planning holidays. We saw these goals had been supported. People's relatives and representatives told us it was difficult to pinpoint people's aspirations when they could not communicate verbally, so staff promoted the things people liked doing.
- People's relatives felt involved in decisions about care planning and had opportunities to give feedback to the service.

Respecting and promoting people's privacy, dignity and independence

- People's relatives and representatives told us people's privacy was respected and they spent time in their own rooms when they wanted to. During our visits we observed people moving around their home as they wished, they chose whether to be in communal areas and were supported to move if required.
- Support with medicine and meals was indicated and offered before being given. We observed that people were relaxed with staff and interactions were calm and encouraging.
- Staff we spoke with were positive about promoting each person's independence and dignity. Staff respected that each person was different in the level of need and independence. One staff member told us, "You have to treat people as individuals, we're all different. People who live here want to be happy and live a good life like everybody, we have to help people to do that."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's interests, choices and preferences were named in their care plans. Supporting people's preferences within their community or with going out was sometimes limited by staffing numbers, we have made a recommendation about this within the safe domain.
- People had 'hospital passport' information in their files. This held key information which was important to people, such as support needs, likes and dislikes, in case they needed to go to hospital without someone who knew them.
- Staff understood that people's relatives, friends and representatives were important to them and were committed to supporting people to maintain these relationships. One staff member told us, "It's been so difficult for everyone during the pandemic with everyone trying to protect each other. Some people haven't been able to see family, either because of lockdown or because families are being careful themselves. We talk with people about their family, they have photographs and people can visit now."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans stated how they communicated their needs and expressed themselves. We saw that behaviour guidance records noted how people showed upset and happiness and some of the known triggers to changes in their emotions. Records described if people were likely to communicate with sounds, language and through body language.
- We observed staff communicating with people throughout our visits. Staff adapted their verbal language, body language and gestures to people's individual needs. Communication was respectful and people were given personal attention.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff knew people well and understood what leisure activities and pastimes they liked.
- People's records identified important relationships and how people liked to maintain contact. Records showed that staff supported people to send birthday cards and recognise important dates and events.

- Prior to the COVID-19 pandemic restrictions people had regular access to community based leisure settings of their choice. There were many photographs around the home of people enjoying days out and doing favourite activities.
- The COVID-19 pandemic had limited family visits at times, in line with government guidelines. However, there was a garden room available for visits away from the main home and the service supported people to have telephone or video calls if wanted.
- Where people had religious and faith needs, these were known and supported by staff. People had access to religious activity and worship and support from religious representatives in the community.

Improving care quality in response to complaints or concerns

- People's views about their care were formally sought through an annual resident survey, the next survey was due. Staff gathered verbal feedback and observed people's reactions to questions about whether they were happy about how staff helped them.
- Relatives received surveys to give feedback about the service. We saw a recent survey was carried out in November 2021 which led to the provider agreeing to ensure staff were introduced to family members and that people's social activities would be clearly researched and planned.
- People's relatives were confident that the registered manager and staff would listen to and deal with any concerns or questions they had.
- There was a complaints and concerns policy and process for people, their relatives, advocates, professionals and members of the public to use. The registered manager knew about the complaints policy and could give access to it.

End of life care and support

- There were no people experiencing end of life treatment or support at the time of this inspection. The registered manager told us there was a good link to the local GP surgery so advice and support would be sought from professionals and family members if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- During our inspection we found there had been safeguarding and deprivation of liberty events which were not notified to the Care Quality Commission. These are events which providers must inform us about. The registered manager had communicated with the local authority and relevant people about the events at the time. We spoke with the registered manager about this and notifications were then sent to us.
- Management audits and checks had not identified the gaps in constipation monitoring records, therapy plans or guidance for 'as required' medicine.
- Incidents and accidents were recorded, however there was sometimes no analysis or evaluation recorded to show how risks were being addressed and mitigated.
- People's records did not clearly reflect safeguarding actions taken when concerns had been raised. This made it difficult to establish when the service had taken action, how they had followed up concerns and what improvements had been made. Staff were able to tell us about concerns raised and how they had responded but these were not clearly recorded.

The provider had failed to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely. This is a breach of Regulation 17 (Poor Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Overall there was a person centred focus to support, however, staff shortages meant expected wellbeing outcomes were not consistently experienced. We were given examples of delays in specific days out and the purchase of items for people's wellbeing. Staff we spoke with told us there was a caring and person-centred culture but staff shortages sometimes limited what community based social and wellbeing activities people could be supported with.
- During our inspection we observed positive interactions between staff and with people. Staff worked cooperatively with each other as a team. Staff told us they enjoyed their work and were happy in their roles. One member of staff told us, "I think we are a good team, we are here for residents and I think we all put them first in how we work."

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

- There were processes in place for people and their relatives and representatives to give feedback about the service.
- People's communication methods had been recorded in their care plans. Where people did not use verbal language, other ways to understand people and to communicate with them had been noted. Staff were able to tell us about different people's ways of communicating, for example when they were happy, unhappy and upset.

Continuous learning and improving care; Working in partnership with others

- The service development plan had not been updated for the current year so we were not assured there were actions in place for improvement and development. The registered manager was committed to providing person centred care and to supporting staff learning and development. However, staffing shortfalls had limited the opportunities to provide consistent management oversight and drive improvements.
- Professionals who supported and represented people had mixed experiences of how the service worked in partnership with them for people. We were given examples of how responsive the manager and staff had been in seeking healthcare advice and support for acute or short-term needs. However, some longer-term plans and actions for people were reported to be delayed or unfulfilled.

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 manager understood their responsibility to share information according to their duty of candour. People's relatives and representatives were confident they had been updated when people experienced incidents and accidents.

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 The provider failed to ensure people's risk assessments, risk management plans and changing needs were followed by staff, accurately completed and reviewed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective systems and processes to keep people's records up to date, that quality assurance and governance systems were effective and that risks to people's safety were identified and managed safely.