

NR & VGP Carehomes Ltd

# Fleetwood Nursing Home

## Inspection report

Grange Road  
Fleetwood  
Lancashire  
FY7 8BH

Tel: 01253779290






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27 November 2019

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14 January 2020

### Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Good</b>                  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Good</b>                  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

### About the service

Fleetwood Nursing Home provides support for people who require residential or nursing care. The home has two floors, a lift is available for access to both floors; some rooms are en-suite.

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

Systems were in place to monitor the quality and care people received. The management strove to be open and constantly develop and improve the support people received. However, some concerns identified on the inspection had not been recognised by the management. Additionally, there were some inconsistencies in documentation. We have made a recommendation around this.

People and staff told us there could be more staff to better meet people's needs. We discussed this with the registered manager. We were assured staffing was under review and changes would be made where they are required. We have made a recommendation around this.

People appeared happy and comfortable around staff and their relatives told us they were happy and safe. Management had completed risk assessments to ensure people were protected from risks associated with their care. Where concerns were found during the inspection, the management was responsive and took immediate action to mitigate these. Systems were in place to show people's medicines were managed safely. We did find there were some areas of improvement in the paper work. Staff recruitment was safe. Staff were aware of their responsibilities in relation to infection control.

People we spoke with expressed their confidence in the staff and felt they knew their needs. People's needs for nutrition and fluids had been considered. People were supported by staff to live healthier lives. The staff received training to help them in their role. 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.

We received positive feedback about care provided at Fleetwood Nursing Home from people who lived at the home and their relatives. We saw staff speaking with people in a respectful and dignified manner. People we spoke with told us they were offered a variety of choices, which promoted their independence.

People told us they felt staff were responsive to their needs. We saw people and their relatives had been involved in the planning and review of their care. People told us they were encouraged to give their views and raise concerns or complaints. Staff understood the importance of supporting people to have a good end of life, as well as living life to the full whilst they were fit and able to do so. People told us they were provided with stimulation and opportunities to join in activities.

There was a positive staff culture. We found the management team receptive to feedback and keen to improve the home. The registered manager worked with us in a positive manner and provided all the

information we requested.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 19 December 2018). We found no breaches of regulation at the last inspection and we made no recommendations. However, we needed to see improved practice, sustained over time, in order to award a rating of 'Good'. The service has had a continued period of management instability. However, at this inspection we saw notable improvements had been made. At this inspection the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will ask the provider for an action plan following this report being published to document how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### 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 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 Care Act 2014.

#### Inspection team

The service was inspected by two inspectors and an Expert by Experience. 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 Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered 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 and Healthwatch. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by

law. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We also received written feedback from one relative. We spoke with six members of staff including the registered manager, a nurse, care workers, domestic staff and the chef.

We reviewed a range of records. This included six people's care records and seven people's 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, minutes from meetings and the auditing and monitoring of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was some assurance about safety, however, we found some needs for improvement to ensure consistency for people.

### Staffing and recruitment

- People told us there could be more staff to support them safely. Comments included: "They need more staff, I have told them, there isn't enough to look after our wants." And, "I don't think there is enough [staff] at night."
- We observed staff were busy but responded to calls for assistance. One person said, "Yes, there is always someone there and if I ring my buzzer they come."

We recommend that the provider reviews the staffing of the home to ensure that there are enough staff deployed to meet people's needs.

- The registered manager told us they had worked hard with staff changing the culture. The registered manager used a system for determining how many staff were needed to meet the needs of people living at the home. This was always being reviewed and the registered manager told us they were able to request extra staffing if this was required.
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

### Using medicines safely

- Management completed monthly checks of medicines and had identified areas for improvements. However, we found missing signatures on medicines administration records. Additionally, medicines fridge temperatures were not consistently checked. The registered manager assured us that checks would be completed during daily clinical walk rounds to identify any issues in a timely manner.
- There were procedures in place to support the safe administration of medicines. Staff who administered people's medicines had completed appropriate training.
- Medicines administration was person centred. People were given time to take their medicines in a calm and patient manner. Where people had 'as required' pain relief medicine, staff asked if people wanted these medicines and acted upon their wishes.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were not consistently assessed or planned for. Staff were provided with guidance on how to keep people safe. However, we found inconsistencies in two people's care plans. We discussed this with the registered manager who agreed with our findings. In response, the

registered manager acted to review the care plans.

- Staff demonstrated they were aware of the different risks people were vulnerable to which reduced the risk of harm.
- The provider had processes in place to provide a safe and secure environment for people, visitors and staff. A range of checks were carried out on a regular basis to ensure the safety of the property and equipment was maintained. These checks included the fire alarm, water temperatures and electrical appliances.

#### Learning lessons when things go wrong

- There was limited documentation in place to analyse incidents and accidents to look for any patterns or trends. We discussed this with the registered manager they told us they were informed about any incidents and accidents and would formalise their documentation. The registered manager had documented actions taken to reduce the risk of reoccurrence where necessary.
- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Registered managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents.
- Where lessons had been learned these were shared throughout the staff team and used to prevent similar incidents occurring in future.

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

- The service had procedures to minimise the potential risk of abuse or unsafe care. People told us they felt safe and were happy living in the home. One person said, "Yes, I do [feel safe], the staff make me feel safe, they are there for me when I need them."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people.

#### Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. All the people spoken with said they were satisfied with the cleanliness of the home. The home was clean and well presented on the day of our inspection. There were cleaning staff and checking systems to keep the standards high.
- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment and they had received training on infection control and food hygiene.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved 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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- The registered manager understood when an application for a DoLS authorisation should be made. At the time of the inspection applications had been made to the local authority and were awaiting approval.
- Best interest meetings had been held for important decisions. Documentation was in place to support the principles of the MCA. We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process and assured us this would be followed.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.

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

- People's needs for nutrition and fluids had been considered. People's dietary needs were recorded in their care plans. We did find that one care plan was not reflective of the person's current need. We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review this person's care plan.
- All staff were aware of people who required a textured diet and ensured they had appropriate food. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risks associated with eating, drinking and swallowing.
- People we spoke with said they were given choices on what meals and drinks they wanted. People told us

they enjoyed the meals provided. One person said, "The food is very good, they come and ask me every day what you want for your lunch, you have two choices and if you don't like it you can ask for what you want."

- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received safe and effective care which met their needs. Prior to people moving in, pre-admission and needs assessments had been completed. Staff used these to guide them on how best to support people.
- The provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- People's rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.
- The registered manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home.
- Where concerns had been identified, we saw timely referrals had been made to professionals.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. People spoke positively about the nursing and care staff that supported them and felt staff had the skills to meet their needs.
- Staff were complimentary about the support they received from each other and from the registered manager. One staff member told us, "[Registered manager] is lovely we bought her flowers for all her hard work."
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. New staff were given an induction programme to ensure they could carry out their role safely and competently.

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

- The registered manager ensured the design and layout of the home was suitable for people living there. Major refurbishment works have been completed and a rolling programme was in place for additional work.
- Communal areas were comfortable and homely; bathrooms were suitably equipped.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited to enter. We observed that not all frosted windows had blinds up. This was raised with the registered manager and we received confirmation that they were in place following the inspection.
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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

- People were treated with respect, compassion and kindness. Staff positively engaged with people and ensured they were comfortable and happy. We observed care staff engage with people in a respectful and dignified manner.
- People and relatives spoke highly of the staff and said they were kind, caring, polite and professional. Comments included, "They [the staff] sit and talk to you if they think you are upset, they will try and find out what is wrong. Overall, they're very good" and "The staff are lovely, they are very patient."
- Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to support them. A relative told us, "I am so relieved and pleased with the staff and the home, it is an extension of our family."

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

- People received care in line with their wishes from staff who knew people well and what they wanted. We observed staff offering choices and encouraging people to make their own decisions. Staff said, at times, they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings and regular resident meetings.
- There was information available for people about how to access local advocacy services, should they want to. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to 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 received personalised care which met their needs and wishes. Staff demonstrated a good understanding of the individual personalities of the people they supported and were able to talk about people's preferred routines.
- The registered manager and staff understood the importance of promoting equality and diversity and respecting individual differences.
- Daily notes were kept which reflected how people had spent their time and information about their health and well-being.
- Staff were up to date with any change in people's needs. Handovers between shifts communicated any changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.
- Where people required sensory equipment, such as glasses or hearing aids, care files detailed this information, along with whether the person was compliant in using them.

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 provider had a programme of activities to help promote people's intellectual and emotional wellbeing. The home had an activity co-ordinator, who was both enthusiastic and proactive.
- People spoke positively about the activities provided, which catered for their individual tastes and abilities. Links had been made with the local community. Community access and integration was an important part of people's care and support. The home was fundraising for a mini bus, to take people out to places of their choice.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service.

Improving care quality in response to complaints or concerns

- People were happy living in the home. People were encouraged to discuss any concerns during meetings and during day to day discussions.
- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to.
- The registered manager told us they had not received any formal complaints. The registered manager kept a record of people's compliments and complaints. During the inspection, we discussed one concern that the service had received (which was not made as a formal complaint) and how the registered manager responded to this concern.

#### End of life care and support

- Staff understood the importance of supporting people to have a good end of life, as well as living life to full whilst they were fit and able to do so. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available when required.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Leaders and the culture they created promoted high-quality, person-centred care. We found some improvements were needed to strengthen quality assurance.

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

- The home had undergone changes, to the management team in the last 12 months, the current registered manager has been at the service for six months. They have worked with the local authority around the changes needed to improve the service.
- The systems in place to monitor the quality of the service required time to embed into practice. We found action plans had not always been devised and completed to ensure action had been taken to rectify any issues.
- We found some inconsistencies in documentation. Quality assurance and management monitoring processes had not identified the shortfalls we found during this inspection.
- We were assured by the registered manager that full oversight of the quality assurance systems would be carried out by them.

We recommend that the provider works within the regulations and best practice to continue to make improvements to the quality monitoring systems and improve the service in all domains to good.

- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- We observed staff being supported throughout the day with individual decisions and saw the registered manager and team leaders actively give verbal guidance on tasks and support relatives with concerns or queries.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- People, relatives and staff were complimentary about the current management team, describing them as approachable, supportive and friendly. Comments included, "[Registered manager] is amazing." And, "[Registered manager] is very, very nice. You can go and talk to her."
- Management had the skills and knowledge to lead the service effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

#### Continuous learning and improving care

- The registered manager was 'hands on' with monitoring the care people received and supporting staff to provide safe and effective care and support. For example, the registered manager and staff informed us of how the registered manager challenged the support people received which did not meet their expectations in a supportive way.
- Care staff were involved in driving improvements. Staff felt valued by the registered manager and provider.
- Care staff were provided with clear information they needed on people's needs through staff handovers. The registered manager used team meetings and staff supervisions to communicate information on key subjects, including where staff had carried out training.

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

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people living in and visiting the home. Staff and management meetings took place regularly and were open forums for information to be shared.
- The provider monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

#### Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses. The service had also established links with a local school.
- The registered manager had sought and acted upon the advice and support of local authority commissioners.

#### 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 duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.