

Sandstone Care North West Limited

Fleetwood Hall

Inspection report

Chatsworth Avenue
Fleetwood
Lancashire
FY7 8RW

Tel: 01253777065

Date of inspection visit:
08 December 2021
09 December 2021

Date of publication:
07 January 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fleetwood Hall is a residential care home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 61 people. The home has two floors, with the first floor caring for people who live with dementia. The ground floor is a residential unit.

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

Fleetwood Hall was clean and hygienic. There were enough staff to meet people's care and support needs. Staff were employed following a thorough recruitment process. People's safety was at the centre of care delivery. Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

People received support with their healthcare and nutritional needs. 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. There was a programme of staff training and regular updates were in place for staff to attend and improve their skills. One staff member told us, "The training is really thorough. The trainer listens and is nice."

People were treated with dignity and respect, and staff we spoke with us told us how they respected people and ensured their privacy and dignity was maintained. We observed staff interactions with people living in the home and found them to be caring. One person said, "The staff are nice."

Activities were varied, staff had worked hard with people to provide meaningful social activities to provide stimulation and exercise. There was a complaints process and procedure which people and relatives were aware of.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service.

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

Rating at last inspection

This service was registered with us on 17/01/2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 14 December 2019.

Why we inspected

This was a planned inspection due to the location having changed legal entity.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Fleetwood Hall

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

Two inspectors and an Expert by Experience carried out the inspection. 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 Hall 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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and 11 relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, registered manager,

deputy manager, care workers, maintenance person and the chef. We observed the care and support people received. This helped us understand the experience of people who could not talk with us. We had a walk around the premises and looked at health and safety and infection control measures.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at 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 and received additional feedback from a relative. We looked at training data and quality assurance records.

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 newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were not assured all staff were following best practice on infection prevention. Several staff had painted nails. Painted nails could conceal dirt and may also hold germs in any cracks. The registered manager took action to address this concern and lessen the risk.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- The registered manager had systems and procedures to manage medicines safely. Staff received training on a regular basis and staff confirmed this. We observed staff ensured the trolley was secure whilst away from it, and signed records afterwards to confirm people had taken their medicines.
- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely. One person told us, "They [staff] are all good with my medicines." One relative said, "There have been no issues with medications; everything's been fine."
- People received their medicines when they should. People were given time to take their medicines in a calm and person-centred manner. A second person said, "They are very good with medicines. We've got some good seniors [staff who administer medicines]. They get to know you and what you can do."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Fleetwood Hall. One person told us, "Yes, I am very safe here." One relative commented, "I have no issues regarding safety, and I think they've been quite diligent in lockdown."
- Staff had received safeguarding training. Staff understood their responsibilities to report any concerns.
- There were clear processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

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

- The registered manager had processes in place to manage people's safety and reduce risks.
- Risks to people and the service were assessed and managed. This helped to protect people's safety.
- The registered manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence, where possible. The registered manager told us they engaged with other services to learn any lessons and what worked well during the pandemic, so they could make changes to improve the home.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the needs in a person-centred and timely way.
- Observations during the day and talking with people confirmed enough staff were deployed at all times of the day.
- Recruitment processes ensured people would be supported by staff with appropriate experience and character. Staff confirmed references and criminal record checks were carried out prior to starting to work at the home.

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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff helped people to eat and drink if they required support. When observing the mealtime experience upstairs, some people had to wait to receive support. This was discussed with the registered manager who reviewed staff deployment to meet people's needs.
- The cups and crockery available reflected people's support needs. Plates had a raised rim to support people to eat independently. People received drinks in cups that reflected their support needs.
- People were offered a choice of meals, snacks and drinks throughout the day. Staff knew people's preferences on how they liked their drinks and made them accordingly.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. Assessments from health and social care professionals were also used to plan effective care.
- Risk assessments and care plans contained details of how people should be supported and their likes and dislikes. One relative emailed their feedback sharing, 'Sadly [relative] has been victim to some serious health issues that are always dealt with immediately and always communicated to me by phone. Due to the excellent quality of care offered at Fleetwood Hall she has always been nursed back to health and survived them all.'

Staff support: induction, training, skills and experience

- The provider ensured staff undertook enough training to help them deliver person-centred and effective care. Staff completed an induction and shadowing before working unsupervised.
- Staff told us they received training to enable them to maintain their skills and competence. One staff commented, "We do online training and practical training around moving and handling. It's good." A second staff member said, "We have a lot of training."

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.
- Communal areas were provided where people could relax and spend time with others.
- The home was in the process of being refurbished. Plans were in place to add points of interest in the corridors for people to investigate as they walked around the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service. One person told us, "I have spoken to the doctor on the app [electronic tablet]. They [staff] worked hard and got the doctor out. I became poorly Saturday night and they got the doctor here Sunday morning. They were marvellous."
- Staff referred people to specialist professionals for support and guidance. If people had specific nutritional needs these were known by staff and accommodated.

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 provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- People told us, and we saw staff asked for their consent before providing support.

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 newly registered service. 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; Supporting people to express their views and be involved in making decisions about their care

- Some staff sometimes used language that was task orientated. They referred to some people as 'doubles' based on the level of support they required from staff. The nominated individual told us they had arranged person centred training for staff and wanted staff to see people behind the labels.
- Staff had a caring approach. We observed warmth from staff towards people and conversations were friendly and not rushed. Staff initiated appropriate contact and conversations with people and were gentle in their manner when appropriate. On occasion we observed people bantering with staff, joking and swapping gentle insults based on their familiarity with each other and their friendship.
- People told us staff were caring. One person said of staff, "Staff are very good on the whole. They listen to what I have to say." A second person said, "The staff are nice." One relative told us, "The care home are doing brilliant with [my relative]; they're very caring. One carer was amazing with him, the way he supported and spoke to him, you could tell there was a good relationship." A second relative emailed saying, '[Relative] is always treated with love and respect and her and her care is exemplary.'

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms, and we noted conversations were discreet when people's needs, and wishes were being discussed.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

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 care and support was centred around their choices and preferences.
- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences. People we spoke with confirmed they were involved in this process.

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 service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way which met their individual needs.
- We observed staff taking time to communicate effectively with people and repeating information when necessary. One person had a communication board in their room with important dates and appointments on to aid their memory.

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

- Staff supported people to engage in activities. The activity co-ordinators were praised for their hard work and engagement with people. One person told us, "[Activity co-ordinators] are fantastic. You couldn't get better. The get stuck in, they are very very good. We are in a pantomime next week, it's a [swear word] good laugh." A second person commented, "They [activity co-ordinators] are excellent, absolutely marvellous. They speak with everybody. We couldn't have two better people." One relative commented, "Last time I visited, [relative] told me she'd enjoyed joining in with singing, but she doesn't participate much, by choice." A second relative said, "I have seen pictures on Facebook of [relative] going to the pub with staff; he's got a pint of lager, and good on the staff."
- Staff encouraged people to maintain relationships that were important to them. We also saw evidence visits by friends of relatives were in accordance with safety guidance. One relative told us, "We're allowed to see [our relative] after being tested [for COVID-19]."

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. Relatives we spoke with told us

they were happy with the responses they received to concerns raised.

- People told us they felt confident any concerns they had would be dealt with by staff or the registered manager. People also told us they used the resident's meeting to discuss and concerns they had and were happy with the outcomes.

End of life care and support

- The service supported people to have a dignified and pain-free death. People's wishes were discussed with them and documentation was available to record these. One relative told us, "End of life was done because a carer who spent a lot of time with [my relative] expressed concerns about potential signs of end of life. The care home said I could go to visit when I like."
- The provider was introducing a butterfly symbol as part of people's care. A butterfly indicator is a subtle way to alert staff prior to supporting someone they were at on their end of life pathway or receiving palliative care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team worked openly and transparently, and supported people and staff to raise compliments, concerns and their views. One person told us, "I think she is a good manager. A good manager mixes in and she's not afraid to go on the shop floor. She also has a good sense of humour." A second person told us, "[Registered manager] she is a good manager. She's kept us all safe and no-one can ask for more than that."
- Staff spoke with pride of the culture at the home. They said there was teamwork between the staff. One staff member told us, "You cannot fault the staff here. The care is excellent, everyone cares." We observed staff positively interacting with people and each other and people seeking out staff to chat with.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had auditing systems to maintain ongoing oversight and continued development of Fleetwood Hall. They had systems in place to address any issues or shortfalls to improve the service. One relative told us, "They're very responsive [management team], if you've got any questions; there's no trying to fudge anything. I'm very happy and my [other relatives] are as well. We couldn't have picked a better home. It's very homely and the staff seem very professional, encouraging and open with us."
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- Records contained enough information to guide staff to meet people's needs and preferences.

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

- The service engaged with people and others acting on their behalf. This enabled them to influence the service provided. For example, meetings were held with people who used the service to gain their views. One person told us, "We have a resident meeting regularly. [Registered manager] tells us what's going on and send emails to families."
- The service had volunteered for a project with Blackpool Teaching Hospitals Foundation Trust to raise standards and drive improvement and aimed to significantly reduce falls within the home.
- The registered manager used technology to maintain contact with relatives. They used Facebook to share

what activities had taken place within the home. Relative meetings were maintained using an online messaging service to lessen the risk of infections during the pandemic.