

NR & VGP Carehomes Ltd

Fleetwood Nursing Home

Inspection report

Grange Road
Fleetwood
Lancashire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fleetwood Nursing Home provides accommodation for persons who require nursing or personal care or treatment of disease, disorder, or injury. The service can support up to 30 older people, including those with mental health conditions. At the time of our inspection there were 20 people using the service. The property is set over 2 floors with lift access to the upper floor. There were several communal areas and a large rear garden for people to enjoy. Aids and adaptations were in place to meet people's individual needs.

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

Relatives felt people were safe and the registered manager was responsive to concerns. However, fire safety measures were not always in line with guidance and some information conflicted. Potential environmental hazards also needed consideration. Records identified low levels of training in subjects required to keep people safe or meet individual needs. Whilst care records were detailed and risk assessments in place, appropriate mitigation was not always considered. The home had systems for the safe handling, storage and disposal of medicines and we saw good infection prevention and control practices.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation around this.

Though audits and checks were in place, these were not always effective. A number of concerns around quality assurance, risks and regulatory requirements were identified during inspection and management monitoring had not picked this up. From observations, people seemed happy and relaxed. When asked what they thought of the staff, 1 person said, "I love them all, they are caring and look after me." A relative told us they hoped to move into the home because their loved one was so happy and well looked after. People, relatives and staff were engaged through regular conversations, meetings and surveys. The team worked together or in partnership with others to achieve good outcomes.

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

Rating at last inspection

The last rating for this service was requires improvement (published 16 January 2020). The service remains rated requires improvement. This service has been rated requires improvement for 3 consecutive inspections.

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

Previous recommendations

At our last inspection we recommended that the provider improved deployment of staff and worked within

guidance and best practice to improve quality monitoring systems. At this inspection staffing levels were better, but we still had concerns that best practice guidance was not always followed, and quality monitoring systems needed improving.

Why we inspected

This inspection was prompted by a review of the information we held about this service; to check if sufficient improvements had been made. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to risk management, staff training and monitoring and improving quality at this inspection. A recommendation has been made around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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 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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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

Two inspectors took part in the inspection process.

Service and service type

Fleetwood Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fleetwood Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post but they have since left the service. The provider had recently appointed a new manager who had submitted an application to register with us. We are currently assessing this application.

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 professionals at the local authority. We used 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

During the inspection we spoke with 4 people living at the home and 4 relatives about their experience of the care provided by Fleetwood Nursing Home. We spoke with 7 members of staff including the registered manager, the housekeeper, a kitchen assistant, a clinical lead and carers. We walked around the home to check it was safe and fit for purpose. We observed people's interactions and the care they received. This helped us understand experiences of people who could not talk with us.

We reviewed a range of records, policies and procedures. This included 3 people's care records, recruitment information for 2 carers, and records relating to the management of the service. These included audits, meeting minutes, accidents and incidents and health and safety checks.

We looked around the building, at the environment, equipment, and cleanliness. We observed how medicines were being managed.

Following the inspection

Following the inspection we sought additional clarification from the management team around risk management, fire safety, policies and procedures and training, and reviewed the evidence received.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

- There were concerns around fire safety. During inspection we observed bedroom doors were propped open with manual door wedges against guidance. Periodic fire drills and safety checks had not always been carried out as per the home's policy. The fire officer advised current staffing levels would not always enable a quick and efficient emergency evacuation.
- Information in Personal Emergency Evacuation Plans (PEEPs) did not reflect best practice guidance and instructions relating to evacuation conflicted. PEEPs advised leaving people in their bedrooms until the fire service arrived, procedures mentioned phased horizontal evacuation and other information told staff to move people downstairs. This could cause confusion and hinder efforts during an emergency evacuation.
- There was equipment available to move people downstairs, should this be required in an emergency. However, some staff had not been trained how to use this and it was unclear whether the equipment was fit for purpose.
- We noted potential environmental hazards which needed assessing. For example: wardrobes not being fitted to the wall in some bedrooms and window restrictors being missing to the ground floor rooms.
- During inspection we observed someone become agitated and frequently place their legs over the bedrails in situ. This behaviour may have led to a fall, and nothing was in place to help prevent harm if this occurred. Though behaviours were mentioned in records, measures to mitigate risk had not been considered.

Systems and practices had not been established to assess, monitor and mitigate risks relating to fire safety, environmental hazards or the use of bedrails. This placed people at potential risk of harm. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager told us a new maintenance person was undertaking regular safety checks and fire drills had taken place. They assured us automatic closures were installed to bedroom doors. We referred the home to the local fire service who visited and offered recommendations to improve fire safety. Appropriate equipment had been organised and risk assessments updated for the individual with bedrails we had concerns about.

- People's care records were in depth, and we observed personalised risk assessments had been completed for things like falls and choking. Reviews were done periodically as part of the resident of the day initiative and families were consulted.
- Positive risk was also assessed. The home had a visiting pet dog which belonged to a member of staff. The benefit of the dog's presence had been weighed up against potential risk and appropriate paperwork was in

place. As a result, people at the home enjoyed time with the pet and their mood and well-being were positively impacted.

Staffing and recruitment.

- Training levels were poor in some key subjects. For example: safeguarding, emergency first aid, health and safety awareness, moving and handling and information governance.
- Some people living at the home had diabetes, special diets, epilepsy or were at risk of choking. However, the training required to deliver effective care in these areas had not been completed or was overdue for a number of staff.
- There was someone living at the home who had a learning disability diagnosis. However, almost half the staff team had not completed training around learning disabilities and autism, despite this being a legal requirement since 2022.

There was a failure to ensure appropriate training had been completed, to enable staff to effectively fulfil the requirements of their role. This was a breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The Manager responded immediately by reviewing the current training provider and writing to staff whose training was overdue.

At our last inspection we recommended the provider review staffing levels at the home to make sure there were enough staff deployed to meet people's needs. The provider had since made improvements to staffing levels.

- Extra staffing had been implemented since our last inspection, so people's needs could be met safely. We asked people, relatives and staff about this and there were no longer any concerns. One staff member said, "[Staffing levels are] really good, there's no complaints."
- During our visits there was enough staff onsite. People were well cared for; we saw no signs people were rushed and staff responded promptly to people's needs. A relative said, "There's always staff around, and they know [person] really well." One person told us, "If the call bell is rung, it's answered quickly."
- Robust recruitment procedures were followed. We checked 3 recruitment files, all had (DBS) and reference checks. 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.

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

- We found the service was not fully working within the principles of the MCA. If needed, appropriate legal authorisations should be in place to deprive a person of their liberty. The registered manager confirmed that DoLS authorisations had not considered CCTV which was in use at the time of our visit.

- People had 'consent to care and treatment' forms in their files. However, in a file we reviewed the registered manager had signed the form rather than the person receiving care or their next of kin, as per good practice guidance.
- A number of staff did not have up to date training in MCA. On reviewing training records, about a third of the staff either had not received training or their refresher training was overdue.

We recommend the provider seeks guides from a reputable source around MCA and DOLS process and takes the appropriate actions.

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

- The staff we spoke to could tell us the possible signs of abuse and how they would escalate concerns.
- Staff confirmed they had access to safeguarding policies and information was prominently displayed in reception. The home had a safeguarding champion who could offer advice to the team.
- People said they felt safe and a relative told us, "I've no fears or worries, it's a lovely home with lovely staff and good care."

Using medicines safely.

- The provider employed qualified nurses to manage and administer medication. Nurses received an induction, online training and had regular competency assessments to check they followed best practice guidance.
- There were good protocols for 'when required' medicines. These included details of what the medication was for and person-centred information around people's level of capacity.
- Medicines were managed safely. People received their medicines as prescribed.

Preventing and controlling infection.

- The provider was using personal protective equipment (PPE) effectively and safely. We observed staff donning PPE when entering people's bedrooms to assist with personal care.
- Appropriate measures were taken to ensure good cleanliness and hygiene in the home. A housekeeper was employed 6 days a week, cleaning schedules were in place and deep cleaning of people's rooms was carried out periodically. One relative told us, "The service is spotless. I've never come in and thought it anything other but clean."
- The provider was facilitating safe visiting in line with government guidance. Family and friends confirmed they felt welcome any day or time and there were no current restrictions.

Learning lessons when things go wrong.

- There was a weekly safety brief which covered a range of topics such as skin care, paperwork or health and safety. The registered manager told us these helped address things that were not working well. Information was cascaded to the team.
- People and relatives told us the registered manager was proactive and responded quickly to concerns. One person spoke about an issue they raised with the registered manager and how things had improved since.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Continuous learning and improving care.

At our last inspection we recommended the provider worked within the regulations and best practice guidance to make improvements to the quality monitoring systems. We found that the provider had not made sufficient improvements.

- The home was not following regulatory requirements or best practice guidance around fire safety. Bedroom doors were being held open inappropriately and PEEPs incorrectly advised staff to leave people in their rooms until the fire service arrived, in the event of an emergency.
- Quality assurance processes were in place but had not identified shortfalls found during this inspection. Important fire drills and safety checks had not been completed as frequently as stipulated and this had not been actioned. Potential environmental hazards had not been assessed. Low levels of staff training had been overlooked.
- There were some inconsistencies in policies and procedures. For example: information around emergency evacuation. Management monitoring had not recognised this.

Systems had not been established to assess, monitor and improve quality and safety or mitigate risks to the health and safety of people. This placed people at risk of poor care and harm. This was a breach of regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Staff we spoke with seemed clear about their roles and caring interactions were observed. Staff confirmed they attended regular meetings to enable them to understand their roles and responsibilities.
- Management oversight around some aspects of care delivery had improved due to new electronic systems. For example: if medication or positional turning was missed, the registered manager received an alert and could follow this up.

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

- Relatives we spoke to were all very complimentary about the registered manager and staff. One relative told us, "[Registered manager] is always very helpful and supportive and staff are like family." Another said, "The staff are amazing, so dedicated and caring."

- We were told of occasions where good outcomes were achieved. For example, 1 person told us their health had improved due to the care received, another said the home was supporting them to get a new walking frame.
- Staff spoken to were positive about the registered manager. They told us the registered manager was approachable and supportive. Staff confirmed they felt able to raise concerns.
- Staff told us that the home was a nice place to work and everyone worked as a team. One staff member said, "We work good as a team, the priority is the residents."

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 understood their responsibility in relation to the duty of candour and systems were in place to report certain incidents or safeguarding concerns.
- Relatives told us the registered manager kept them up to date. One relative said, "[Registered manager] is totally open."

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

- Team meetings were held every 1 to 2 months and regular supervisions were completed. This gave staff the opportunity to request support or discuss concerns. Staff told us they felt listened to when they made suggestions.
- People and relatives told us that the registered manger spoke with them regularly to make sure everything was alright. One person said, "[Registered manager] visits me every day asking for feedback."
- A resident's survey had been completed recently and an action plan created from people's responses. For example: some people had said meals were repetitive, so plans were made to review the menu.

Working in partnership with others.

- The home worked closely with healthcare professionals. Regular home rounds by healthcare professionals were carried out. Some staff had been trained to complete medical observations, so information could be sent to the hospital weekly and emerging health conditions identified.
- Support was sought when issues arose. For example: a relative told us that the home worked closely with district nurses when their family member was admitted with a pressure wound.
- The home had worked with local organisation to help engage the community. For example: a group of Duke of Edinburgh students volunteered to renovate the garden and there were plans for people to attend a local school and take part in cookery sessions.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Providers must do all that is reasonably practicable fully assess, monitor and manage safety. Systems and practices had not been fully embedded around risks relating to fire safety, environmental hazards or the use of bedrails.</p> <p>12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Providers are required to continually assess, monitor and improve quality and safety of the service provided and mitigate risks to the health, safety and welfare of service users and staff. Regulatory guidance and best practice was not followed in regards to fire safety and quality assurance had not identified concerns found during this inspection.</p> <p>17(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Providers must ensure sufficient numbers of suitably competent and skilled persons are deployed; There was a failure to ensure sufficient levels of staff were trained to meet people's individual care needs and keep them safe.</p>

