

Manor Homes (Poulton) Limited

Cleveleys Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cleveleys Nursing Home is registered to provide care for up to 32 older people, people living with dementia or physical disabilities. The home is situated close to Cleveleys town centre. There are bedrooms on all 3 floors, and there is a choice of communal lounges and seating areas. There were 24 people living at Cleveleys Nursing Home when we inspected.

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

Records and systems were not in place or robust enough to demonstrate risk was effectively managed. 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; as the policies and systems in the service did not support this practice.

Some audits were not consistently applied and did not either identify concerns or drive improvement. Some information was not up to date or correct. We have made recommendations about recruitment, staff deployment and the use of person - centred language.

Observations showed people were happy and relaxed in the company of staff. Feedback about staff, manager and provider was positive. Medicines were stored and administered safely. People were supported safely, and the provider had contingency plans in place in case of emergencies. The home was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE).

The manager and provider were positively engaged in the inspection process and clearly understood their regulatory responsibilities. The manager and staff had been responsive in working with health professionals to improve people's quality of life.

The service had systems to protect people from the risk of abuse and improper treatment. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 07 May 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended current guidance on the proper and safe management of medicines be followed and communication related to medicines management be improved. At this inspection we found improvements had been made. At our last inspection we recommended the provider ensure schedule

3 information is shown as required, as part of their recruitment process.

The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection, and in part due to concerns received about the management of risk, staffing and good governance. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence the provider needs to make improvements. Please see the Safe, Effective, Caring and Well-led sections of this full report.

The provider has mitigated the risks and some improvements have been made.

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

Enforcement and Recommendations

We have identified breaches in relation to the management of risk, consent and good governance at this inspection.

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 not always responsive.

Details are in our responsive 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 ●

Cleveleys Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This 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 and 1 nurse carried out this inspection.

Service and service type

Cleveleys Nursing Home is a 'care home' with nursing care. 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. 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, however they were unavailable during this inspection. A new manager started in post during the inspection.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 5 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the new manager, nurses, care co-ordinator, senior carer, care workers and housekeeping staff. We also spoke with the nominated individual of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to confirm evidence found. We spoke with professionals who regularly visit the service.

We carried out observations of care to help us understand the experience of people who could not talk with us. We walked around the building to look at the environment to check on the suitability of this.

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 people could be harmed.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had followed best practice advice from external health and social care professionals. We found the management of wound care had improved.
- We saw medicines administration and found staff followed best practice and were person-centred in their approach.
- People told us they received their medicines as prescribed. One person told us, "I am happy that I get them when I need them. When I need painkillers, they always give them to me."

Assessing risk, safety monitoring and management

- The provider had not ensured everyone had a correct up to date personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need help, to evacuate a building or reach a place of safety in the event of an emergency. Staff had received specialist training to help people leave the building safely, should it be needed.
- Staff knew how to support people with multiple physical and emotional support needs. However, the care plans did not consistently reflect staff knowledge. Documentation did not include all the information to guide staff around how to provide safe care and treatment. Care records did not always reflect the correct information relating to people.
- The documentation of people's weight had not been consistently recorded, and 1 record was incorrect. During this inspection the provider introduced a new process to document people's weight on a regular basis and liaise with health professionals when needed.
- Medicines were not always stored safely. People had access to powders that thicken drinks. Medicine boxes used to store medicines were not consistently locked or secure to prevent them being removed. A yellow sharps box was left in a bedroom. These are used to dispose of used needles or sharps safely and effectively. The provider removed the sharps box immediately.
- Bedrail checks were not consistently completed or fit for purpose as they did not guide the staff member on what to look for so they could be reassured they were suitably fitted and maintained. Poorly fitting bed

rails can cause injuries with people becoming trapped in gaps between the bed rails or between the bed rail and the bed, headboard, or mattress.

- Documentation related to the risk of developing pressure sores or malnutrition had not been consistently reviewed. New processes to allow greater oversight had been started by the new manager.

We found no evidence people had been harmed despite the shortfalls found during the inspection. However, documentation and systems were not in place or robust enough to show risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we recommended the provider looked for and implemented best practice information on the recording of information in relation to employment records. The provider had made some improvements.

- We looked at 2 staff recruitment records. One did not have the full employment history and no record to show this had been discussed, and/or explanations sought.

We recommend the provider makes sure all recruitment checks, including full employment history, are included in the recruitment of staff.

- Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff deployment was not always effective. There were multiple people who needed support at mealtimes or required oversight to keep them safe when eating, but this coincided with staff started their breaks. As a result of feedback during the inspection, these break times were changed when concerns were shared with the manager.
- The provider used a staff deployment tool to assess the number of staff needed to meet people's needs. Our observations showed people had to sometimes wait for support with personal care. Our observations showed staff did not have time to provide regular activities.

We recommend the provider reviews staffing levels and staff deployment taking into consideration the size of the building and people's physical, mental and social needs.

Learning lessons when things go wrong

- We viewed accident and incident records. There was no evidence to show documentation was reviewed to show themes and prevent the events from happening again. Incidents and accidents were discussed at daily handover meetings.
- Incidents of anxiety or distress were not always analysed in detail to update care plans or help identify how staff could change or develop their approach in future to better meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Cleveleys Nursing Home. One person told us, "I am very safe; the staff

are wonderful." A second person said, "Yes, of course I am safe." One relative commented, "Yes, I think she is safe! There are always two members of staff when they lift her out of her chair." One staff member commented, "I think all the carers are caring and we do our best to make people feel safe and comfortable."

Preventing and controlling infection

- The provider had a food hygiene rating of 4 out of 5. This meant hygiene standards were good at the time of inspection.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

The provider supported visits for people following government guidance. This meant people could have relatives and friends visit at any time. We saw 1 relative visit their family member at 7.45am on their way to work.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, whether proper legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was not working within the principles of the MCA.
- We found people's capacity to consent to care had not always been assessed and decisions had not been recorded, with a decision maker being identified. For example, one person had a restriction recorded as being required that was no longer needed. Best interest processes had not been followed and recorded in relation to a restrictive practice for a second person.

The provider did not protect people's rights under the Mental Capacity Act. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had identified that they were not consistently working in accordance with the MCA and was introducing new processes to make the service compliant.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Care was not consistently delivered in line with standards and guidance. The provider had started reviewing all care plans.
- Some records viewed were not consistently completed promptly or recorded and reviewed to indicate systems and processes were used effectively. The manager and provider said they would be introducing

electronic care planning to address these concerns.

- Feedback on food and drink was positive. One person told us, "I don't go hungry! I can have a drink whenever I want." A second person said, "The food is fantastic, and I am on a special diet. I could never go hungry." One visiting professional said. "[Person] looks good now and has put weight on."

Staff support: induction, training, skills and experience

- Not all new staff had completed all their required training before they started working at Cleveleys Nursing Home. The provider and manager told us they would ensure all staff had completed their mandatory training before supporting people.
- Staff were complimentary about the support they received from the provider, registered manager, nurses and new manager.

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

- Following local authority oversight, there had been improvements in wound management. We reviewed 3 wound care management plans and improvements in the record keeping were noted.
- The provider worked in partnership with the local authority and health professionals when they completed announced and unannounced visits to Cleveleys Nursing Home.
- People and relatives said staff would notice if someone was unwell and seek medical advice. One person said, "The doctor comes in regularly and he does follow things up for me." One relative stated, "They [staff] have saved [family member's] life more than once." A second relative said, "They have informed me when [family member] has had an infection. She has been very good since she has been here. They [staff] will call the doctor then call me to let me know."

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

- People had lockable boxes in their bedrooms to store their medicines. The provider said they planned to secure the boxes to furniture to stop them being removed.
- Accommodation was accessible, safe and homely. Bathrooms could accommodate people who needed support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff interactions with people were positive. We saw staff having a laugh and joke with people. However, some staff sometimes described people by the support they needed with their meal such as, "The feeds" or "The softs," or the level of staff support they needed with moving and handling, "The doubles." Person-centred language is vital as it recognises the unique person, as opposed to the symptoms or conditions they may have. The manager said they would discuss this with staff within handover or staff meetings.

We recommend the provider support staff to recognise the language used to talk about people influences how people are viewed and can impact how people feel about themselves.

- Staff always knocked on the people's doors and waited for a response before entering their rooms. A dignity screen was used to promote 1 person's dignity when they were supported with their moving and handling.

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

- People told us they were listened to, were treated with kindness and had positive relationships with staff. One person told us, "Yes, I would say staff are caring and kind." A second person said, "The care is fabulous."
- Relatives told us their family members were well supported and staff were compassionate. One relative told us, "Everything I have spoken to them [management] about I feel listened to."
- Staff were seen to celebrate people's return to good health and were knowledgeable on how to provide positive outcomes for people.

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

- We saw examples of people making decisions about their care. For example, choosing if they stayed in bed, what time they went to bed and what they watched on TV.
- Staff were non-judgemental when people chose to use expletives or negative words in conversation or to highlight people's ethnicity.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Staff demonstrated their understanding and knowledge of delivering person centred care and completed tasks around people's choices.
- We found some people's care plans lacked specific detailed information around health conditions and individual behaviours. However, staff were aware of how to support people. The new manager was reviewing care plans.

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.

- Information about people's communication needs for most people was present in their care plans. These plans were being reviewed and updated by the new manager to ensure all care plans had all the relevant information.
- Staff were able to describe how they supported people to communicate effectively. Staff were seen to adapt their approach depending on who they were supporting to ensure positive communication was taking place. We saw staff giving people time to respond using their preferred names and crouching down so at eye level to promote valued conversations.

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

- There was a list of activities on a notice board in the main hallway, but this did not reflect what took place. We were told there was an activities coordinator, but she was a volunteer and could not always attend.
- Feedback on activities was mixed. One person told us, "They don't put on an awful lot! In summer they will take us to the park." Another person commented, "They do have activities, but I don't usually join in." Several people also chose to stay in their bedrooms. One relative told us, "I am aware there are activities, but she would not want to join in; she is content to stay in bed." There were no one to one activities or stimulation taking place with people who remained in their bedrooms.
- Arrangements were in place to enable people to have visitors and keep contact with loved ones inside the home and without staff support in their local community.

Improving care quality in response to complaints or concerns

- Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. One person told us, "I find her the owner, very easy to talk to and she listens to what I have to say."

A second person said, "I have pointed things out, not complained, and they [management] have always responded. I have no concerns."

- A complaints policy was in place. People and Staff expressed confidence they could raise any issues or concerns the management team, and these would be addressed.

End of life care and support

- With the support of community-based health professionals, the service was able to provide care to people at the end of their life if needed. Staff were able to tell us what support people may require and where to access professional support and from whom.

- People, who wanted to, had been supported to consider their preferences in relation to end of life care. This included DNACPR decisions. DNACPR stands for 'Do not attempt cardiopulmonary resuscitation (CPR)'. It means if a person has a cardiac arrest or dies suddenly, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing CPR on the person.

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; Working in partnership with others

At our last inspection, an effective system was not in place to check the quality and safety of the service and ensure correct records were maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough action had been taken to improve and the provider remained in breach of this regulation.

- The provider had found it difficult to embed best practice and we have found repeated concerns at consecutive inspections. The provider was working with the local authority to address multiple ongoing concerns through a formal improvement plan.
- The provider was not always collaborative when working with other agencies. Feedback from local authority partners was that it was difficult at times to support the provider to drive improvement. Information from the provider was not always shared promptly with some information received having insufficient content.
- Audit systems and processes had not identified the shortfalls we found. They did not highlight the concerns we found around care planning and risk management. For example, guidance to manage underlying health conditions and documentation around the MCA.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recruited a new manager who would be introducing electronic care planning and new systems of working. They had created a new care co-ordinator role to oversee the care being delivered and drive improvement with governance. One staff member told us, "It is going in the right direction now." A second staff member commented, "It has improved, [provider] is very good with people, she cares. It's turned a corner a bit here."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People told us they were treated with respect and were happy. One person told us, "Oh God yes, [staff are] very respectful." A relative said, "[Provider] is very approachable and mum loves her."
- People and relatives thought Cleveleys Nursing Home was well managed. One person said, "[Provider] is doing her damndest. She is very friendly." A second person commented, "I like it, I am very happy here it is so relaxed." A relative told us, "The service [the provider] provided is very good, the laundry is very good, and the food is very good."

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 provider and 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 and where improvements were needed.

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 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. The provider had failed to follow the best interest process in accordance with the Mental Capacity Act 2005. 11(1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence people had been harmed however, documentation and systems were not in place or robust enough to demonstrate risk was effectively managed and mitigated. This placed people at risk of harm. 12(1)(2)(b) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good |

governance

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm.

17(1)(2)(a)(b)(c)