

The Fleet Care Home Limited

The Fleet

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Fleet is a residential care home that provides personal and nursing care for older people. The Fleet is registered to accommodate 39 people, at the time of the inspection 37 people lived at the service.

The Fleet provides accommodation across two floors. The ground floor accommodates people who require residential care. The first floor accommodates people who need nursing care which is provided by the service.

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

Staff had received training in recognising safeguarding, and knew the actions to take to protect people from harm. There were recruitment processes in place and checks were carried out before staff were appointed.

People's medicines were managed safely, and people received their medicine's as prescribed. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

People received person-centred care based on their individual needs, choices and preferences. Staff who supported them were aware of their individual preferences and were knowledgeable about people's needs and how these should be met.

People's needs and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risk and how these should be managed to reduce the risk of harm.

People confirmed they were well cared for by staff that had the skills and knowledge to meet their needs. Staff understood their roles and responsibilities and felt well trained. Staff communicated with other health and social care providers to ensure people's health and care needs were met.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported in their role and felt confident any concerns they raised would be acted on promptly. The provider had a complaints process in place to manage and respond to any concerns or complaints they may receive.

People were supported to maintain relationships with their families.

Regular audits were completed by the management team to check the safety and quality of the service delivered. This included competency checks of staff practice.

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 September 2021) 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 improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

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.

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 changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

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 safe.

Details are in our safe 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 ●

The Fleet

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

The inspection team was made up of one inspector.

Service and service type

The Fleet 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. The Fleet is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection there was not a registered manager in post. However, the service had a manager who was in the process of applying to be the registered manager with the Care Quality Commission. This means that once registered, 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

Before the inspection we reviewed the information, we held about the service. This included statutory

notifications we had received. Statutory notifications are events, changes or incidents the provider is legally required to tell us about within required timescales. We used all this information to plan our inspection.

During the inspection

We looked at four people's care records to see how their care was planned and delivered. Other records we reviewed included three staff recruitment files, staff competency checks, staff training records, accident and incident records, safeguarding, complaints and compliments, management of medicines and the provider audits, quality assurance and overview of information about the service.

We spoke with three people living at the service and five relatives. We spoke with seven members of staff which included nursing and care staff, housekeeping staff the clinical lead and manager.

After the inspection

We looked at records the manager sent us to validate evidence we found.

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. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found records were inconsistent and not reflective of a person's current needs or were not always available to view. At this inspection we found improvements had been made.

- Risks to people's safety and well-being were assessed and managed. People's individual care records included actions for staff to take to keep people safe and reduce the risk of harm. For example, a person who was at risk of choking had a detailed risk assessment which gave members of staff instructions to ensure the person was monitored when eating. In addition, the person was regularly reminded of the emergency call bell should they require assistance when having their snacks.
- Staff had a good understanding of the risk associated with supporting people. Such as, using the correct mobility equipment and regularly checking and changing people's position to prevent pressure damage to skin.
- Processes and procedures were in place to ensure the environment remained safe for people. Regular environmental checks such as fire safety were completed to ensure compliance with the relevant standard.

Using medicines safely

At the last inspection we found some shortfalls in respect of medicine management. Medicine Administration Records (MAR), governance systems and covert medicine administration required improvement to ensure people received their medicines as prescribed. At this inspection we found those improvements had been made.

- People received their medicines as prescribed. One person told us, "Staff give me my medicines when I need them". Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Medicine Administration Records (MAR) showed people received their medicines regularly. There was guidance in place describing when 'as required' or PRN medicines should be given along with details about why they are administered.
- People's medicines were safely received, stored and administered. Audits of people's medicines were completed to ensure procedures and processes were followed and any error or concern identified and followed up.
- At the time of the inspection, no one living at the service was receiving their medicines covertly. However, staff were aware of the process should the need arise.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person commented, "I feel safe, the

staff are good here they know me well."

- People were protected from the risk of potential abuse and avoidable harm by staff who had received training and recognised the different types of abuse.
- The provider had systems in place to protect people from harm or abuse. One member of staff told us, "I would report concerns if nothing was done, I would escalate it."
- Safeguarding concerns were appropriately reported to the local authority safeguarding team and the manager worked with them to ensure any issues were appropriately addressed.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The manager completed a dependency assessment of people's care and support needs to ensure adequate numbers of staff were available. One person, told us, "Staff always respond when I need them."
- Staff told us there were enough staff to support people's needs. One member of staff told us, "Yes I think we have enough staff." We observed people's call bells were responded to in a timely manner and people were not rushed when receiving care or support.
- Staff had been recruited safely. Checks were completed for new staff before they started to work at the service. This included employment history, reference from previous employers and Disclosure and Barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living at the service in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported, monitored and responded to in a timely manner. The manager reviewed this information to identify patterns and trends and to make changes to people's care as needed.
- The manager shared any learning from incidents, accidents and near misses with staff as an opportunity for learning.

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 requires improvement. At this inspection the rating has changed 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

At the last inspection we found people's care records needed improving. For example, records were not personalised and did not always reflect how care should be delivered. At this inspection we found improvements had been made.

- People and their families shared with us how they were involved in care planning. They said they felt able to share their thoughts and feelings about the care they received. One person said, "I feel very involved in my care".
- Care records were personalised and reflected an individual's needs about how they would like to be supported. For example, in relation to personal care or how they would like their food prepared.
- The provider had implemented 'Resident of the Day' this ensured care records were regularly reviewed and updated to make sure care was tailored to meet a person's individual need.
- Staff completed daily notes which gave an overview of the care and support people received along with any changes in a person's health or well-being.
- People's rooms were decorated and furnished to meet people's personal tastes and preferences, such as, having family photographs and prints.

Meeting people's communication needs

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

- People's communication needs were assessed and met in a way that meets the standard required. For example, for those people who were unable to communicate their views, staff told us they used a variety of visual prompts, body language and gestures to support their understanding.
- Care records included a section about a person's individual communication needs such as using body language.

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

- People were supported to take part in a variety of activities within the home or for those that were able to do so had the opportunity to access the wider community.
- People told us, and records demonstrated that people were supported to maintain relationships with their family and friends. One relative, told us, "The staff are always welcoming."

Improving care quality in response to complaints or concerns

- People and their relatives told us they understood they could complain if they needed to but had not had any reason to do so. One relative told us, "I've got no concerns."
- People and their relatives told us they felt the management of the home and staff were accessible and any issues they had were resolved promptly.
- The provider had a complaints policy and procedure. We saw evidence that complaints received had been responded and managed appropriately.

End of life care and support

- At the time of the inspection no one was receiving end of life care. However, the clinical lead confirmed that people's wishes would be incorporated into a specific care record as a person neared the end of their life.

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. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems and processes were not always operating effectively to assess, monitor and improve the quality and safety of the service. Records were not always accurate, complete and contemporaneous. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. The provider is no longer in breach of this regulation.

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

- At the time of the inspection the service did not have a manager registered with the Care Quality Commission (CQC). However, they did have a manager in post who was completing their application to register with CQC as manager of the service.
- There was a clear management structure within the service, the manager and staff understood their roles and responsibilities. One member of staff commented, "I understand my job role and what I have to do. I feel well trained."
- Good communication processes and systems were in place to ensure staff had up to date information and accountability. For example, we saw a detailed handover between shifts detailing tasks that needed completing and those staff responsible for the actions.
- The manager and their team carried out daily walk rounds, audits and checks to monitor the quality of the service and to drive forward improvements. Care records were up to date and reflective of people's individual care and support needs.
- The provider had policies and procedures in place to aid the running of the service. For example, complaints, safeguarding and infection control policies.
- The manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- People, their relatives and staff expressed their confidence in the management team. One person said, "Staff work well, I have no concerns."
- People, their relatives and staff told us the management team were visible and always available to offer support or advise. This promoted an open inclusive culture within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The manager understood their role and responsibility under the duty of candour and worked in an open and transparent way in relation to the care and treatment people receive.
- People, relatives and staff expressed their confidence in the management and running of the service. One member of staff said, "The manager has made some changes since being here and encourages [staff] to be involved and [manager] is approachable".

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

- The provider sought feedback from people and their relatives about the care received. A 'resident of the day' quality process had been implemented. This involved a thorough review of a person's care record along with discussions and feedback with the person and their family.
- Staff had an opportunity to feedback their views about the service through supervisions and staff meetings. One member of staff said, "We are encouraged to discuss any concerns, the managers are very approachable."

Continuous learning and improving care

- The provider had invested in the development and training of staff to continually improve the quality of care people received. This included training to build on staff knowledge and skills.
- There were processes and systems to monitor and evaluate the service. The manager and their team kept audit records and evidenced actions taken to improve or develop the service to improve outcomes for people.

Working in partnership with others

- The management and staff team worked closely with doctors, nurses and other health and social care professionals to meet people's needs and to achieve positive outcomes.