

Four Seasons Health Care (England) Limited







Flower Park Care Home

Inspection report

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Ratings

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

Overall summary

We inspected Flower Park Care Home on 01 September 2015. The inspection was unannounced.

Flower Park Care Home provides personal and nursing care and is registered for 40 older people including those living with dementia. On the day of the inspection 35 people were receiving care services from the provider. The home had a manager who had been in post since January 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had positive views about the staff and the support they were given for their particular care needs. Staff were kind and caring in their approach and people and staff interacted in a positive way. People told us they found the staff to be approachable and relaxed in manner and they could speak to them at any time.

Summary of findings

Care and support was planned with people, and their care and support needs were clearly identified in their care records, although we found that the care records were not always reviewed with the expected frequency. Staff knew how to support people in the ways that were explained in their care records. People were encouraged to make choices about how they were supported in their daily lives.

People were given their medicines when they needed them. There was a system in place to

manage medicines in the home. However we found that there were omissions in the recording of administered medication.

Systems were in place so that the requirements of the Mental Capacity Act 2005 were implemented when required. This legislation protects people who lack capacity to make informed decisions in their lives.

Deprivation of Liberty Safeguards (DoLS). DoLS applications are authorised to make sure that people in care homes, hospitals are looked after in a way that does not inappropriately restrict their freedom.

Staff were properly supervised and supported in their work by the registered manager. The staff also took part in a variety of regular training in matters that were relevant to the needs of people at the home.

There was a system in place to ensure complaints were investigated and responded to properly. People knew how to make their views known and they had access to up to date information to help them to make a complaint.

People told us the registered manager was approachable and was always available if they needed to see them. The provider had ensured that regular checks on the quality of care and service were undertaken. When needed, actions were carried out to improve the service.

Summary of findings

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, although we found some areas that could be improved.

People were supported by appropriate levels of staff who knew how to protect them from abuse. Staff had been trained to ensure they were aware of the types of abuse that can occur and how to keep people safe.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

There was a system in place to manage medicines in the home. However we found that there were omissions in the recording of administered medication.

Care plans and risk assessments were not always reviewed with the frequency expected by the provider.

Requires improvement



Is the service effective?

The service was effective.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Is the service well-led?

The service was well-led. There was a manager employed who was registered with CQC.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided. People who used the service and their families were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Good



Flower Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on 01 September 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We also spoke to the local authority.

We also reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We spoke with four people who lived at the home. We asked people for their views and experiences of the service and the staff who supported them. We also spoke with three members of staff, the registered manager and the area manager. We looked at eight people's care records.

We observed care and support in communal areas and also looked at records that related to how the home was managed.

Is the service safe?

Our findings

Everyone we spoke with said they always felt safe at the home. Examples of comments made included “Oh yes, very safe”, and “I definitely feel safe here”.

There was a system in place to protect people from the risk of abuse. Staff were knowledgeable about the different types of abuse that could occur. The staff were also able to explain how to report concerns. They said they felt comfortable about approaching the registered manager, other senior staff or the local authority safeguarding team.

There was a copy of the provider’s procedure for reporting abuse displayed on a notice board in the home. The procedure was written in an easy to understand format to help to make it easy to follow. The registered manager reported safeguarding concerns appropriately. Referrals had been made when required to the local safeguarding team and to the Care Quality Commission.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding people was also discussed with them at staff meetings and individual supervision sessions. This included making sure that staff knew how to raise any concerns.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation’s people could safely contact.

The care people received was not always regularly reviewed and evaluated to ensure it was safe. For example we found that one person’s risk assessment for bedrails had last been reviewed in June 2015. Another person had a falls risk assessment completed one month after their admission. The provider’s paperwork indicated that this should be completed during the first week of admission. One care plan we saw did not have a completed falls risk assessment. The same care plan had indicated that the person’s tissue viability and skin integrity was at high risk, however no detail of how to meet this person’s tissue viability needs had been recorded.

Incidents and accidents were properly evaluated to improve safety. The records showed the registered manager and staff recorded incidents and occurrences that had happened at the home.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. We were told that agency staff was used if necessary. The service tried to use the same staff each time to ensure continuity of care for people. We observed there was enough staff who attentively met each person’s needs. For example, staff sat with people and spent time listening to them when they needed to talk about how they were feeling.

The registered manager told us the numbers of staff needed to meet the needs of people at the home were increased whenever it was required. There was staffing information confirming that staff numbers were worked out based on people’s needs and how many people were living at the home. Whilst staff rotas confirmed appropriate staffing levels, one staff member told us, “We just don’t have enough staff to do everything.” Although another staff member said, “Yes we are busy but I think we have enough.”

Medicine charts were not always accurate and up to date. They did not all clearly confirm if people were given their medicines as the person administering the medication had not always signed the medication administration record (MAR). We found a total of 24 instances of missing signatures on six MAR charts. Stocks of medicines tallied with the prescribed dose and frequency expected. This suggested that people had received the medication they required but it had not been accurately recorded. The previous monthly audit had identified some of these issues however the registered manager told us that the last weekly medication audit had not taken place due to an IT issue.

Arrangements were in place for the storage of controlled drugs. Entries in the controlled drugs book had two staff signatures. It is good practice for a second appropriately trained member of staff to witness the administration of controlled drugs.

Checks on the suitability of new staff were undertaken before they were able to commence work at the home. The

Is the service safe?

records of newly recruited staff included references, employment history checks, Disclosure, and Barring Service checks. These had been completed on all staff to ensure only suitable employees were recruited.

The environment looked safely maintained in all areas that we viewed. Environmental health and safety risks had been identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example,

there was a system for staff to report repairs required. This would be addressed by the home's maintenance staff. We saw that issues reported had been addressed quickly. There were also checks undertaken so that electrical equipment and heating systems were kept safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked.

Is the service effective?

Our findings

People were positive in their views of the way they were supported and assisted with their needs. One person said, “I think the staff do a good job”. Other comments included, “The staff are always there for you but they are very busy”, and “I have nothing but praise for the staff.”

Staff were observed assisting people in ways that showed they knew how to support people with their needs. For example, we saw staff used a calm manner and approach with one person who was being transferred by hoist.

Staff were observed supporting people in the ways which were set out in people’s care plans. People’s files contained clear information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were comprehensive records showing where people could give consent to some care tasks but not others. This meant that people’s capacity to consent had been assessed in a personalised and thorough manner.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people’s support and care needs. One member of staff told us, “Communication is good, after something like annual leave we are brought up to speed quickly.”

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. This is a legal framework to protect the rights of people who lack capacity to make certain decisions. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise.

The registered manager told us how they would ensure Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that four people at the home had approved DoLS applications at the time of our visit. Care plans showed that appropriate paperwork was in place. They knew that the purpose of DoLS was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

People were effectively supported to meet their physical health care needs. People told us they were supported to see their doctor if they were concerned about their health. One person told us, “The staff help you see your GP”. The action plans contained information that showed how people were to be supported with their physical health and well-being. Care plans contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a recent GP appointment. Another person had received treatment from a visiting chiropodist.

We checked records in relation to food, and talked to people using the service. We saw that people were given information and choices in relation to the food offered to them, and the staff took time to understand people’s preferences. One member of the kitchen staff told us, “We do have a varied menu but we ensure that people get what they wish.” We saw that one lounge had a choice of snacks which included some fresh fruit as well as crisps. One person who used the service told us, “The food is nice and there is always plenty if you want some more.” Each care plan we checked contained detailed information about people’s food and drink preferences, as well as details about how they should be supported at mealtimes.

Information in care records explained how to support people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. Where food allergies or specific dietary requirements, for example diabetes, were identified, these were consistently recorded so that people did not receive unsuitable food.

Staff files showed that staff received regular supervision and annual appraisal took place. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people’s needs. One member of staff told us, “Supervision is good and we are encouraged to contribute as much as possible, after all it’s about us.”

Is the service effective?

Staff received training to enable them to support people effectively. Staff spoke positively about the training and learning opportunities they were able to attend. They said they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included health and safety, food hygiene, first aid, and infection

control. One staff member told us, "Some of our residents are becoming more physical but I haven't done any training in challenging behaviour. We spoke to the registered manager and area manager about this during our inspection. They said that this training would be made available in the near future."

Is the service caring?

Our findings

People spoke positively about the staff and their approach. One person said “They are all very good”. Another person said, “The staff are all lovely”. The interactions we observed between staff and the people who lived at the home were positive and friendly.

The staff demonstrated in conversations with us that they had understood how to provide people with personalised care that met their needs. For example, they told us they knew what time people liked to be supported to get up. They also told us that one person liked to have a cup of tea in bed before getting up and this was always respected.

Staff assisted people in a way that demonstrated they were suitable and competent to meet their needs. Most staff were kind and considerate in their approach although we saw one member of staff was asked for assistance by a person using the service. They told the person that they could not respond to their request as they were on their break. The person then made their request to another member of staff who gave the assistance required. Staff undertaking tasks used a calm approach with people who were anxious and gentle humour and encouragement to promote independence with tasks. People responded positively to staff when they used this approach.

People told us they spoke with staff regularly about their care and support. Care plans reflected these discussions and showed people were involved in planning and

deciding what sort of care and support they received. The care plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person’s life history, needs, likes, dislikes and preferences.

Each bedroom was a single room and this gave people privacy. We saw rooms were personalised with people's own possessions, photographs, personal mementos and in some cases furniture. This helped to make each room personal and homely for the person concerned.

Staff understood what equality and diversity meant in their work with people. The staff told us that equality and diversity meant respecting that everyone is unique and supporting people to live life in the way they would prefer. The staff training records showed that the staff team had undertaken training to help them understand how to apply the principles of equality and diversity in their work.

There was also a policy in place to guide staff to ensure they always respected equality and diversity at work.

We spoke with staff about how they preserve people’s dignity. Staff responses showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. This included closing doors and curtains while personal care was provided. One staff member told us, “Preserving dignity is at the centre of all we do.”

Is the service responsive?

Our findings

People had their needs assessed by the registered manager or a senior member of staff before they moved into the service, to establish if their individual needs could be met. We saw that where possible relatives had contributed information so that a full picture of the person was provided.

People had individual assessments of needs and care plans in place and the service responded to people's changing needs. For example, if a person was assessed as being at risk of pressure sores and needed a special bed or a specialist item of equipment then the provider promptly supplied this.

People were supported to take part in social and therapeutic activities they enjoyed. Each person was encouraged to participate in activities although people's decisions not to was respected. Activities included board games, quizzes, pamper sessions and organised trips out. People said they enjoyed the activities. One person told us, "I really like the quiz, it keeps me thinking."

The care and support people received was personalised and responsive to their care needs. The care plans showed that people had been asked about their individual preferences. Care plans were well written and provided detailed information about how the planned care and support was to be provided although. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in.

The plans were person centred and had been written with the involvement of the person. We noted that not all care plans had been reviewed with the frequency determined by the provider's policy. The manager said that this issue would be addressed immediately.

Where possible people had signed to say they agreed to their plans. Care plans included personal histories about people. These included information about their family and friends and life before they moved to the home.

People, their families and professionals involved in their care were sent a survey form at least once a year to find out their views of the service. The registered manager and a senior manager reviewed the answers people gave. People were asked for their views that included their views of the staff and their attitude and approach, did they feel involved in planning their care, what activities they were interested in, and the menus. We saw that the results of the last survey was very positive.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person who used the service said, "I would know how to make my feelings known if I was unhappy." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us, "I have confidence in raising issues directly with the manager." We saw that complaints were responded to quickly and in line with the provider's policy.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was in the process of registering with the Care Quality Commission and had their registration interview on the day of our inspection. They had been in post at Flower Park for approximately seven months.

The provider had a quality assurance system in place, which required the manager, regional manager and senior staff to carry out regular monitoring and checks on the quality of service people experienced. These checks were conducted to a high level of detail and were conducted using an IT based system. We found audits covering care records, health and safety, food safety, medication, finance and the environment amongst other areas. This meant that the quality of service provision was regularly monitored. We saw that any issues highlighted in the audit received a plan of action. Therefore any issues were addressed quickly. The week prior to our inspection the weekly medication audit had not taken place and as such missing signatures on the MAR sheet had not been identified. The manager told us that the audit had not taken place due to an IT failure and had now highlighted the need for a paper based system to be available to counter any future IT failures. Accidents and incidents were also monitored by the registered manager to ensure any trends were identified and appropriately recorded.

Staff attended regular meetings and handovers were also used at the beginning of each shift to ensure that all staff were aware any changing needs or risks and to pass on any other important information about the people who lived at the home. Staff told us that it was essential to discuss and pass on information to each other.

People told us that they were asked for their views about the service. One person told us, "I know there are resident

meeting but to be honest I can give my views anytime". There were records of the meetings that showed that people were asked for their opinions and the action that had been taken in response to people's comments. For example, menus had been changed. In a corridor outside the dining room we saw a notice board which displayed, "What we asked, what you said, what we did." This summarised the discussion and action taken following residents meetings and other feedback received regarding areas such as activities, visiting entertainment and social trips.

The registered manager was open and accessible in their approach and actions. People who lived at the home and the staff said the registered manager was always available if they needed to see them. One person said that the registered manager was "Lovely." Although another said, "They should get more staff." We saw people who used the service went to the office to see the

registered manager during our visit. Every time someone wanted to speak with them they made plenty of time to be available for them and were friendly and welcoming in approach.

Staff also told us and records we saw supported that staff received regular supervision. Staff we spoke to found the registered manager was supportive and approachable. One person told us, "The manager has made changes but they needed to be made." Another member of staff said, "I find the manager to be supportive."

The provider's regional manager and quality manager visited the home regularly. They met with people and staff and wrote a report after their visits. If needed they highlighted actions for the registered manager to follow up on after their visits.