

Milton Keynes Council

Flowers House

Inspection report

Alford Place
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Flowers House is a sheltered housing with care scheme, registered to provide personal care support for older people who have a diagnosis of dementia. At the time of our inspection there were 33 people receiving care and support. At the last inspection, in July 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with staff, who were caring and treated people with respect, kindness and courtesy. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage complaints.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People, their relatives and staff told us that they had confidence in the manager's ability to provide managerial oversight and leadership to the service. Systems were in place to monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Flowers House

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 checked 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.

This inspection took place on 4 July 2017 and it was announced. We gave the service 24 hours' notice of the inspection to ensure that staff were available to support the inspection. The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required by law, to tell us about.

During our inspection we spoke with five people who used the service and six people's relatives. We also spoke with six members of staff including support staff, administrative staff and the operational manager.

We looked at records relating to the personal care of four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for care staff, staffing schedules and arrangements for managing complaints.

Is the service safe?

Our findings

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. People felt safe, one person said "The best thing about being here is that I feel safe and well cared for." The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff said "I would report my concerns to the manager, I could also go higher, to their manager; but if I wasn't happy with what had been done I would contact CQC." Safeguarding notifications had been raised with the relevant safeguarding authorities when required, which demonstrated the registered manager's knowledge of the safeguarding process.

People received care from a dedicated and caring team of staff. Recruitment processes ensured that staff were suitable for their role and staffing schedules were planned to ensure people received their support as planned. As well as people's scheduled care visits there was background support available to provide support to people outside of their visit times. People and their relatives told us that staff were available when they needed them and that they didn't have to wait to receive support. One person said "The staff are very helpful, anything you ask them to do, they take their time." A relative said "[Name] sometimes needs support outside of their scheduled visits, so we call the staff and they come and help; the flexibility is good, it works well for us." Our observations supported these views and we saw that staff responded to people's requests for care in a timely way.

People's medicines were safely managed and the medicines management systems in place were understood and followed by staff. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration and people received their medicines when they should.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the service. For example, team leaders had recently received training on how to assess people's needs for certain types of equipment that would support their mobility and independence. One member of staff said "This means that we can get people the equipment they need more quickly." The provider was working towards the provision of an accredited dementia training pathway for all staff, this was focussed on positive behavioural support that emphasised people's strengths. Staff had regular supervision and appraisal; one staff member said "We talk through any issues and how we can improve any areas of the work we are doing."

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in the community fall under an order from the Court of Protection.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights regarding choice and we observed staff asking for people's consent as they provided their support. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate applications had been made to the Court of Protection.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person's relative told us that staff had arranged for their family members needs to be reviewed by the GP as they were having difficulty swallowing their tablets.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said "The staff are very polite and helpful." Another person's relative said "We couldn't wish for better care for [Name]."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example what activities they wanted to take part in and what they wanted to eat and drink.

People were treated with dignity and respect. We saw that where people required support to move this was provided promptly and sensitively. Staff explained to people what they were doing and encouraged them to do as much as they could for themselves. Staff were aware if people became anxious or unsettled and provided them with support in a consistent and dignified manner. We observed staff supporting one person who was upset and tearful, but unable to say what was wrong. Staff approached the person calmly and ensured that they positioned themselves at a comfortable level for the person as they offered comfort and reassurance.

Staff understood the importance of maintaining confidentiality. One member of staff said "We don't talk about things outside of work, we keep records locked away and any concerns we report to the team leader."

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home and where appropriate their relatives. Staff knew people very well; they understood the person's background and knew what care and support they needed. One person said "The staff are very polite and helpful and they don't interfere." Another person said "I can tell the staff anything and they will listen." Staff understood the need to respond to people as individuals, one staff member said "It's important to know people's routine and how they want you to do things."

People were supported to follow their interests and take part in social activities. We saw people enjoying a sing-a-long together and people told us that there was plenty to do. People could also choose where to spend their time; on the day of the inspection we observed some people taking part in activities in the communal areas of the service, whilst others preferred to spend time in their flat.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. Relatives told us that they would raise any concerns with the manager; they said that when they had raised concerns these had been handled appropriately and they had been happy with the outcome. We saw that there was a clear complaints policy in place and records were maintained of all issues raised, detailing the actions taken.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing good care to the people they were supporting. One member of staff said, "We encourage people to be as independent as possible and are here to make sure that people have a good life." The provider had ensured that staff knew how to raise any concerns they had about the service to help drive improvements. Staff understood how to use the whistleblowing procedure if they were concerned about people's welfare.

Staff felt that they were part of the service and were able to contribute to its development. A staff member said, "It's all about team work, we all work together to make sure people get the best care possible." There were a number of opportunities available for staff to provide feedback, including supervision meetings and team meetings. People and their relatives were also encouraged to provide feedback as they were invited to attend regular reviews and regular surveys of their views were undertaken. The results of surveys were analysed and action taken in response to comments made. For example the registered manager had arranged a meeting to discuss the responses to the most recent survey and had met individually with people or relatives who had requested this.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. People's relatives described the registered manager as approachable and always willing to help. Staff members felt that they were always friendly and available to support staff, one member of staff said "We can always go to [Registered Manager] if we have any concerns." Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit, undertaken by the operational manager. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure that people received quality assured care that met their needs.