

Milton Keynes Council

Flowers House

Inspection report

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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

About the service

Flowers House is an Extra Care housing service registered to provide personal care support for older people who have a diagnosis of dementia. The scheme has 34 apartments. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 32 people receiving personal care.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular live-in staff who knew them and their needs well, which promoted continuity of care. Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and access healthcare services.

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

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them.

People and relatives, where appropriate, were involved in the planning of people's care and support. People's privacy and dignity was always maintained.

Care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Everyone without exception praised highly the registered manager who was approachable, resourceful and provided strong leadership. All staff told us they were motivated to work with the registered manager to ensure people received good quality care.

The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon.

Rating at last inspection

The last rating for this service was Good (published 15 August 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Flowers House

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Flowers House is an Extra Care housing service. It provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

The service had a manager registered with the Care Quality Commission. This means that 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 announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We looked at the provider's statement of purpose and any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service,

what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with four people using the service and five relatives. We had discussions with five members of staff including the registered manager, business support, and four care and support workers. We also spoke with a visiting health professional. We reviewed a range of records that included three people's care records and their medication records. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the service. One person said, "I feel safe here because staff will help me if I fall." A relative commented, "The staff are always on hand and make regular checks to make sure [family member] is safe."
- The provider had systems in place to safeguard people from abuse and staff followed local safeguarding protocols when required.
- Staff were trained to recognise abuse and protect people from the risk of harm. They knew how to report any concerns, following the provider's safeguarding or whistleblowing procedures.
- Safeguarding and whistleblowing was discussed at staff meetings to ensure staff were clear about their responsibilities to protect the people they supported.

Assessing risk, safety monitoring and management

- People continued to receive safe care and support and staff ensured actions were taken if a person was deemed to be at risk of avoidable harm. One relative told us, "[Family member] is at risk of falling so we had a meeting and they are going to get a falls detector and a sensor mat by their bed to keep them safe."
- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls.
- Risk assessments were reviewed and updated quickly if there had been any changes or incidents. For example, where people had a fall their risk assessment and care plans were updated swiftly, and referrals made to a relevant healthcare professional for further support in relation to their mobility if needed.

Staffing and recruitment

- Everyone we spoke with told us there were enough staff working at the service. One person said, "Yes there are lots of carers who come and see me." A relative commented, "There is always someone around to help. I had a problem with [family member] last week and the staff were there straight away helping me."
- We observed, and staff told us there were sufficient numbers of staff to meet people's needs. One member of staff said, "We do have enough staff. The team work is fantastic and we all help each other." Staff rotas showed that staffing levels were consistent.
- In addition to people's scheduled care visits there was background support available to provide extra support to people if they needed it at any time.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be

unsuitable to work with people who use care services.

Using medicines safely

- People continued to receive their medicines safely. One person told us, "I get my tablets when I need them." A relative commented, "I always hear the staff asking if [family member] is in pain and do they need pain relief."
- Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One staff member responsible for the medicines told us they were going to complete a 'train the trainers' course so they could then train staff in-house.
- People had personalised medicines care plans which told staff how best to administer their medicines. For example, one person's instructed staff to stay with the person while they took their medicines to ensure they had swallowed them.
- All medication records were well-organised and robust recording was evident. We saw evidence that weekly auditing of medicines was carried out to ensure that any errors could be rectified and dealt with promptly.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements of infection control. One told us, "We always wear gloves when we carry out different tasks." We observed staff using personal protective clothing on the day of our visit.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce future risk. For example, when people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they went to live at the service. The local authority completed an initial assessment. Then the person was invited to visit Flowers House where further information was gathered and added to the initial assessment. All this information was then presented to a panel that consisted of care managers from the local authority and staff from the local authority housing department. A decision was then made if the person met the criteria to live at the service.
- Assessments were personalised and covered people's physical, mental, and social and cultural needs. They identified if people had any needs relating to equality and diversity so that staff could support them with these.

Staff support: induction, training, skills and experience

- People felt staff were knowledgeable and very well trained. One person told us, "The staff I've got are brilliant. They know what they are doing." A relative commented, "The staff are fantastic. [Family member] has been ill and they have known exactly what to do to stop [family member] getting upset and anxious. I can't sing their praises highly enough."
- Staff felt valued and told us they were supported to achieve their full potential. One member of staff told us, "The training is very good. We do all the mandatory training and then other more specialist training such as dementia and end of life care."
- New staff were required to complete a comprehensive induction and were not allowed to work alone until assessed as competent in their practice. All new staff shadowed more experienced staff until they felt confident to work alone.
- Staff received regular supervision from senior staff members. Supervision included an opportunity to discuss training and development opportunities and review practice. One staff member told us, "I had a supervision the other day. I was able to talk about my role and my training."

Supporting people to eat and drink enough to maintain a balanced diet

- Where the provider took on the responsibility, staff supported people to eat and drink enough. The service provided three meal options that included people being independent to make their own meals, or people could have a hot lunch provided seven days a week. The third option was for a full meal package that provided three meals a day.
- People using the service were complimentary about the food and meals provided. One person said, "I look forward to the meals. They are lovely." A relative said, "[Family member] often forgot to eat, but now the staff keep an eye on them and they have never been better."
- People could take their meals in communal areas or in their own flats. A menu was displayed in the dining

area.

- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

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

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. Records showed people had access to a GP service, dietitian, community nursing services and other professionals as required.
- People had access to preventative and early diagnostic services such as regular eye tests, and access to a chiropodist.
- Staff were aware of people's health conditions and knew what action to take when someone was unwell. One told us, "I know [name of person] very well. I can tell straight away if they are not well." A relative told us, "If the staff are concerned they will call me straight away and we make a decision together about whether to call the doctor."
- People had emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain essential information about a person as an individual, for example their communication needs.

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 Act 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.

Staff understood the MCA and what they needed to do if it appeared a person was unable to consent to their care and support. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.
- Staff understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People gave positive feedback about the attitude of staff and the way they were treated. For example, one person said, "I can't fault the carers, they are lovely. They are so kind and very caring." A relative commented, "The staff are absolutely fantastic. It didn't take them long to understand how [family member] likes things to be done."
- The continuous training and development staff received had embedded a culture at the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member said, "I love coming to work. We are like one big family who only want the best for each other."
- Staff completed training in relation to equality and diversity and understood the importance of promoting these values. For example, staff supported people to attend local places of worship, if they wanted to, and follow their own religions or beliefs.
- We looked at the latest satisfaction surveys completed for 2019 and found that 100% of respondents said the staff always treated them with respect and dignity and the staff were caring and kind.

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

- People told us they had choice in their daily lives. One person said, "I choose what I want to do each day." A relative commented, "They always ask [family member] what they want to do, and they respect their wishes."
- People and relatives told us they had the opportunity to express their views about the service; this was done through regular reviews of people's care and satisfaction surveys. However, relatives said the staff were always around and you could talk to them about anything at any time.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise concerns and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was supported by staff. A relative said, "The staff are very respectful, so polite and always ask before they do anything." A staff member commented, "I always knock on people's doors and ask to enter. I like to treat people how I want to be treated."
- People were encouraged to maintain their independence and do as much as they could for themselves. One staff member said, "We try to get people to maintain their skills and be as independent as possible." People's care plans included information on things people could do for themselves and those that they

needed staff support with.

- People were supported to maintain and develop relationships with those close to them, and involve themselves in social networks and the community. Relatives were regularly updated with people's wellbeing and progress.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- People felt they were treated as individuals and staff understood their needs and preferences in relation to their care. One relative told us, "[Family member] gets extraordinary care. The staff go way over and above their roles. We are very involved in [family members] care. There is excellent communication between us all."
- Staff we spoke with knew people well, and the care they wished to receive. Care plans were person centred and recorded how people's physical, communication, social and emotional needs were to be met. They contained very detailed guidance for staff to follow in relation to meeting people's specific needs.
- Staff told us care plans were valuable guides to what care and support people needed and were always kept up to date so they remained reflective of people's current needs. A member of staff said, "We sit down with people when we update their care plans and talk it all through with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place for each person to provide details of approaches for staff to use to ensure they maximised people's understanding and involvement.
- The registered manager told us that the service could provide people with information in different formats, for example large print, if it was required.

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 activities and were encouraged to enjoy a meal in the dining area, so they could interact with others living at the service and avoid social isolation.
- We saw activities taking place on the day of our visit. People were involved in armchair exercises in the morning and were supported to take part in table top games in the afternoon.
- People were supported to develop and maintain relationships with people that mattered to them. One relative told us how they visited every day because it was important to them and their family member.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints. One person told us, "I would certainly raise any concerns if I wasn't happy."
- People and their relatives told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns.
- The service had not received any complaints since the last inspection. However, we saw that systems were in place to deal with any complaints in line with the providers complaints procedure.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the registered manager told us they could support a person at the end of their life if it was required and had previously done so.
- The provider had policies and procedures and a specific handbook in place to provide staff with the necessary guidance to meet people's wishes for end of life care. Staff had completed training to ensure they could meet people's needs at 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture and people felt confident to contribute their views. They felt they were listened to and valued. One person said, "I can make my own choices." A relative commented, "They [meaning staff] don't try to hide anything. They are very open and quick to rectify anything that's not working. They do respect my views."
- The registered manager knew all the people using the service well and spoke with them regularly to get their views on the care provided. One person said, "[Registered manager] is a very good person who treats us all well." A relative said, "The manager is lovely. Very approachable, caring and kind. When we first came to have a look around, I decided this was the right place, because of how caring the manager and the staff were."
- Staff said there was good team working and everyone was focussed on ensuring people using the service were happy and fulfilled.
- The staff and the registered manager had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The registered manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service. A visiting health professional commented, "We work closely together to implement strategies and support the person living with dementia."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw this guidance in the staff office.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such

as notifications of changes or incidents that affected people who lived at the service.

- Staff understood their roles and responsibilities towards the people they supported and felt listened to and well supported by the registered manager. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required.
- Staff felt well supported by the registered manager. One staff member told us, "The manager is so supportive of us. They are always available to help and advise."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These included, but were not limited to, care planning, health and safety, training and medicines. These enabled the registered manager to identify any areas for improvement and develop action plans to address these.

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

- Staff told us the communication was good between themselves and the registered manager. Staff said they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- People and relatives were encouraged to give their views about the service through annual surveys. We looked at the outcome of the last annual user survey for 2019. We saw the responses were all positive and included comments such as, 'The staff are amazing,' 'Wonderful team' and 'They look into problems very quickly.'

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided.
- The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and peoples GPs.
- The service worked closely with the specialist memory clinic who visited the service on the day of our inspection. They told us they worked with the staff to implement strategies to support people living with dementia to remain as independent as possible.