

The Flowers Care Home Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Flowers Care Home is a residential care home providing personal care for up to 23 older people and people living with dementia. On the first day of our inspection there were 14 people using the service. On the second day of our inspection there were 13 people using the service.

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

The provider had taken positive action to address the issues from the last inspection. They had made improvements to the way the quality and safety of the home was monitored. The registered manager had introduced a range of audits. This meant they had increased oversight of the home and were able to identify areas requiring attention. Improvements were required to ensure the systems highlighted all shortfalls promptly. The registered manager demonstrated their commitment to ongoing improvement.

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. We have made a recommendation about improving documentation to ensure people's involvement is reflected fully.

Care plans contained person-centred information and risks to people's health and safety were assessed. Improvements were required to ensure risk assessments were more detailed and were updated promptly where people's needs changed. Medicines were managed safely. The home worked in close partnership with professionals to ensure people's health needs were met.

People's care needs were assessed, and they received good quality care from consistent staff who knew them well. There were enough staff on duty to meet the needs of the people currently using the service, and they had the skills to support people appropriately. Staff were committed to providing person centred care to people. They received support, supervision and training to carry out their role. Recruitment was managed safely.

People who used the service and relatives provided consistent positive feedback about their experiences of the care and support provided at The Flowers. One relative said, "The care is lovely. The staff are lovely."

The registered manager was approachable and visible. They had initiated changes which had led to a range of improvements for people and staff. The registered manager and staff team were responsive to feedback throughout the inspection and demonstrated their commitment to ongoing improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for the service was inadequate (published 29 November 2021). 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.

This service has been in Special Measures since 29 November 2021. During this inspection the provider demonstrated that improvements had been made. The service was no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 14 and 19 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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, Effective 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 inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Flowers Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# The Flowers Care Home Limited

## **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 was carried out by one inspector.

#### Service and service type

The Flowers Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This 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. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We reviewed the information we received since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make

During the inspection

We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care staff. We reviewed a range of records including three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. We also reviewed a variety of records relating to the management of the service.



# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to manage the administration of medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were generally managed safely.
- The provider had made improvements to the way creams were managed. People had individual lockable cabinets in their rooms so their creams were stored safely and were easily accessible. However, we continued to find there were some inconsistencies and gaps in recording. We discussed this with the provider, and they took immediate action to address this.
- Where people were prescribed medicines to be taken 'as required' protocols were in place. However, improvements were required to ensure they were more detailed and contained person centred information.
- The provider had recently changed pharmacy provision and medicines systems were organised. Staff received training and their competency was assessed regularly.
- We observed people were supported with their medicines kindly and patiently.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

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

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

- The provider had introduced new systems and risks relating to skin integrity, mobility, nutrition and hydration and mental health had been assessed.
- Whilst we found improvements some risk assessments required more detailed information and not all assessments had been updated to reflect recent changes. For example, we saw one person had two falls and updated information had not been included when their risk assessments had been reviewed. However, the provider had taken appropriate action and referred the person to the district nurse team for advice. We

discussed the shortfalls with the registered manager. They told us the service was working hard to embed the new recording system and we were assured the shortfalls would be addressed.

- Safety and environmental checks were undertaken, and action taken when required.
- Accidents and incidents were recorded and reviewed. A new reporting format had been introduced which meant follow up actions and lessons learned were recorded. We saw examples of reflective practise and follow up including discussions in team meetings and additional enhanced learning opportunities for staff.

### Staffing and recruitment

At our last inspection the provider had failed to demonstrate there were enough suitably qualified, experienced and competent staff always deployed to meet people's needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and relatives said there was enough staff. They said the team was consistent and there was a low turnover of staff. Over the course of the inspection the atmosphere was calm, and we saw people received timely and relaxed care and support.
- The provider had increased the staffing levels at the home. They had introduced a dependency tool which they used to monitor and assess the number of staff required to support people safely. Staff confirmed there were enough staff on duty. One care worker said, 'There is more time to spend with people now.'
- Recruitment was managed safely. The registered manager carried out a rolling programme of ongoing recruitment.

### Preventing and controlling infection

At our last inspection the provider systems were not in place to demonstrate effective infection prevention and control measures were effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- 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.

#### Visiting in care homes

- The service was following government guidance in relation to visiting. Systems were in place to support people to maintain important relationships with their family and friends. Over the course of the inspection we saw relatives being supported to visit people flexibly and safely.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative said, "It's so safe. I always know [name of relative] is safe." Another person said, "I trust every one of the staff. They are all caring, gentle and kind."
- Staff had received up to date safeguarding training and understood how to recognise and report signs of abuse. Safeguarding was regularly discussed as a topic and was an agenda item in team meetings and staff supervisions.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection people did not have their care and support needs delivered in line with MCA. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The service was acting within the legal framework of MCA. When required the service had made DoLS referrals to the relevant local authorities. Where conditions had been applied there were care plans in place and they were closely monitored in line with the legislation.
- People's capacity to consent to their care and treatment had been assessed. Where people lacked capacity, we saw best interest decisions had been made for a range of decisions. However, we found some examples where a limited number of people had been involved in the decision making and their views had not always been clearly recorded.
- People were asked to consent to their care, and this was reflected in their care plans and records. We saw staff routinely offering choices and seeking consent from people for their daily care needs.

We recommend the service seek further advice and guidance from a reputable source, about working within the principles of MCA.

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

At our last inspection people's nutritional needs had not always been met. This was a breach of regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's nutritional needs were assessed and met by the service. Staff were knowledgeable about people's dietary requirements and preferences.
- The mealtime experience was relaxed and sociable. Where people found it difficult to make a choice, they were shown the alternative meal choices. Throughout both days of the inspection drinks were regularly refreshed and snacks and supplements available to people.
- People's weights and details of food and fluid intakes were monitored effectively where this was part of their care plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they started using the service. Staff spoke positively about the improvements to people's care plans. One care worker said, "Everything in the care plan states what people need. It is very in depth."
- The home worked in partnership with other professionals involved in people's care, including district nurses and dieticians. Staff told us they had a very good relationship with the local GP who visited people who lived at the home weekly.
- Care records showed health professionals' involvement. People were appropriately referred to other agencies when their needs or circumstances changed. For example, we saw staff had liaised very closely with health professionals when there had been changes in one person's skin integrity. This included coordinating additional visits and specialist equipment to support the person.
- Relatives said people's health needs were supported and they were kept informed of any changes.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They spoke positively about recent training they had received. They particularly welcomed face to face training as they told us this gave more opportunities for interaction and asking questions related to the people they provided support for.
- We reviewed the training matrix which showed staff had up to date training in a range of topics. The registered manager also carried out regular competency assessments and informal learning exercises.

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

- The building was adapted to meet people's needs. There was direct access to a safe garden area, and we saw people going outdoors freely. Dementia friendly signage helped people who lived at the home orientate themselves.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to effectively monitor and review the quality of the service. There was a lack of robust management oversight. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The home had improved their governance systems. The registered manager had introduced a range of detailed audits which meant they had increased oversight of the home. Due to these improvements the home was no longer in breach of regulations. Whilst improvements had been made, we needed assurances over a longer period these improvements had been embedded and sustained. We identified examples where some shortfalls had not been picked up promptly. The registered manager told us they were on a journey of improvement. They said, "It's a starting point, not an end point."
- The provider had closed-circuit television (CCTV) in the communal areas of the home. The provider had not completed a robust assessment of the safe and appropriate use of CCTV, considering the equality and human rights of people who used the service. We discussed this with the provider, and we were assured they would take steps to resolve this.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening within the service. The provider understood the duty of candour and had kept people and relatives informed about key changes within the home.
- People, staff and relatives spoke highly of the registered manager. One relative said, "[Manager] is on the ball at addressing and resolving things." Another person said, "If you take a complaint to [name of manager] things get done."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us they felt involved with the home and communication was good. Relatives

received a regular newsletter. One relative said, "There is a tenderness about the home. They are family orientated and they are not just ticking the boxes."

- Staff told us they had seen improvements since the last inspection. They told us team morale was good and they felt involved in the day to day running of the home and found the registered manager approachable and responsive. One care worker said, "I feel listened to. I love how it is. It is a family home."
- The provider worked in partnership with health and social care professionals. They had worked closely with the local authority on their service improvement plan since the last inspection.

#### Continuous learning and improving care

- The provider welcomed feedback and was responsive to our findings during the inspection. They took action to address concerns and improve the service. They expressed pride in the improvements the service had made since the last inspection and demonstrated their commitment to embedding the positive changes into established working practises.
- Throughout the inspection we observed a commitment to continuous learning and improving care from the staff team.