

Milton Keynes Council

Flowers House

Inspection report

Alford Place
Turing Gate, Bletchley
Milton Keynes
MK3 6FH
Tel: 01908 253555

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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 

Overall summary

Flowers House is registered to provide support for older people who require personal care, and have a diagnosis of dementia, in their own homes. On the day of our visit, there were 31 people receiving care and support.

The inspection was announced and took place on 10 July 2015.

The service had a registered manager. 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 were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any concerns to keep people safe.

Risks to people's safety had been assessed and were detailed clearly within people's care plans. Staff used these to assist people to remain as independent as possible

Summary of findings

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Safe and effective recruitment practices were followed.

Systems were in place to ensure that medicines were administered and handled safely.

Staff received on-going training. They were knowledgeable about their roles and responsibilities and had the skills and experience required to support people with their care needs.

We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink if this was an assessed part of their package of care.

People were supported to attend health appointments when required and to see health and social care professionals as and when required. Prompt action was taken in response to illness or changes in people's physical and mental health.

Staff treated people with kindness, respect and compassion and cared for them according to their individual needs.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People told us their needs were met and they were supported to take part in meaningful activities and pursue hobbies and interests.

Staff had a good understanding of people's needs and preferences and we received positive feedback from relatives about the service provided by staff.

People knew how to make a complaint if they needed to, and were confident that the service would listen to them. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the manager. We found that a system of audits, and reviews were also used to good effect in monitoring performance and managing risks.

The service benefitted from good leadership and staff were positive in their desire to provide good quality care for people. The registered manager demonstrated a clear vision and set of values based on person centred care and independence.

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?

This service was safe.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good



Is the service effective?

This service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

Staff were aware of the requirements of the Mental Capacity Act 2005.

People's health and nutritional needs were met effectively.

People were supported to engage with healthcare professionals to ensure that their health and wellbeing was maintained.

Good



Is the service caring?

This service was caring.

People and their relatives were happy with the care provided and had good relationships with staff.

Staff were knowledgeable about people's needs, preferences and personal circumstances. People were treated with respect and dignity.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People told us they had a voice and that staff listened to and acted on their views about all aspects of their care and how the service was run.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Good



Summary of findings

Is the service well-led?

This service was well led.

The service promoted a positive and inclusive culture. People, their relatives and staff were encouraged to share their views and help develop the service.

The registered manager demonstrated visible leadership and had put systems in place to improve the quality of service.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

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 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.

This inspection took place on 10 July 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that staff were available and people were at home.

The inspection was undertaken by one inspector.

Prior to this inspection we also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory

notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with seven people who used the service, one relative and one healthcare professional who had regular involvement with the service. We also spoke with the registered manager, five care staff and the administrator.

We looked at six people's care records to see if their records were accurate and reflected people's needs. We reviewed six staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe with the staff that supported them. One person told us, “I like that I know them all, I think that helps.” Another person said, “They keep me safe.” A relative told us, “No question that [family member] is safe here.”

Staff were confident in their ability to determine what abuse was and exhibited an understanding of the signs they would look for. They could explain the action they would take if they thought someone was at risk of abuse and were confident that any allegations would be fully investigated by the registered manager. One member of staff said, “It is not just the responsibility of the manager to report things, we all know what to do.” Another staff member told us, “People are vulnerable and we have to look after them. We would not just sweep things under the carpet. We would always make sure anything of concern was referred.” Where required, staff told us they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff told us they had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. We saw that the registered manager had taken appropriate action in response to safeguarding concerns and investigations. Records detailed that the outcome of safeguarding concerns were communicated to all staff so that lessons could be learned and action taken to reduce the risk of such issues occurring again.

Risk assessments were considered an important part of keeping people safe. One staff member said, “They help us to give people independence but to keep them safe as well.” The registered manager told us that they were considering reviewing the risk assessments used so that they were more relevant to people living with dementia. Risk assessments had been completed for people in areas including moving and handling and falls and also more general environmental ones. The information within these documents was up to date and reviewed regularly, particularly when people’s needs had changed. Where risks had been identified, staff were aware of the actions to be taken to minimise further risks.

Staff told us that they had been through a robust recruitment process before they started work at the service.

One staff member discussed with us the importance of using safe recruitment processes and informed us of the recruitment checks that would be completed before staff commenced employment. They said, “People have to be right for the job, we can’t have just anyone working here.” Records were well organised and staff had completed application forms which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files also included evidence of Disclosure and Barring Service clearance (DBS) checks, proof of identity and two employment references. There was a suitable recruitment and selection process in place, which ensured staff were checked before they began working with people who used the service.

People commented that there was enough staff on duty to care for them safely. One person stated, “They do come quickly when I need them.” Another person said, “There are always a lot of them about.” A member of staff told us, “Staffing is not an issue; there are enough of us to make sure people get the care they need.” We discussed with staff about how the work was allocated and were told that each staff member had their own schedule. This was a list of people they were required to support during their shift and detailed where two staff were needed, for example in the event of manual handling. The registered manager told us that when they had commenced employment, this was an area that they had reviewed in consultation with staff. We found that their ideas had been taken on board as to how to make improvements and saw that as a result, changes had been made to the schedules. Staffing levels were flexible to accommodate busy periods or cover sickness, and were reviewed regularly and adjusted when people’s needs changed. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

People received their medication on time. One person said, “Yes they are good with my tablets.” The level of support people required with medicines varied, some required minimal prompting and others, more support and guidance. We spoke with four people who were given their medicines by the service and one person who gave medicines to their partner. They all told us that medicines were given on time. Staff told us that medication was important and they worked hard to make sure it was administered correctly.

Is the service safe?

Records confirmed that staff had received the required training to ensure they delivered safe care. Staff told us they always signed the medication administration records (MAR) after giving medication. We looked at six Medication Administration Records (MAR) and noted that there were no

gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People told us they were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. One person said, “Well yes, they know me and what I need, so I should say that what they do is right.” Another person told us, “They do look after me well.” Relatives were positive about the skills used by staff to help people develop and enjoy a good quality of life.

Staff told us they had received an induction and that this was beneficial in giving them some experience of the work they would go on to do. One staff member said, “It gave me the confidence to do my job.” We were told that there was no set period of time for the induction process, which meant that if extra time was required that this could be given. New staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

Staff told us they had access to a regular training programme which was very useful in helping them keep up to date. They confirmed that they had a range of training including first aid, infection control, safeguarding and mental capacity. One staff member told us, “We have lots of training but it is all good.” Another staff member told us, “I have been supported to take extra qualifications, I want to better myself.” Staff told us they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. We found that staff had also been given a range of responsibilities, including medication and end of life. The registered manager had given them these additional roles so that they could experience increased job satisfaction and develop within these areas, cascading information down to other staff and monitoring the areas to ensure appropriate care was given.

The registered manager also spoke with us about developing the range of training that was offered to staff, particularly in respect of dementia. They had lots of ideas as to how this could be made more relevant for staff, so that they could deliver individualised care for people. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff received regular supervision and those that had worked at the service for more than a year had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, all staff told us they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them. One staff member said, “The registered manager is brilliant, we can talk to her at any time about anything.” Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated. There was always a senior person available to support staff and give advice in times of emergencies.

People told us that staff asked them for their consent before providing care and support. People told us, and records confirmed, that their consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person said, “They always ask me if it’s okay to do things.”

Staff and the registered manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. At the time of our inspection only one person using the service was deprived of their liberty and the records confirmed that this had been subject to numerous meetings, involving a variety of health and social care professionals.

The support that people required with nutrition and meal preparation was assessed as part of their care package. Some people told us that they enjoyed the cooked meals that came in from a neighbouring service and we observed that people ate together in the communal lounge area, which they enjoyed. One person said, “The food is always very nice here.” Details of people’s dietary needs and eating and drinking needs assessments were recorded within care records and staff were aware of people’s food likes and dislikes and if they needed any support with eating and drinking.

Staff confirmed before they left their visit that they made sure people were comfortable and had access to food and drink. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people’s reach.

We were told by people and their relatives that most of their health care appointments and health care needs were

Is the service effective?

co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. We were told that they liaised with health and social care professionals involved in people's care if their health or support needs changed. The healthcare professional we spoke with was keen to tell us that the service always acted upon the advice that was

given and were vigilant in monitoring for any changes within people's conditions. The registered manager told us that if staff were concerned about a person, they would support them by contacting a GP or district nurse. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

People and their relatives told us they were very happy with the care and support they received. They said that staff were kind and caring and treated them with respect. One person commented, "I cannot fault them at all, they are brilliant." Another person told us, "I get on really well with the staff, they are all just lovely." A relative said, "They are brilliant, all of them." We observed that people received care from staff that showed genuine compassion for the people they supported.

People told us they received care from the same staff group, which helped them to forge relationships with each other. One person said, "I do have the same staff in." Another person said, "I would have any of them to help me but there are some I can have a really good chat with, they listen to me and definitely respect me." Another person told us, "They always stop and have a chat with me." Our observations throughout the inspection, confirmed that people received continuity of care and were supported to build up positive and meaningful relationships.

People told us they were offered choices and staff said that they worked hard to ensure that these were based upon people's preferences. Throughout our inspection we observed people and the way in which staff offered and provided care and saw that this was always done sensitively. People were consistently offered choice based on what was important to them. Staff were seen to support people in a way that people wanted, whilst respecting their independence. One example we observed included staff giving people time to complete their conversations, listening to what they had to say and responding with empathy and concern. Staff told us that they would go, 'above and beyond' to ensure that people had everything they required to make them happy, even if this was not documented in the care plans.

Staff told us they tried hard to ensure that people had a good quality of life. One staff member said, "People tell us some amazing things about their lives and we try and use

this information to make improvements for them." We saw that records detailed that people's life histories were used to form the basis for their care plans and daily routines were based. For example, if a person liked gardening or indoor activities such as knitting, then this was what they were supported with. Staff members were well motivated and very passionate about their work; this was evident from our conversations with them. They told us they worked hard to make sure that people felt valued and cared for. One staff member said, "We are here for them, not them for us. We only want the best for them."

People had individual care plans which included guidance and information about what their preferences and wishes were. We saw that people had confirmed their agreement to the care plan when they started living at the scheme. We found that staff were knowledgeable about people's preferences. For example, when people liked to be woken up or when they needed help to attend certain activities and hobbies they liked. Where a person's relative was involved with the care this was clearly identified. This meant that staff were able to use the information in people's care plans to meet people's needs in the way the person wanted.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service.

People confirmed that staff made an effort to protect their privacy and dignity by making sure they were covered when receiving personal care and by ensuring that doors were always closed. Staff explained how they ensured people's privacy and dignity was respected. This was by locking doors, using towels and leaving people dressed as much as possible. Staff understood the importance of maintaining people's privacy and dignity in their own home and worked hard to promote people's independence, privacy and dignity whilst providing care and to protect people's confidentiality.

Is the service responsive?

Our findings

Staff and the registered manager told us that pre admission assessments of people's needs were carried out prior to a package of care being commenced. A relative said, "It all went really smoothly when [family member] was admitted. They were really helpful and it all got sorted." The registered manager told us that assessments were undertaken by the local authority which detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. This information was then built on by the registered manager, prior to someone's admission so that they could establish if the person's needs could be met and so that suitable care could be delivered. We discussed the changes that the registered manager wished to make to the current care plan system, where it was envisaged that changes would benefit both staff and people.

People and their relatives were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support. Records confirmed that the registered manager was leading the team on revising the daily routines for people, to ensure they were more person centred.

People told us that staff promoted their independence and encouraged them to have their say about how the service operated and how their care was provided. For example, about their preferences for their daily routine or the activities they wished to do. One person said, "They got it right from the start, I think that was because they asked how I liked things to be done."

Through our conversations with staff, we found that they were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the

support each person required to meet their assessed needs, because of the regular updates they received from senior staff. Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

Staff responded to people's need for support in a timely fashion. One person said, "I love it when staff spend time with me." Staff and the registered manager told us that they encouraged people to participate in activities they enjoyed. It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities. We spoke with the registered manager who advised us that they were recruiting to the post of activity coordinator but as an interim measure, staff were spending time with people to ensure they remained stimulated. We participated in a flower arranging session with people and observed that they took great enjoyment from this. Later we observed staff and people dancing and heard lots of jovial conversation and laughter.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. They told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. One relative said, "I would always go to the manager if I had a problem. We had an issue once but it was dealt with quickly."

There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

Is the service well-led?

Our findings

The service had a registered manager in post in accordance with their regulatory requirements. Information CQC held showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager. We saw evidence that the registered manager learnt from such issues and that information was passed onto staff so that service delivery could be improved upon.

Everybody we spoke with knew who the registered manager was. One said, “She is fantastic.” A relative told us, “She does everything you need her to; she is always there to talk to and always gets things done.” Staff told us that the registered manager was very approachable and always made herself accessible for them. One staff member said, “She is a breath of fresh air.”

The registered manager led a team which consisted of senior staff, carers and office based staff, who all shared a common goal in providing people with high quality care and support. Staff understood the values and philosophy of the service and said there was a very transparent and open culture within the service. They felt that this enabled them to pull together and provide good quality care and support. We were told, “We are one big family.” All staff members were very clear about their roles and responsibilities and told us they enjoyed working for the service.

We found that person centred care and choice were key to how the service operated and how support was provided. Staff told us that they were constantly reminded about the importance of promoting people’s rights, choices and independence and this was evident in discussion held with staff. Staff said they were happy in their work and felt that this enabled them to provide good quality, effective care for people.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence and to improve the service for people.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Staff told us they had regular meetings and these were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support. Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and they could influence the running of the service.

The registered manager talked to people who used the service to find out if they had any problems with the care and support they received. People were supported to express their views through means of reviews of their support packages and annual surveys. There were procedures in place to obtain people’s views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. This ensured that feedback was used to improve practice and the overall service provided.

The registered manager told us that they had a really good staff team and knew that they wanted the best for people. They were keen to make improvements and strive for high quality; person centred dementia care and would do all that they could to achieve this. There was a clear aim that was shared by all staff and it was evident that all staff wanted to work hard to ensure this happened. For example, staff objectives set in recent appraisals, showed that staff were working towards their goals and wanted to better their current practices for the benefit of the people using the service.

The registered manager told us about the range of audits that were carried out including, care plans and medication. Senior staff carried out spot checks on staff to make sure they supported people in line with their care and support plans. Care records, risk assessments and medication records were also monitored and reviewed on a regular basis. There were systems in place to monitor the quality of the care provided and we found that the findings from the audit checks, provider monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with realistic timescales for completion. The service reviewed matters on an on-going basis, in order to improve the quality of service being provided and drive future improvement.