Trust Care Ltd

Flower Park Care Home

Inspection report

1 Rossington Street
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Doncaster
South Yorkshire
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Tel: 01709960364

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15 May 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Flower Park is registered to provide personal and nursing care for up to 40 people. Some people may have a diagnosis of dementia. At the time of the inspection there were 30 people living in the home. The home was over two floors. Supporting people with residential, dementia and nursing needs.

People's experience of using this service:
People told us they felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the correct skill mix on duty to support people with their required needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider.

People told us they enjoyed the food. People were given a choice of meals which included specialist dietary options, including vegetarian meals. People ate at their own pace and were supported by staff in a patient and relaxed manner.

Staff told us they felt well supported by the management team and received regular supervision and appraisals. Staff received appropriate training and were supported to undertake additional training in areas of interest to them.

People were supported to be as independent as possible and staff encouraged them to make their own decisions wherever they could. Staff had a good understanding of people's individual needs and supported them to access healthcare services without delay.

We found Flower Park had relaxed atmosphere and observed kind and compassionate interactions between staff and people.

People told us the service was well-led. They could talk to the manager if they had any concerns and were confident they would be listened to. Relatives told us the registered manager was approachable and accessible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (published 6 June 2018).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Effective, Responsive and Well-Led to at least good.

At this inspection we found improvements had been made in all the areas identified at the previous inspection.

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

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? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Flower Park Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Flower Park is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A manager had been in post since March 2019. They had applied with CQC to be the registered manager and this was being processed at the time of the inspection. A registered manager 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 unannounced and took place on 15 May 2019.

What we did:
We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with the manager, the regional manager and three staff. We also spoke with four people who lived at the service and one relative.

We looked at seven care records, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Requires Improvement

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 in April 2018 we found the service was safe. At this inspection we found issues with medication and have rated this domain as Requires Improvement.

Using medicines safely

●The arrangements for recording and monitoring of medicines was not always robust. We found recording omissions on medicines administration records (MAR) and the temperature records of the clinical room and refrigerator. We also identified instances when the MAR did not tally with the medication stocks.

●The frequency of audits meant these issues had not been identified in a timely way.

●People told us they received their medicines. Comments included, "I always get my tablets," and "I never have any problems, the nurse always sees to that."

●Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

●We raised the above medicines issues with the manager and provider. They committed to introduce a more frequent audit system.

Systems and processes to safeguard people from the risk of abuse

● Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.

● Staff had an awareness of how safeguarding issues could be escalated to other agencies.

● The provider's procedures gave staff guidance and steps on how to keep people safe. The manager demonstrated they had acted upon concerns raised by notifying the local authority.

● A person we spoke with told us, "Everything is fine here. I feel very safe."

Assessing risk, safety monitoring and management

● In some instances, people's care plans had not been updated quickly and in enough detail to show a change in need. However, staff knew people well and could describe their risks and how to support them safely.

● A relative told us, "I come every day and I am very confident [person] is safe here."

● A person told us, "They [staff] know what I need and are always there."

● Technology was used to promote people's safety, such as call bells and alarm sensor mats to alert staff if people had got out of bed who were at risk of falls.

● We saw people being supported in line with their risk assessments, for example, being moved with the assistance of equipment or using cushions to protect their skin.

● Regular safety checks took place to help ensure the premises and equipment were safe. The records were

detailed and complete.
● Personal Emergency Evacuation Plans (PEEPs) used by the emergency services to help people in the event of a fire were available.

Staffing and recruitment
● People told us there were enough staff to provide assistance when they needed it.
● Our observations throughout the day found there were enough staff to meet people's individual needs without keeping them waiting. We saw staff working well together as a team.
● Staff we spoke to told us there were enough staff to support people.
● Staff had been recruited safely. We saw evidence of Disclosure and Barring Service (DBS) checks and two references being sought before staff were appointed.

Learning lessons when things go wrong
● The manager, nurses and senior staff were responsible for recording when incidents/accidents had occurred in the home, the action they had taken and any learning from this.
● The service had an information system which detailed the frequency and times of when incidences occurred to help increase staff awareness of how to keep people safe. We saw examples where action had been taken to protect people, this included providing low profiling beds and 'crash mats' to help prevent injury if someone fell.

Preventing and controlling infection.
● The service was clean, tidy and well maintained.
● Staff used personal protective equipment to help prevent the spread of infections.

Good

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 in April 2018 we found the service was not always effective and the domain was rated as Requires Improvement. At this inspection we found the service had improved and met the characteristics for Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Systems were in place to assess people's needs and choices in line with legislation and best practice. Assessments were completed prior to people receiving support to ensure the service and staff could meet people's needs and provide effective support.
- We saw care plans included information about how people liked their care to be delivered.
- A relative told us, "The service gives the right support and care to meet [person's] needs."

Staff support; induction, training, skills and experience.
- Staff received sufficient training, induction and support to help them undertake their role effectively.
- Staff told us they felt they received the training and induction they needed to provide care competently to people. One staff member talked about completing their induction training at the same time as shadowing more experienced staff, which they had found helped their understanding.
- We saw staff had received recent training in topics including, safeguarding, moving and handling, infection control and first aid. A training matrix demonstrated training was up to date.
- Staff told us they received regular supervision, which they found useful. We looked at records of supervision and competency assessments and found them to be up to date.

Supporting people to eat and drink enough with choice in a balanced diet
- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- We found that people's nutritional needs were met. Food was stored and prepared safely.
- People told us the food options were good and that there was flexibility to meal choices. Comments included, "The new chef is nice, and the food is very good," and, "I enjoy the food it's very nice."
- We saw one person request a meal which was not displayed on the menu. The chef quickly responded to the persons request.
- Those people who needed assistance were sensitively supported with their drinks and meals.
- There was effective communication within the service about people's changing diets and specific dietary requirements.

Staff providing consistent, effective, timely care within and across organisations

● Where people received additional support from healthcare professionals this was recorded within the care records.

● People were supported by staff to attend medical appointments when needed.

● Staff were able to tell us of the healthcare needs of the people they supported, and were aware of the processes they should follow if a person required support from any health care professionals.

● Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

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

● The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour, and corridors were light and clear from obstruction.

● The home was maintained to a high standard and was warm and comfortable. There was access to a secure garden and we saw a people using it.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People told us, "Yes, staff always tell me what they want to do and ask permission before doing it," and, "They [staff] always ask me before they do things for me."

● Mental capacity assessments had been completed for people and decisions made in their best interests were recorded.

● Necessary DoLS applications had been submitted and conditions complied with.

● The service kept a record of all DoLS applications and ensured that people, their relatives and other health care professionals were involved in decisions about their care.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
●Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
●The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
● We saw staff demonstrate a kind and compassionate attitude. People felt at ease with staff and there was conversations and laughter between them.
● People were respected as individuals. Care records contained information about people's life histories.
● People told us how caring and kind the staff were. One relative told us, "Staff are wonderful."

Respecting and promoting people's privacy, dignity and independence.
● We observed staff interaction and saw staff treated the person with dignity and respect.
● People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive, and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering the persons bedroom.
● People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
● We observed people carrying out tasks independently, such as eating and drinking, and mobilising. However, staff were on hand to provide assistance if required.

Supporting people to express their views and be involved in making decisions about their care.
● People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
● People and family members told us they felt involved in the planning of care and support, and were kept up to date.
● Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

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

At the last inspection in April 2018 we found the service was not always responsive and the domain was rated as Requires Improvement. At this inspection we found the service had improved and met the characteristics for Good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- Care records were regularly reviewed and were person-centred although we did find some instances where greater detail was required. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Records included important information about the person, such as next of kin and GP contact details, medical history, life history and preferences with regard to their care and support.
- People's individual goals and outcomes were recorded. These described what the person wanted from their care and support.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- People were protected from social isolation and we observed various activities taking place at the home.
- People and family members were enthusiastic about the range of activities and events available at the home. Comments included, "The woodwork club is a very good idea although not too many people go as it's fairly new." Recent activities included pizza making, tea tasting and the making of Easter bonnets for local school children.

End of life care and support
- The service provided end of life care. The manager told us they worked with the district nurses and GP when a person required end of life support. Where people had expressed wishes, care plans included specific end of life plans.
- The home had received compliments about its end of life care. For example, we saw cards received by the home from friends and relatives expressing their thanks of the care and compassion shown by staff following the loss of a loved one.

Improving care quality in response to complaints or concerns
- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable and able to speak to staff, registered manager or provider about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction.
- People were confident that their concerns would be dealt with. Comments we received from people included, "I would speak to the manager immediately" and, "I have no complaints, but if I did the staff would sort it out."

Good

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 in April 2018 we found effective monitoring and governance arrangements were not in place. At this inspection we found the service had improved and met the characteristics for Good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had recently introduced an electronic care planning system and records were in the process of being moved to the new system. Due to this transition we found some instances where care and daily records were not always fully up to date and reflective of people's needs. The manager was aware of this and was addressing this. Staff were however, knowledgeable about people's needs.
- The manager carried out spot checks to monitor the quality of care. They also met with staff regularly to check out their knowledge and skills.
- Staff, people and relatives spoke highly of the manager. Staff told us they had an open-door policy and could go and speak to them at any time. One person told us, "The manager always has a chat." Another said, "They seem to be very nice." A relative said, "I have known the manager for some time and always found them to be professional and approachable."
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

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

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. However, the audits for medication were not frequent enough to identify issues and address them quickly. The manager committed to increasing the frequency of these quality checks.
- The provider had oversight of what was happening in the service.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected from discrimination under the Act. People's individual needs were assessed and regularly reviewed by staff and they received care and support free from discrimination.

● The service held bi-monthly relative and resident meetings to gain their views. A "What you told us, what we did" notice board in the reception area detailed the actions from the meetings. Activities and social engagements had been organised as a result of peoples' feedback.
● The manager and staff worked closely with local health professionals and, when required, sought specialists in areas including speech and language therapy.