

The Flowers Care Home Limited

# The Flowers Care Home Limited

## 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 caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Flowers is a residential care home providing personal care to 23 people and specialises in the care of people living with dementia. Most people who use the service are aged 65 or over. At the time of our inspection there were 17 people living at the home.

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

People's medicines were not always managed safely. There was no evidence of harm, but people were at risk of not always receiving their medicines as prescribed. We found the provider was in breach of regulation.

There were enough staff to keep people safe. However, there were times when staff were busy and appeared rushed. This had not led to people experiencing unsafe care and we saw staff were always kind and patient when supporting people. We recommended the provider keep staffing numbers under review and ensure they were changed to take account of people's changing needs.

Improvements were needed to the way the provider checked the quality and safety of the services provided. The checks they carried out were not always effective in identifying shortfalls and areas for 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. Staff knew people well and respected their privacy and dignity.

People's dietary needs and preferences were catered for. The service worked with other professionals such as the district nurses to make sure people's health care needs were addressed.

People's needs were assessed, and their care plans included information about their needs and preferences. This supported the delivery of person-centred care. People were supported to take part in a range of appropriate activities inside and outside the home.

The home was clean and decorated in a homely style.

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

The last rating for this service was good (published 27 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

The Flowers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced on both days.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers and care workers. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We looked at the training information sent to us by the registered manager. We spoke with a health care professional who regularly visits 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- People's medicines were not always managed safely.
- One person who was prescribed a tablet to take once a week did not receive two consecutive doses following admission.
- One person had medicines prescribed to be taken as needed for the treatment of agitation. There was no guidance for staff to inform them how and when this medication should be used.
- Hand written medication administration records (MARs) were not always checked and signed by two staff.
- Staff who supported people with their medicines completed nationally recognised training. However, competency assessments were not carried out to check they were following the correct procedures.

The provider did not have effective systems in place to ensure people's medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing

- There were enough staff to keep people safe.
- In addition to supporting people with personal and social care staff were responsible for cooking and cleaning. On both days of our inspection we observed there were times when staff were very busy and were rushing from one task to the next. There was no evidence people had been harmed and at all times we saw staff were kind and patient in their interactions with people.
- Relatives told us there were generally enough staff to meet people's needs.

We recommend the provider carries out a regular review of staffing levels and adapts them to take account of people's changing needs.

- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people. In two staff files we found shortfalls in the records relating to gaps in their employment history. We were satisfied the registered manager had explored these gaps and this was an oversight in record keeping.

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

- The provider had systems in place to protect people from the risk of abuse.

- Records showed safeguarding incidents were recorded, investigated and reported to the local authority and CQC.
- Staff had been trained and knew how to report concerns about people's safety and welfare.
- People told us they felt the service was safe. Comments from relatives included, "I have peace of mind knowing that my [family member] is well cared for."

#### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed.
- Risk assessments were in place and included areas such as pressure ulcers, falls, nutrition. Staff were aware of risks to people's health and safety and understood what actions they needed to take to manage risks. Where necessary the service worked with other professionals, such as the district nurses, to ensure risks to people's health were managed appropriately.
- People had personal emergency evacuation plans which provided information about the support people would need should an emergency arise.
- The provider had processes in place to maintain a safe and secure environment. Records showed regular internal checks and external servicing were carried out regarding fire safety, gas, water and electrical fittings and appliances.
- On the first day of our inspection there was a problem with the heating in the main lounge. People said they were cold, staff provided additional heaters and blankets to keep people comfortable. Following the visit, the registered manager told us this had been resolved and this was confirmed when we returned to complete our inspection.

#### Preventing and controlling infection

- The home was clean.
- Audits carried out by the local authority showed the service had effective systems in place to prevent and control infection. A relative said, "It's always clean and tidy, I come here three times a week and its always clean."
- Staff used protective equipment such as gloves and aprons appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify trends or patterns and where appropriate action was taken to reduce the risk of recurrence.
- Lessons were learned when things went wrong. For example, the district nurses had been invited to staff meetings to improve communication between the service and external professionals.

# 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 good. 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 needs were assessed.
- The service assessed people's needs before they moved in. People and those involved in their care were included in the assessment. This helped to make sure the home had the right resources to meet the person's needs. The information gathered was used to develop people's plans of care which were reviewed regularly.
- Care was delivered in line with standards and good practice guidance. For example, people's oral health care needs were assessed, and appropriate support was provided where needed.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Records showed most staff were up to date with training on safe working practices and were supported to undertake nationally recognised qualifications in health and social care. Staff received training on subjects related to the specialist needs of people who used the service, such as Korsakoff syndrome.
- People told us staff knew what they were doing. A relative said, "Yes, they've got the right skills and patience for it."

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

- People's nutrition and hydration needs were met.
- People were offered a choice of meals and we saw snacks and drinks were provided throughout the day. People told us they enjoyed their meals.
- When people were at risk of poor nutrition their food and fluid intake was recorded. We found no evidence that people had been harmed however the records were not always detailed enough to give a clear picture of people's dietary intake. We discussed this with the deputy manager and were assured it would be dealt with. Where necessary people had been referred to other professionals such as the district nurses.

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

- The environment was very homely creating a domestic style setting for people. There were signs and pictures to help people find their way around.
- There was safe outside area which was easily accessible to people.

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

- The service worked with other professionals to ensure people received effective care and support.

- Records showed people had access to a range of NHS services such as GPs, district nurses and community psychiatric nurses. The service used NHS telephone support services to make sure people had access to medical advice when needed. This also helped to reduce unnecessary hospital admissions.
- Feedback from external professionals was positive. They had no concerns about people's care and safety and said the service was proactive in contacting them for advice and support.

#### 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.

In care homes, and some hospitals, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made and at the time of inspection no one using the service had any conditions on authorisations.
- The best interest decision making process had been followed when people lacked capacity to make decisions about their care and treatment.
- Staff asked people's permission before providing care and support and respected people's wishes. For example, we saw one person was offered and declined a flu vaccination.

# 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 were treated well, and their diverse needs were respected.
- People described the staff as kind and caring. A relative told us, "They are exceptionally good." In a recent survey another relative commented, "[The] staff are always very pleasant and caring."
- We observed a lot of positive interactions which supported people's wellbeing. For example, after one interaction a person commented, "[Staff name] is gold, highly intelligent and worth a million dollars." Staff were patient and took time to persuade people to accept support, for example with personal care. A relative commented, "[Staff name] is very good at calming people."
- Staff knew about people's individual needs and preferences. For example, when directing a new member of staff, we heard one of the seniors say, "[Name] has his tea with two sugars and he likes his toast well done."
- Christian services were held at the home for those who wished to attend.

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

- People and their relatives were supported to make decisions about their care and treatment.
- Staff who had recently been recruited told us the interview panel included one of the people who lived at the home.
- Monthly meetings were held to share information and give people an opportunity to have a say in how the service was run. Topics included staffing, activities, meals and activities.
- Relatives told us they were consulted and kept informed about people's care and support. This was reflected in people's care records. The service produced a monthly newsletter. This helped keep relatives informed about events in the home and any changes which were taking place.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected.
- Staff showed respect for people's privacy and dignity. For example, by speaking with them quietly and discreetly about personal care.
- People were encouraged to maintain as much independence as possible. Care plans included information about the aspects of their care they were able to do for themselves. For example, one person's records stated, "I like to comb my own hair." Staff told us they encouraged people to do as much for themselves as possible.
- People's confidential information was managed safely.

# 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; End of life care and support

- Care records included information about people's likes, dislikes and what was important to them and people's care was reviewed regularly.
- People looked well cared for and comfortable. Relatives told us they were happy with the care provided. One relative said, "This is the best place I've found." Another relative said, "Mother was unsettled at first but has settled in now."
- The service was proactive about involving people and their relatives in planning the delivery of care. For example, relatives had completed life history information which was included in people's care records.
- The service worked with Gold Line to ensure people received appropriate end of life care. The Gold Line is an NHS service which provides 24-hour support to people receiving palliative care and those acting on their behalf. This helped to ensure people could, whenever possible, receive end of life care in a place of their choosing and helped to avoid unnecessary hospital admissions.
- A visitor whose relative was receiving end of life described the care as "excellent". They said staff were also supporting the family and told us they had been offered the opportunity to stay overnight at the home.

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.

- People's communication needs were assessed, and appropriate support was provided where needed.
- Staff had received training from Dementia Friends. This helped them to have a better understanding of day to day experiences of people living with dementia and how to support people to express their needs.

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 social activities and keep in touch with family and friends.
- Information about activities was displayed in the lounge where it could easily be seen by people. Records showed people were supported to take part in activities inside and outside. A visitor told us they took their relative out several times a week to local shops and cafes.
- For the most part the atmosphere was calm and relaxed. A relative who had been visiting the service for many years said, "There is a lovely atmosphere, I enjoyed sitting with my mother and other people in the lounge." People were able to walk around freely and spend their time where they wanted.
- We observed staff interacted well with people, there was lots of chatting, banter and laughter. However,

there were times when staff were busy, and we felt people would have benefitted from more interaction.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records showed complaints were investigated and people were given feedback about the outcome.
- Relatives told us they would not hesitate to talk to the registered manager if they had any concerns. They told us any issues they had raised had been sorted out immediately.
- There was evidence of improvements in response to concerns. For example, one person had raised a concern about the administration of eye drops. The registered manager had organised training for staff and relatives confirmed there had been no further issues.

# 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 now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality monitoring systems were in place, but they were not always effective. Audits undertaken had not identified the concerns with medicines management we found during the inspection.
- The registered manager promoted a person-centred culture. They knew people well and led by example, demonstrating kindness and compassion in their interactions with people. Relatives spoke positively about the registered manager and senior staff at the home.
- Staff understood their roles and responsibilities. They were committed to ensuring people experienced good outcomes.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.

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 understood their responsibility to apologise and provide people with an explanation when things went wrong.

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

- People and their families were encouraged to give feedback about the service. The results of the survey carried out in May 2019 showed a high level of satisfaction. Everyone who responded said they would recommend the home.
- Staff had opportunities to express their opinions in supervisions and team meetings.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with people, relatives and other agencies to achieve good health and well-being outcomes for people. The feedback we received throughout the inspection was positive.
- Staff were supported to develop their knowledge and skills. For example, two of the senior staff were undertaking nationally recognised management training.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People's medicines were not always managed safely. 12(2) (g)