

Barchester Hellens Limited

Flowerdown Care Home

Inspection report

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Date of inspection visit:

29 March 2022

01 April 2022

14 April 2022

Date of publication:

23 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Flowerdown Care Home provides personal and nursing care to up to 53 people. The home is arranged over two floors and provides general nursing care but also has six beds which are commissioned by local health care services to provide end of life care to people. Some of the people using the service were living with dementia. There were 36 people using the service when we inspected.

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

Improvements were needed to ensure the safe and proper use of medicines and to the arrangements for keeping the premises clean and hygienic. There were not always sufficient staff deployed to meet people's needs. Whilst there was no evidence that this had caused any harm, there was an inconsistent approach to managing some of the risks to people's health and wellbeing. Staff understood their responsibility to raise concerns and report safety related incidents. People told us they felt safe at Flowerdown Care Home and the provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

The interior of the home was not maintained or decorated to an acceptable standard. Whilst there was evidence that the provider had a suitable induction programme that prepared staff for their role, this had not always been followed in practice. Completion rates of the provider's mandatory training programme were good. Feedback about the food was generally positive and the new chef had a number of further improvements planned. Staff sought the specialist advice of a range of health care professionals and people had experienced positive outcomes regarding their health.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Overall people told us staff were kind, caring and friendly and we observed interactions where staff engaged with people in a cheerful and positive manner. People were able to attend meetings to hear about developments within the service and to share their thoughts about the care they received. Some people told us that at times they struggled to understand staff and felt that this impacted upon their ability to develop or maintain positive relationships with the care team.

To help prevent social isolation, more needed to be done to ensure each person had access to regular and meaningful activities. People and their relatives expressed confidence that they could raise any issues or concerns with the registered manager and that these would be addressed. The registered nursing team worked with local health care professionals to ensure that people had a comfortable and pain free death. The feedback about the end of life care continued to be very positive.

The inspection highlighted a number of areas where the safety of people's care had been compromised.

Records relating to people's care and treatment were not always sufficiently personalised, complete, legible, accurate or up to date. The governance systems in place were not being effective at ensuring compliance with the fundamental standards. Whilst voicing some challenges, staff understood the values of the service and spoke of a positive culture and of the importance of providing people with person-centred care.

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

Rating at last inspection

This service was registered with us on 7 April 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 28 March 2018.

Why we inspected

This was a planned inspection in order to give the service a rating under the current provider.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing, premises and equipment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Flowerdown 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 (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 undertaken by a two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Flowerdown Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Flowerdown Care Home is a care home with nursing care. 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, although they had recently stepped down from this role. A new manager had been appointed who had started the day before our inspection. In our report we refer to the new manager as the general manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with eight people living in the home and 13 relatives. We also spoke with the registered manager, general manager, a senior general manager, a clinical development nurse, two registered nurses, the chef and six care workers. We also spoke with three healthcare professionals who worked closely with the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Improvements were needed to ensure the safe and proper use of medicines.
- We reviewed the medicines administration records for the upper floor (MARs) for March 2022 and found four occasions where there was a gap in MAR, but no reason for this recorded. We could not be assured that these people had received their medicines as prescribed. The gaps had not been identified at the time and action taken to understand the circumstances of these.
- The strips used for testing blood glucose levels being used for one person were out of date.
- The home maintained a stock of non-prescription or 'over the counter' medicines. When checked, the 'use by' date of one medicine had expired. The label was not intact on another medicine. An opening date was recorded on another medicine, but only the day and month, not the year. We also found a stock discrepancy in relation to another medicine. One person's homely remedy record noted that they could have a particular medicine, but they were already being prescribed this medicine on a PRN basis.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is important to store medicines between certain temperatures, to ensure they remain safe to use and effective. At Flowerdown Care Home, people's medicines were stored in their rooms in locked cabinets. Systems were in place to monitor the temperature of these cabinets, but this was not happening consistently in practice.
- There was no staff signature list maintained along with the MARS which clearly identified which staff had administered people's medicines.
- Protocols for 'As required' or 'PRN' medicines were not sufficiently personalised. The PRN protocols for topical creams did not consistently provide sufficient detail about where, or how often the cream should be used.
- The use of pain assessment tools needed to be more embedded.
- Overall medicines were disposed of appropriately, although we found a number of topical creams stored in the fridge which were open, and no longer in use, but had not been removed.
- Staff were trained to administer medicines. People's MARs did include all the relevant information recommended by best practice guidance and handwritten MARs had been checked for accuracy by a second trained member of staff.
- Appropriate records and checks were being undertaken of the controlled drugs.

Preventing and controlling infection

- The systems in place for keeping the premises clean and hygienic required improvement.
- There was a strong malodour in some areas of the home.
- Cleaning schedules were in place but contained gaps which meant we could not be assured that the planned daily cleaning was taking place. It was not clear that the higher risk, high touch points, were being cleaned twice daily as required by the providers procedures.
- Flooring and fixtures in the nurse's station, communal bathrooms, toilets and shower rooms were dirty and worn presenting an infection control risk. Wall paint was chipped exposing the plaster below making this difficult to clean.
- There were a number of brown stains of unknown source on walls and on tables in communal areas and a build-up of dirt around a number of door thresholds. The top of a radiator grill was soiled with a sticky red substance with hairs stuck to it.
- In people's rooms, bed side tables were sticky and TV screens smeared. One person's wheelchair was observed to be dirty with what appeared to be food debris. A relative told us, "The cleaning of [relatives] room leaves a bit to be desired".
- Clean bedding was stored inside the sluice room. A bin in the sluice room containing clinical waste was found to have a broken lid and so was constantly left open presenting an infection control risk but also resulting in poor odour control. The sink in this room was not accessible and so staff were leaving the sluice to go and wash their hands in a nearby bathroom.
- The oral suction machine was found to be dirty.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall staff were observed to use personal protective equipment (PPE) correctly, although we observed three staff using the staff room with their masks lowered. The manager had told us a maximum of two staff were allowed to use this area at any one time.
- The kitchen had recently had an assessment by the Food Standards Agency and been issued with the best standard of food hygiene certificate.
- 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 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

- Visiting was taking place in line with current national guidelines.
- People had individual visiting plans which planned for how they were going to be supported to maintain contact with their families and friends. These also considered the risks associated with visiting and how these might be best managed.
- Feedback from relatives about the visiting arrangements were generally positive when booked directly with the home. Last minute visits were facilitated where possible and visits to those that were receiving end of life care were always prioritised including during the evening.

Assessing risk, safety monitoring and management

- Whilst there was no evidence that this had caused any harm, there was an inconsistent approach to managing some of the risks to people's health and wellbeing.
- One person was choosing to eat at risk, but their care documentation was not tailored to their individual needs and risks and it was not clear that advice from a social care professional was being followed.
- One person had experienced a significant amount of weight loss. To monitor this, their care plan stated that the frequency with which their weight was monitored should be increased to weekly. This was not happening.
- One person was found without their call bell in reach. When visited by the inspector, the person was in some discomfort as they were wanting to be assisted to use the toilet.
- We observed that one person who was at risk of choking was left alone for a short period of time whilst eating their lunch.
- Registered nurses had been signing daily checks to indicate that the suction machine was clean and ready for use, but this was not the case. A suction machine is a type of medical device that is used for removing secretions from a person's airways.
- Whilst staff were able to assure us that they understood how to provide safe and appropriate catheter care, people's catheter care plans did not provide a clear and accurate record of all aspects of catheter care and the importance of using aseptic techniques for example.

Systems to manage risk were not sufficiently robust. 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.

- Other risk assessments were appropriate and covered the required areas.
- People had choking risk assessments and staff were able to describe the correct sequence of actions needed in response to a person choking.
- The skin care being provided was achieving good outcomes for people.
- Falls risk assessments were in place and had been updated following a person experiencing a fall.
- Overall risks associated with the living environment and of equipment within it were being managed well.
- We did note that a door to the boiler room which should have been kept locked shut was open, creating a potential risk for people.
- Some of the checks being undertaken of the water safety within the service had been outside of recommended limits for a number of months without action being taken to address this. The general manager has now reported this to the provider's maintenance team so that this can be addressed.

Staffing and recruitment

- We were not assured that there was always sufficient staff deployed to meet people's needs.
- Agency staff were not used which was positive in terms of enabling good consistency of care.
- The home was fully recruited for care staff and nurses and the leadership team were confident that the planned staffing levels, which records showed were usually met, were based upon a formal assessment of people's needs.
- However, staff told us that the planned staffing levels were not sufficient and often led to care being rushed, with little or no opportunity to provide more holistic and person centred care. For example, one staff member said, "We are short of staff, we are not giving enough time when doing personal care" and another said, "Most [People] want to get out of bed and sit in a chair, we can't do that... Baths and showers are difficult to do but we do when we have time...the home is not clean, the lack of staff is impacting in all areas". A third staff member told us, "We check hourly, but this is hard if not fully staffed, we can't give good care".

- People and their relatives gave mixed feedback about staffing. Some felt the staffing levels were suitable and allowed their needs to be met. For example, one relative said, "I would say they are very responsive" and another said, "If she rings her bell, they don't take long to come".
- However, others felt this was an area where improvements were needed. For example, one person told us that staff had not been able to shave them that morning as they did not have time. They said, "They run from one room to another... everything is I'll be back in half an hour, but they are back in 1 1/4 hours". Another person said, "There is never enough of them [Care staff] bells are going off all over the place, they do well to maintain their sanity".
- A relative told us, "[Person] wants to walk, but they don't have enough staff, they can't spend time with her, they have been sitting here all day, I keep on pressing the bell when she needs the toilet, but no-one comes". Another relative said, "She can wait up to 20 to 30 minutes... it has happened when I was there when she pressed the button it is distressing for her, I hear other buzzers going off for ages as well".
- Relatives also raised concerns about snacks or drinks being left for people, but no assistance being given to eat these or to position the person where they could feed themselves. Another theme in the feedback was a concern about having to wait a long time for the front door or the phone to be answered. One relative told us that on occasion, the 'resident ambassador' was answering the door for them.
- We observed that staff were constantly busy attending to people in their rooms. This limited the amount of time they were able to spend in the communal areas. On day one of our inspection the morning drinks trolley was delivered to the lounge at 10.05am, but there were no staff available to serve this until 10.30am.
- A social care professional shared some concerns about staffing levels saying, "You can't always talk to someone, there is no real sense of activities taking place... my view is that they are just about managing, and all the nice bits have gone by the wayside".
- We discussed the feedback with the registered manager and general manager. They reported that call bell response times were monitored and did not highlight any concerns. They explained that a 'whole home approach' to staffing was used, in that ancillary staff supported at mealtimes and care staff supported with the provision of activities and the nursing team and clinical lead supported the care staff. However, staff told us that in practice, this did not always happen as the nursing team had their own duties and responsibilities to attend to. Instead they raised concerns about having to juggle these multiple roles. They felt this detracted from them being able to provide people's care. They also reported not having time to read care plans and instead having to rely upon the handover for information about the needs of people new to the service.

The provider had not ensured that there were always sufficient numbers of staff deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment processes promoted safety.

Learning lessons when things go wrong

- Staff understood their responsibility to raise concerns and report safety related incidents. These were reviewed by the management team to ensure appropriate actions had been taken in response.
- Clinical governance meetings were held to provide a framework for reviewing the safety and quality of the clinical care provided.
- Root cause analyses had been undertaken to help determine how and why safety related incidents such as serious pressure ulcers or fractures had occurred.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Flowerdown Care Home and relatives were also confident that their family

members were safe from abuse. One relative said, "Yes definitely, I know she is safe in there...they are brilliant I can't fault it at all".

- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place. The registered manager told us how they used handovers to check the knowledge of staff and to ask how they might respond to a range of potential safeguarding concerns.
- Staff felt able to speak up about any concerns and were confident that any concerns raised would be acted upon by the management team to ensure people's safety.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The interior of the home was not maintained or decorated to an acceptable standard.
- Paintwork and woodwork was scratched, dirty and damaged throughout.
- The carpet was in a general poor state of repair and had the potential to create a trip hazard. Flooring in the bathrooms and shower rooms was worn and did not look clean around the edges.
- One of the two lifts had been out of order for at least five months. This made access to one wing of the upper floor only possible by stairs. Wherever possible, people had been transferred from this wing, no new admissions were taking place to this area and emergency exits were not affected. However, we were concerned that it was taking too long to find a suitable remedy to this.
- The building was not adapted to meet the needs of those living with memory loss or dementia or other sensory deficits enabling them to safely and meaningfully interact with the environment in which they lived.
- The main lounge downstairs had beds stored in the corner, the upstairs lounge was also being used for storage of files and boxes which impacted upon this being a pleasant space for people to spend time in.
- As highlighted in the safe domain there were a number of areas where the cleanliness of the building was compromised
- A social care professional told us that whilst they felt the home provided good care, the environment needed to be improved.
- Some relatives felt that the provider was trying to make some improvements by refreshing bedrooms and brightening up some areas such as the main lounge. Comments included, "I guess you could say it is looking a bit weary and worn out. I think it needs a refresh; it is run down; the carpets are frayed" and "It is looking a bit tired, but they are aware of it and they have plans to do something about it".
- We discussed the refurbishment plans with the provider. They explained that there were extensive plans for the interior of the home to be refreshed, but that there were a number of complexities regarding how the project was managed in order to ensure that the building remained safe for people and staff and therefore a phased approach was going to be needed. They were hopeful that phase one would be starting in May 2022 beginning with the installation of a new lift.

Until this refurbishment is complete, we cannot assess that the premises are adequately maintained or decorated to an acceptable standard throughout. This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The exterior of the building was pleasant with well-maintained gardens and seating areas for people to use. One relative told us, "There is a lovely garden with a fishpond, a gazebo and lots of flowers".

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).

- Staff had not submitted DoLS applications for all of the people they had identified could not consent to their care arrangements and might therefore be deprived of their liberty.
- The general manager has since the inspection confirmed that additional DoLS applications have been submitted.
- Where staff had doubt about a person's ability to make a decision, we saw examples where a mental capacity assessments and inclusive best interest consultations had been completed.

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

- People told us they received effective care that met their needs. One person said, "I am perfectly well looked after, one or two things could be adjusted, but I can't fault it". Relatives gave similar feedback with their comments including, "He was very ill when he first came in and they brought him round and he is much better now", "Yes totally, I trust them...she is always beautifully wrapped up and they look after her very well" and "When he came, he was given 48 hours to live and three years later he is still there it is a testament to the home".
- Pre-admission assessments were completed, along with healthcare professionals to establish people's needs and to ensure these could be fully met. These were used to develop a range of care plans such as personal care, continence care, moving and handling, nutrition and mental health plans.
- In some areas, care plans needed to be more detailed. For example, catheter care plans needed to more clearly incorporate best practice guidance and nationally recognised standards.
- Some needs had not been clearly assessed and planned for. For example, one person had a pacemaker, but did not have a care plan in relation to this. Another person did not have a plan to guide staff on how to manage the contractures in their hand.
- Not everyone had a detailed and personalised advanced care plan that set out their wishes in relation to their end of life care.

Staff support: induction, training, skills and experience

- Whilst there was evidence that the provider had a suitable induction programme that prepared staff for their role, when we reviewed the induction records of a number of recent new staff, we were not assured that this had been followed in practice.
- The general manager told us they were unable to locate any staff supervision records, but was then able to locate a number of unfiled individual and group staff supervision records that provided assurances that some supervision was taking place but not at the frequency determined by the provider's policies. The general manager has started to implement a system to ensure that they have better oversight of the delivery of supervision moving forward.
- Some staff had received an appraisal which reviewed the staff members role, performance, values and behaviours.
- People and their relatives told us that they felt staff were well trained. Our discussions with staff provided

assurances that they had essential skills and knowledge and provided effective care.

- An overall training matrix was kept to enable the registered manager to monitor completion rates of staff training. This reflected a high level of compliance amongst staff with the provider's mandatory training which included, fire safety, infection control and moving and handling.
- The registered nurses undertook training in clinical skills such as verification of death, enteral feeding and tissue viability. Not all of the registered nursing team had completed training in all a full range of clinical skills. For example, one nurse had training in catheterisation, and in venepuncture and one in the use of syringe drivers. These are a piece of equipment that deliver medicines at a constant rate.
- Plans were being made to implement champions, for example, a continence champion who would receive a higher level of training and then mentor staff in the delivery of care in this area.

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

- Regular nutritional assessments were carried out to help identify those people at risk of malnutrition and tools such as food and fluid charts were used to monitor nutritional intake, although we did observe that some improvements were needed in how these were monitored.
- Meetings took place with the chef where concerns such as weight loss were discussed, and actions agreed to address these.
- A number of people had gained weight through the provision of fortified drinks, snacks and preferred foods and it was evident that the chef understood the importance of food to people, whether this be through tempting poor eaters with something nice or giving people who needed to lose weight something equally tasty but healthy.
- We observed a mealtime. Only a very small number of people chose to eat in the dining room. This meant that care staff were mainly focussed on delivering meals to people in their rooms and so the atmosphere and level of support or interaction in the dining room was limited.
- The food served looked appetising. In addition to the main menu options, people could have salads, omelettes, and sandwiches. We observed that one person who had a heavy cold was persuaded by the chef to try some soup. All cakes were homemade and there were also fruit kebabs available. Milkshakes and smoothies were also made daily.
- Feedback about the food was generally positive. One relative said, "She likes the food, especially as they got a new chef who is brilliant... The food is very pretty, he goes to a lot of effort". One person raised a concern about the lack of a vegetarian option at mealtimes. The chef is to address this.
- A number of people told us that they would like to have more information about the weekly menu and know in advance what meal options were being served. For example, one person told us, "Sometimes you don't know until five minutes before what the options are". We fed this back to the manager. They explained that it was Barchester policy to offer people choice at the time of each meal being served through the use of show plates. However, we did not observe these being used either. The general manager told us they would discuss with the chef how best to respond to this feedback.
- Some people required a pureed diet for comfort or for safety. This was nicely presented and each of the individual items in the meal were pureed separately so that the person was able to taste the individual flavours.
- We did note, and this was confirmed by the chef, that there was currently only one pureed, or level 4, meal prepared each day which limited the choice of people who needed this diet. Also, food charts simply recorded that people with this dietary need had had the 'pureed option' and so it was not clear what meal had actually been eaten in order to be assured that people were getting a varied and balanced diet. We discussed this with the new chef who provided assurances that they would review the arrangements in order to promote choice and flexibility.
- Whilst we saw snacks being served in between meals, staff were not making a note of these on people's food charts and so this additional food was not being captured.

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

- Staff sought the specialist advice of a range of health care professionals such as the palliative care team, tissue viability nurses, speech and language therapists and the community mental health team. The team worked very closely with the GP practice to help ensure that clinical care was delivered effectively.
- The provider employed a clinical development nurse who supported the home with oversight of clinical and health related matters.
- People had experienced positive outcomes regarding their health, for example, one person's skin damage had significantly improved over the last year, to the point that it was no longer felt necessary for them to be referred for skin grafting. One person lived with type two insulin dependent diabetes which was being well managed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The majority of people being cared for at Flowerdown Care Home had English as their first language, however this was not the case for the majority of the staff team. Some people told us that at times they struggled to understand staff and felt that this impacted upon their ability to develop or maintain positive relationships with the staff who were perhaps less confident conversing or conveying care and attentiveness in English. For example, one person said, "Communication can be hard... you can't talk about the nuances of the news". This would be in keeping with some of our observations where we noted that staff did not fully convey warmth for the person they were supporting or an enthusiasm for their role.
- One person told us how not sharing the same language with a number of their carers meant they were often not able to understand what was on the menu, they said, "I can't understand them and so don't know whether I am getting quiche or fish".
- The general manager told us they had identified similar concerns and would be reviewing how best to address this moving forward.
- Where people did not have English as their first language, or came from more diverse cultures or heritages, there had been some missed opportunities to ensure that they were supported to take part in activities that were culturally relevant to them as a person.
- A small number of entries in people's daily notes were not written in a respectful way. For example, one person had been described as 'grumpy all the time'. There was no evidence that staff had taken the time to understand what might have been making the person distressed so that reassurances could be offered.
- People told us staff respected their privacy, promoted their independence and allowed them to direct their own care and support wherever possible. Care plans described the tasks people were able to complete for themselves.
- We were consistently told that care was provided in private and we observed that care staff knocked before entering people's rooms.
- People were supported, where appropriate with seeing priests or ministers from various faiths and a number of multicultural festivals were celebrated within the home.

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

- Overall people told us staff were kind, caring and friendly and we observed interactions where staff engaged with people in a cheerful and positive manner. One person told us, "They [Staff] are very respectful, I'm Mr [Name] to them" and another said, "Yes they are kind and respectful".
- Relatives felt their family members were happy and that staff treated people kindly. Comments included, "[Person] gets on well with some staff who are solicitous and kind" and "They are so caring and gentle she calls them her family". A third relative said, "They are empathetic and caring not just to my father but to the

family as well".

- The home had received a number of compliments from relatives about the caring nature of staff. For example, one compliment read, "I always thought my mother received the best of care... the care, attention and friendship she received reflected the dedication and interest your staff showed to her".

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

- People described being able to make a choice about how they spent their day. For example, one person told us how they liked to remain in their room and enjoyed watching television in between visits from family. They told us staff respected this. Another person told us how they liked to spend some time in the communal areas for company or to watch activities.
- Review meetings had been held for some people, their families and health and social care professionals to discuss their care and support and to identify any changes or improvements that could be made. In some cases, we were not able to see that the person had been involved in these reviews despite their care plans indicating that this would have been possible. Some relatives also commented that more regular reviews would help them to feel more involved in their family members care.
- People were able to attend meetings to hear about developments within the service and to share their thoughts about the care they received.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people were happy living at Flowerdown Care Home and they and their family members felt that staff worked hard to ensure their individual needs were met.
- A social care professional praised the way the service had supported a person who was very difficult to engage with. They said, "[Senior staff member] always makes time for [Person], they can be very aggressive, but they are very tolerant, [Person] has a bond with [Staff member]". They explained that despite a difficult dynamic, they were confident that the home would cope with supporting the person they commissioned care for.
- However, care workers expressed a frustration that staffing levels did not always allow them to spend enough quality time with people, chatting with them about their interests for example. Instead they spoke of having to focus on the completion of tasks so that they could provide everyone with the care they needed.
- Most people were seen to be taking their drinks from lidded plastic beakers with a straw inserted. It was not clear that this had been assessed as necessary on an individual basis. One person told us, "I would love a china cup to drink from".

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 had activity plans which were personalised and contained some helpful information about how they liked to spend their time and the activities they enjoyed, however, there was limited evidence that these were being followed in practice.
- Some group activities took place and included bingo, games and exercises and musical entertainers. In the month leading up to the inspection, the frequency of these had been affected by the absence of key staff but records also showed that the activities that had taken place had only been attended by a low number of people with on average just four or five people taking part.
- Some people spoke positively about the group activities, others felt these could be improved and did not offer sufficient variety or met their specific interests.
- Each month, the activities team also devoted some time to providing one to one activities such as walks in the garden and the home also had a 'resident ambassador' who spent time with other people chatting or reading to them. One family member told us how their relative had spent a lot of her time in India when they were young and one of the nurses who was from the same area often came and chatted to her about their shared experiences.
- However, to help prevent social isolation, these one to one activities needed to be provided on a more frequent basis to the high number of people who, because of their complex needs, were cared for in their rooms and unable to attend communal activities.

- We discussed our findings with the general manager. They told us action was being taken to strengthen the activities team and additional bank staff had been recruited which would allow 54 hours of activities to be delivered weekly. They explained that staff engaged in social interaction with people throughout the day whilst undertaking hourly wellbeing checks, when providing food and drinks or when completing other tasks. However, staff told us, this was not always possible due to competing demands and a review of people's daily records showed little evidence of how this element of the care and support was contributing to people's sense of wellbeing and helping to avoid social isolation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The leadership team were aware of the AIS and told us how staff had in the past used picture cards or a white board to communicate with people and had facilitated another person to access audio books. They provided assurances that information could be provided in alternative formats when needed.
- People had communication plans. These provided some information about any sensory support needs, for example, whether the person was able to summon assistance, understand choices and how they might express their views. There was scope to further the communication plans to more clearly describe the impact of sensory loss on people and some concerns were raised with us that not enough attention was paid to ensuring that people were wearing their glasses and had their hearing aids put in.

Improving care quality in response to complaints or concerns

- People and their relatives expressed confidence that they could raise any issues or concerns with the registered manager and that these would be addressed.
- A complaints log was kept and provided assurances that complaints had been responded to appropriately.

End of life care and support

- Some, although not all people had been supported to express their preferences for how their end of life care should be provided and had end of life care plans, although there was scope to develop these further to ensure that they each provided a detailed and personalised advanced care plan that set out their wishes in relation to their end of life care. For example, where people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPRs), there was no individualised treatment escalation plan that described how the person's care was to be managed should they become unwell.
- The registered nursing team worked with local health care professionals to ensure that people had a comfortable and pain free death. The feedback about the end of life care continued to be very positive.
- The service continued to have very close links with the local hospice and hospital Trust both of which had commissioned three beds at the home specifically to care for people approaching the end of their life.
- A palliative care professional told us, "I feel strongly that they really stand out... They are the most proactive bunch of nurses... there is a fantastic synergy, the person has seamless end of life care... at every point they have exuded passion and willingness". This professional praised the way the nursing team were able to confidently care for the person's clinical needs, preventing the need for them to be readmitted to hospital. They particularly praised the registered manager for their role in developing this approach saying, "She loves nursing... as a nurse she has raised the bar... as a nurse I would be happy for my mother or father to be nursed there". Another health care professional told us, "Their judgement is good, they absolutely

keep people pain free".

- In order to ensure that the skills and knowledge of staff in end of life care continued to be developed, the manager told us that there were plans to roll out an accredited programme of training for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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; Continuous learning and improving care; how the provider understands and acts on their duty of candour responsibility

- The inspection highlighted a number of areas where the safety of people's care had been compromised.
- Records relating to people's care and treatment were not always sufficiently personalised, complete, legible, accurate or up to date. For example, we reviewed one person's daily notes for an 18 day period. On seven occasions, no entries had been made at all during the day noting how, or what, care had been delivered or how the person was. The registered manager informed us that food and fluid charts were checked twice daily for completeness, although this was not evident in the charts we reviewed. Handover forms contained some inaccuracies in relation to people's needs.
- Records relating to the employment, supervision and induction of staff were disorganised or missing and therefore did not provide assurances about compliance with regulatory and legislative requirements.
- Although clinical governance meetings took place and a range of audits completed, these had not been fully effective as they had either not identified or resolved the issues this inspection found.
- The actions from audits or other quality assurance processes fed into a home action plan which the registered manager used to track progress with achieving objectives and improvements. Many of the actions on this action plan dated back to August 2021, reflected our own findings which indicated a lack of progress with embedding improvements.

The systems in place were not being effective at ensuring compliance with the fundamental standards. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Our observations and feedback from staff and healthcare professionals indicated that the registered manager was committed to their role and worked hard to balance their competing duties as a registered nurse and as the registered manager. One healthcare professional told us, "When [Registered manager] tells you something, you can rely on it, she has the right attitude".
- Where the inspection identified areas for improvement, they and the new general manager took prompt action, wherever possible, to address issues or implement new procedures. For example, the inspection had identified that post falls checks had not always been completed for the required 48 hours in line with the providers procedures. To address this, a supervision was held with all clinical staff to reinforce expectations.
- Members of the senior team undertook daily walkarounds to observe the care being provided and to maintain a strong presence within the home.

- Daily 'stand-up' meetings were held during which the management team reviewed key issues such as any staffing challenges, new incidents or accidents and any concerns regarding people's clinical needs.
- Whilst it was too early for people or relatives to provide feedback about the new general manager, they were positive about the registered manager who they described as helpful and approachable and willing to address any issues they might raise however busy she was.
- The registered manager was aware of their responsibility to act in an honest and transparent way when things went wrong.

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

- We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed including changes to guidance around visiting during the pandemic.
- There was some evidence that actions had been taken in response to people's feedback, for example, new entertainment had been booked including a therapy dog and musicians. However, we noted that other topics discussed in the meetings were not happening in practice. For example, in November 2021, people had been told at a residents meeting that menus would be made available to them. This was still not happening. People had also been told in November 2021 that the lift would be repaired but this was still out of order.
- Care plans were not written in a format that would make them accessible for people to read and understand themselves and there was little evidence that people had been consulted or consented to their care and support plans.
- Relatives were satisfied with the way in which the registered manager and staff promoted their involvement in their family members care. Comments included, "Yes, they always phone me, if there are any changes", "Yes, they ring me at the slightest thing" and "They make us very welcome when we go in, we are made to feel like part of the care and part of their family".
- Regular meetings were held with staff to communicate important information about the service and give them the opportunity to share their views.
- Despite the challenges of the Covid-19 pandemic, staff were trying to establish and maintain links between the home and the local community. Visits from local playgroup and scout groups were recommencing.

Planning and promoting person-centred, high-quality care and support with openness;

- Despite voicing some challenges, the staff we spoke with all understood the values of the service and spoke about the importance of providing people with person-centred care. For example, one staff member said, "I enjoy every resident, they are all a different character, I want them to enjoy life".
- Staff overall spoke of a positive culture within the home. They told us they worked well as a team and supported one another when needed to ensure that essential care was delivered. There were some frustrations expressed that they were not being listened to when raising concerns about staffing levels, but most felt valued and there was also some early optimism that the new leadership team would work effectively together to address concerns and drive improvements.

Working in partnership with others

- The registered manager and the staff team worked with a range of health and social care professionals to meet people's needs. Feedback from these professionals was positive.
- The registered manager and manager responded in an open and transparent way to requests for information to support this inspection.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safe and proper use of medicines. This was a breach of Regulation 12 (1) (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured that sufficient action to assess the risk of, and preventing, detecting and controlling the spread of, infections. This was a breach of Regulation 12 (1) (2) (h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not assessed all of the risks to the health and safety of people using the service and done all that was reasonably practicable to mitigate these risks. This was a breach of Regulation 12 (1) (2) (a) (b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises were not adequately maintained or decorated to an acceptable standard throughout. This is a breach of Regulation 15 (Premises and equipment) of the Health and</p>

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The systems in place were not being effective at ensuring compliance with the fundamental standards. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured that there were, at all times, sufficient staff deployed to meet people's needs. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.