

Landon House Limited

Florence Mill Care Home

Inspection report

Egerton Street
Warrington
Cheshire
WA1 2DF

Tel: 01925573772

Website: www.landonahousecarehome.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Florence Mill provides nursing and/or personal care for up to 150 older adults, some of whom were living with dementia, across four individual single-story units. At the time of our inspection 122 people were living in the home.

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

People's medicines were not always managed safely. We found that improvements had been made since the previous inspection however, further improvements were identified in relation to the safe management of people's medicines.

Whilst governance systems had been effective at identifying areas of improvements needed, they had not always been robust enough to make the necessary improvements required. The provider and registered manager recognised the need for improvements to be made and continued to make changes.

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.

People told us they felt safe living at the service. Clear procedures were in place for the reporting of incidents, accidents and safeguarding concerns to prevent further occurrences.

People spoke positively about the support they received from the staff team and that they were treated with dignity and respect. Effective procedures were in place for the safe recruitment of staff.

Risks to people's health and wellbeing had been assessed and guidance was available for staff to support people safely. Regular checks and maintenance of the service took place to provide a safe environment for people to live.

Staff felt supported in their role and regular meetings took place to share information and opinions about the service. The service worked in partnership with other external agencies and professionals to promote and meet the needs of people living at Florence Mill.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 August 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although improvements had been made, we found the provider remained in

breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Florence Mill Care Home on our website at www.cqc.org.uk.

We have identified breaches in relation to medicines management and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Florence Mill 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 first day of the inspection was carried out by 4 inspectors and an Expert by Experience; 2 of these inspectors returned on the second day. 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

Florence Mill 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. Florence Mill 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

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

During the inspection

We spoke with 27 people who used the service and 6 family members about their experience of the care provided. We also observed interactions between staff and people who used the service. We spoke with 15 members of staff including the registered manager, nominated individual, ancillary staff, nurses and carers. We reviewed a range of records. This included people's care records and medication records. We looked at a selection of staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. The provider and registered manager continued to submit information about the service following our two visits to the service.

Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's prescribed medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made, further areas of improvement were identified and the provider was still in breach of regulation 12.

- Medicines were not always managed safely.
- For 2 people living with diabetes, there was differing information recorded in relation to blood glucose monitoring.
- The timings of people's medicines administration was not always as prescribed.
- Information about how to safely administer as and when required medicines was either not always in place or did not contain enough information to ensure medicines were administered safely and only when needed.

The provider had failed to ensure the safe management of people's prescribed medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that robust records were maintained in relation to the monitoring of people's identified risks. We found no evidence that people had been harmed, however this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's health and well being had been assessed and guidance was available for staff to follow.
- Where people required specific care and support due to an identified risk, records were being completed. For example, to show that re-positioning had taken place for people for pressure relief.
- Where people needed their food and drink intake to be monitored due to risks associated with poor diet

and fluid, records were maintained showing what and how much food and drink had been offered and/or consumed.

- Systems were in place for the on-going monitoring and maintenance of equipment and people's living environment.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Systems were in place to record and act upon any safeguarding concerns or allegations made. Records showed that appropriate action had been taken and relevant referrals made to professionals.
- Staff knew how to identify and respond to any incidents of concern.
- People felt safe living at the service. Comments included "I always feel safe when staff hoist me, there are always 2 of them and they talk to me, and I am never afraid while they are doing this."
- Accidents and incidents were recorded by staff and reviewed by the registered manager and provider to minimise the risk of recurrence.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Systems were in place to continually monitor the application of MCA for people. For example, in relation to the use of CCTV cameras within the service.
- Where required DoLS had been applied for/renewed for people.
- Best interest decisions had been made on behalf of people when they were unable to make a specific decision for themselves.

Staffing and recruitment

- Effective recruitment procedures were in place.
- Sufficient numbers of staff were on duty to meet the needs of people.
- People spoke positively about the support they received from the staff team and that they were treated with dignity and respect. Comments included, "Can't say anything about the staff, they are all great", "Staff are very pleasant; they are so patient and kind and always asking am I ok. There always seem plenty of staff about" and, "I think the staff are marvelous and give me help when I need it, there are always plenty of staff about and they are great."
- People were supported by staff who knew them well and it was evident that positive relationships had been formed.

Preventing and controlling infection

- Clear procedures and practices were in place to maintain a clean and hygienic environment for people. However, we identified that improvements needed to be made in relation to the storage and management of food; cleanliness and management of the small kitchen units around the service. We highlighted this to the registered manager who took immediate action to address these concerns.

- 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 and procedures was up to date.

The provider was following current guidance for safer visiting within the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and monitoring was not always consistent. Systems did not always support the delivery of high-quality monitoring within the service.

Continuous learning and improving care

At our last inspection the provider had failed to ensure that governance systems were robust enough to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made, further areas of improvement were identified and the provider remained in breach of regulation 17.

- The provider's governance systems to check the quality and safety of the service had identified issues and areas in need of improvement. However, they had not been robust enough to make the necessary changes across all areas of the service.
- We identified issues in relation to the safe management of medicines and oversight of small kitchen areas around the service. The provider told us they were aware of some of these issues and were taking steps to make improvements.
- Improvements were required in maintaining detailed and accurate records relating to the planning and monitoring of people's care. We identified that not all people's care planning documents contained up to date and detailed information and guidance to staff about people's specific care needs, how they were monitored and delivered.

This placed people at risk of avoidable harm. Governance systems had not been robust enough to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager recognised that further improvements were needed and planned further changes to make improvements within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and newly in post registered manager were keen to continue to embed a person centred culture within the service. We saw examples that people were supported in a person centred manner. For example, in the times they got up in a morning and went to bed, what people did with their time and individuals' having the ability to follow lifestyle pathways of their choice.

- People and family members were happy with the service and the care they received. Comments included, "I would recommend this home because of the staff"; "I would recommend this home because my mum settled so quickly and is very happy here" and "I would recommend this home to anyone, when I go home, I have complete peace of mind because my wife is so well looked after."

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 provider and registered manager understood their legal responsibility when things went wrong. They were open and transparent during the inspection and showed a commitment to continually making improvements to the service.

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

- The newly recruited registered manager had a clear understanding of their role and regulatory requirements.
- Staff understood their roles and felt supported by the management team and changes that had been implemented since the previous inspection. Comments included "It is so much better now. I have been here 3 years and the changes are much better", "I get support" and "Things are a lot calmer, and the staff are happier."

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

- The provider and registered manager engaged with staff and people in a variety of ways to provide information about the service and gather views.
- People and their family members told us that the registered manager regularly visited all areas of the service and asked people how they are doing. One family member described the registered manager as "Friendly and approachable."
- Regular meetings were held with staff where updates about the service were given and staff views shared.

Working in partnership with others

- The service worked in partnership with other external agencies and professionals.
- People received care and support from external professionals such as speech and language therapists, dieticians, district nurses, the local authority and local GP service.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Governance systems in place had failed to drive improvements needed within the whole service.</p> <p>Audits and checks completed had not always identified or actioned areas of improvement needed.</p> <p>.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicines were not always managed safely.

The enforcement action we took:

Warning notice in relation to management of medicines.