

Trust Care Ltd

Flower Park Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Flower Park is a residential care home providing personal and nursing care for up to 41 people. At the time of our inspection there were 40 people residing at the service, some of whom were living with dementia.

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

People received their medicines as prescribed. Although some areas needed further development and we recommend that new systems and processes continue to be embedded in to practice.

People were protected from the risk of abuse. Staff received training in this area and knew what actions to take if they suspected abuse. Accidents and incidents were analysed for any trends and patterns. The provider used this analysis to mitigate future incidents.

Risks associated with people's care were identified and risk assessments were in place to ensure they were managed safely. The home was clean and well maintained. Staff wore appropriate personal protective equipment (PPE). PPE was available at several points throughout the home.

The provider had systems in place to monitor the quality of the service. Action plans were drawn up to ensure things were dealt with in a timely way. The provider sought feedback from people and used this to develop the service. The registered manager worked well with other professionals and took appropriate actions when required.

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

Rating at last inspection

The last rating for this service was good (published 26 June 2019).

Why we inspected

The inspection was prompted in part due to concerns received about medicine management. A decision was made for us to inspect and examine those risks.

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.

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

Follow up

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?

Good ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Flower Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

Inspection team

The inspection was carried out by one inspector, and a member of the CQC medicines team.

Flower Park 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. Flower Park 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 manager in post who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the manager, care workers and ancillary staff.

The first day of our inspection was used solely to review medication management and we viewed multiple medication records. On the second day we reviewed a range of records including three people's care records and a variety of records relating to the management of the service. We looked at three staff files in relation to recruitment and staff supervision and observed staff interacting with people.

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 requires improvement. At this inspection the rating had remained the same. 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 we found arrangements for recording and monitoring medicines was not always robust. We found recording omissions on medicines administration records (MAR) and the temperature records of the clinical room and refrigerator. At this inspection we found improvements had been made in these areas and all these records were accurate.
- Systems and processes in place ensured people received their medicines as prescribed. Following concerns raised prior to our inspection, the provider had taken swift action to strengthen systems and processes.
- The provider had also taken action to ensure medication audits were more detailed.
- Some people were being given their medicines covertly (disguised in food or drink). Appropriate assessments had been undertaken and relevant documentation was in place.
- When people were prescribed topical creams and ointments, body maps were in place to show staff the site of application.
- All records clearly stated if people had any allergies, reducing the chance of someone receiving a medicine they were allergic to.

We recommend new systems and processes are embedded into practice ensuring people continue to receive their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff were knowledgeable about the safeguarding procedure and had received training in this area.
- People and relatives felt the service was safe. One relative said, "[Family member] is safe and staff care for her very well." Another relative said, "[Family member] is absolutely safe. Staff never speak out of turn."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were managed in a safe way.
- Staff were observant of people's needs and ensured people used mobility aids. For example, one person was reminded to use their walking aid. A staff member said, "Come on it's your best friend it will help you." The person laughed and began to use the walking aid.

Staffing and recruitment

- During our observations we found staff were responding to people in a timely way and were available to

assist people as they required support.

- Staff confirmed there were enough staff to meet people's needs although some days were busier, they felt people's needs were met safely.
- The provider had a safe recruitment system in place which helped them employ suitable staff.
- Pre-employment checks were carried out and included reference checks and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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

- The provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- The provider had a system in place to ensure accidents and incidents were recorded and lessons learned when things go wrong.
- The manager carried out a monthly analysis of accidents and incidents to identify trends and patterns. We saw action was taken to improve the service when required.

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 good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by staff who knew them well. People received care and support which was kind and considerate. One relative said, "It's brilliant, I can't praise the home enough. All the staff work really hard." Another relative said, "The kindness and affection the [staff] give is lovely."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the manager, deputy manager and a team of senior care workers. The management team were clear about their roles and responsibilities.
- The manager and provider were open and honest when things went wrong and were aware of their duty of candour.
- The provider could evidence that actions had been taken to learn from incidents. Following the concerns we received in relation to medication management, the provider had devised a more in depth audit and employed quality support managers, whose first task was to implement the new medicine audit. This showed a commitment to improve the service.
- People and relatives, we spoke with were confident they could speak with the management team and found them approachable and supportive.

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

- The provider and manager had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.
- Relatives told us they were kept informed about their family member. One relative said, "They [staff] always ring and let me know if something has happened, good or bad."

Continuous learning and improving care

- The provider had a system in place to monitor the service. This was effectively used to identify areas to improve and maintain quality within the home.
- Audits were in place for things such as infection control, medicine management, care planning, accident analysis and environmental issues. Where issues had been raised action, plans were in place to address them.

Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's needs.
- The provider was responsive when areas of improvement had been identified.