

Landon House Limited

# Florence Mill Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**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 across four individual units; some of whom were living with dementia. At the time of our inspection 109 people were living in the home.

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

People's medicines were not always managed safely. We found concerns in relation medicines for two people with diabetes and four people had not received their prescribed medicines for at least three days due to no stock. We also found issues with records relating to the monitoring of some people's identified risks. These concerns placed people at risk of avoidable harm.

The provider had recognised staffing issues that pre-dated them taking over the service and had completed a recent recruitment drive to address this. However, this meant many of the staff were new or agency staff resulting in people receiving care that was not always person-centred or meaningful.

Whilst governance systems had been effective at identifying issues, they had not been robust enough to make the necessary improvements needed. The provider and manager had recognised the need for improvements to be made and had been working hard to implement changes.

People's needs had been assessed in line with best practice guidance. However, the issues relating to risk monitoring records and personal hygiene records meant we could not always be certain people were receiving the care they needed.

Risks to people's health and wellbeing had been assessed and guidance was available for staff to follow in order to support people safely. Staff had received safeguarding training and people told us they felt safe living at Florence Mill.

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.

We received mixed feedback from people and family members about the overall care and support people received. Some felt staff were kind and caring and interacted well whilst others felt interactions were limited and not meaningful.

Staff felt the overall service and the support they received had improved since the new provider had taken over and the new manager commenced in post. People and family members had also recognised improvements but felt further changes were needed.

### Rating at the last inspection

This service was registered with us on 2 February 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 21 July 2021.

#### Why we inspected

The inspection was prompted due to concerns received about the overall standard of care people received and the clinical oversight of the service. 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led 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 the safe management of medicines, risk monitoring records and governance systems.

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 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?

This service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

This service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

This service was not always caring.

Details are in our caring finding below.

**Requires Improvement** ●

### Is the service responsive?

This service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

This 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.

#### Inspection team

This inspection was completed by an inspector, medicines inspector, inspection manager, nurse specialist advisor (SPA) 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

Florence Mill 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 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 not a registered manager in post.

#### 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. 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 looked at care plans and associated records for 19 people. We reviewed 11 people's medicine administration records and other medicines related documentation. We carried out observations of staff practice; including the administration of people's medicines.

We reviewed four staff files and a range of other records relating to the overall management of the service.

We spoke with six people about their experience of the care provided and 11 family members. We spoke with the manager, clinical lead, operations manager and three unit managers. In addition, we spoke with six care staff, the housekeeping manager and maintenance staff.

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.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- Medicines were not always managed safely.
- Two people with diabetes were not always receiving their medication at the correct time. This placed them at risk of avoidable harm.
- Some people's prescribed medicines were not in stock which meant they had not been administered for at least three days. This placed their health and wellbeing at unnecessary risk.
- Information about how to safely administer 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.

- The provider was already aware of some of the issues relating to medicines management and had been working to address them prior to our inspection.

### Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed and guidance was available for staff to follow. However, we identified issues in relation to records relating to the monitoring of identified risks.
- Some people required regular repositioning due to risks associated with poor skin condition. Records were not always completed to show that re-positioning had taken place in line with their care plans.
- Where people needed their food and drink intake to be monitored due to risks associated with poor diet and fluid, records were not consistently kept to show what and how much food and drink had been offered and/or consumed.
- For people who required their blood sugar levels to be monitored regularly due to diabetes, this was not always being completed in line with guidance.

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.

- People told us they felt safe living at Florence Mill. Comments included; "I feel safe here," "She [relative] seems to feel safe in the hoist. I have seen staff doing it safely" and "Yes safe and I am thrilled with how she [relative] is now. They [staff] have got her walking again now."

### Staffing and recruitment

- The service recognised that safe recruitment processes had not always been followed under the previous manager and that some gaps were evident in staff files.
- The new manager had put systems in place to ensure that new staff were safely recruited and that all relevant checks were completed.
- The provider had recognised that staffing levels at the service were low and had completed a recruitment drive which had been successful. However, the combination of new staff and agency staff meant that people's needs were not always known.
- People and family members provided mixed views in relation to the current staffing levels and the consistency of staff working at Florence Mill. They told us; "I have to wait if I ring my bell. There are not enough staff. Too many agency staff. If you press the buzzer you can wait an hour," "At first there wasn't enough but now the new company have employed more staff. If staff are very busy she [relative] might have to wait but they come as soon as possible" and "Lots of agency staff."

### Preventing and controlling infection

- Staff had access to PPE across all four units. However, not all staff were seen wearing masks correctly.
- Systems were in place in the main reception area and at the entrance to each unit for staff to record visitors COVID-19 test result where required.
- There were no visiting restrictions in place at the home which meant family members could visit people whenever they wished to.
- People and family members told us the rooms were clean and tidy. Comments included; "Yes, clean and tidy and it's a nice room" and "Yes it's clean."

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

- There was a system in place to record and act upon any safeguarding concerns or allegation made. Records showed that appropriate action had been taken and relevant referrals made to professionals.
- Staff had received safeguarding training and knew how to identify and respond to any incidents of concern.
- Accidents and incidents were recorded by staff and reviewed by the manager to look at ways to prevent them happening again.
- The provider had recently installed CCTV in communal areas, such as lounges and corridors, to enable any falls or incidents to be recorded. This meant the manager could complete a detailed review of each incident to check whether any learning could be taken from them and future incidents prevented.



# 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.

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

- We could not be assured people were receiving care based on their assessed needs. This was because charts used to monitor people's individual needs and risks had not always been consistently completed by staff. We have reported on this further within the safe key question.
- People's oral health needs were considered as part of the assessment process and staff had access to information about how best to support people to maintain good oral health. However, personal hygiene records had not always been completed to show whether oral health care had been provided.
- People's needs had been assessed in line with best practice guidance and staff had access to information about to support people safely.

Staff support: induction, training, skills and experience

- Staff received regular supervision meetings. We have offered guidance to the manager to ensure these sessions gave staff the opportunity to discuss any concerns or development needs.
- We have discussed with the provider the importance of ensuring unit managers have the relevant skills, knowledge and experience to carry out their role and maintain effective oversight of people's care; particularly where people are supported with nursing care.
- Staff had received training the provider deemed mandatory to their role and people's identified needs.
- Newly recruited staff received an induction before supporting people on their own.

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

- It was not always clear whether people were receiving the support they needed in relation to their food and drink intake. This was because some charts in relation to this were not always being completed by staff. We have reported on this further in the safe key question.
- Some people who needed help with their meals were seen waiting a long time for staff to support them. We also observed staff rushing people to eat which meant they were not receiving person-centred care.
- People's needs and risks associated with their food and drink intake had been assessed and plans were in place to offer staff guidance on how best to support people with their meals.
- On-the-whole, people told us they enjoyed the food provided. They told us; "The food is very good" and "We had a lovely lunch. It was mince and potato and a nice pudding." One family member told us, "She [relative] has put weight on so she must like the food."

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

- Staff completed referrals to health professionals when people's needs changed or concerns were identified.
- Care plans were updated to ensure staff had access to new guidance from health and social care professionals.
- People were supported to access appointment with health professionals such as GPs, dentists and the hospital. They told us; "They [staff] would get someone if I needed it" "I would get to see the GP if I needed to."

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

- Florence Mill is a purpose built home with five individual units; only four units were being used at the time of our inspection. Each unit has spacious corridors and communal areas for people to access.
- Most people's rooms had some personal decorations and items of memorabilia, however some rooms appeared to lack personalisation.

#### 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).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Authorisations to deprive people of their liberty had been applied for appropriately.
- People's capacity to make specific decisions had been assessed in line with the principles of the MCA and best interest decisions made where appropriate.
- We observed staff giving people choice over their day-to-day lives and asking consent before providing support. People and family members told us; "I could say no [to a bath]. They [staff] ask before they help me" and "Yes she [relative] can stay in bed if she wants to. I think she chooses her own clothes."

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We could not always be certain that interactions with people were meaningful. This was because not all staff knew people and the care at times appeared task orientated.
- People provided mixed views about the level of interaction from staff. Comments included; "No they [staff] don't stay and chat with me. They used to but all those staff have left. They don't talk when they are doing care, they talk to each other" and "Yes they [staff] are all nice and friendly."
- Observations showed that regular staff provided positive and meaningful interactions. However, some staff were observed not talking to people when supporting them. This meant care was not always person-centred.
- People and family members told us most staff were kind and caring. Comments included; "Attentive and well-mannered [regular staff]" and "They [staff] are nice. They work hard". One person told us, "Staff now is 5 out of 10. Some aren't too bad and some are terrible."
- We received mixed feedback from people about their involvement in decisions about the care provided. Comments included; "No, I am not included," "No [not included]" and "They [staff] do chat to her [relative]. We had a care plan about her preferences and life history."

Respecting and promoting people's privacy, dignity and independence

- Gaps identified in personal hygiene records meant we could be certain people were receiving support with their personal care needs when needed and wanted.
- People and family members provided mixed feedback about personal care and the support received from staff. They told us; "Every time we come in to see [relative] she looks unclean and I have to speak to managers about it. We visit daily. Things have started to get better" and "I have a shower once a week. This is not my choice. I would like one every day."
- Most people told us staff treated them with dignity and respect. Comments included; "Yes they [staff] keep private things private" and "Yes to her [relative] and me. They [staff] are respectful with her about going to the [toilet]." One person told us, "They [staff] are very alien to me because they can't converse because they speak a foreign language."

# 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

- People did not always receive care that was person-centred.
- The recent recruitment of new staff and the use of agency staff meant that people's needs and preferences were not always known. This meant people received care that was task orientated and not person-centred.
- People provided mixed feedback about the support staff provided. One person told us, "You [people] press the buzzer for attention but you can wait for ages. The man across the corridor throws plates out his door to get someone to come." Another told us, "I ask for help, they [staffs] come, no problems. I get the help I need."
- The provider and manager are working with staff to help improve the person-centred care people receive.

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 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.

- People's communication needs were considered as part of the assessment and care planning process.
- Where communication needs had been identified, care plans contained guidance for staff to follow to ensure people received information in a way they would understand.

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

- The service had lifted all COVID-19 restrictions on visiting which meant family members could visit whenever they chose to.
- People told us they received regular visits and family members confirmed they could see their relatives when they chose to. One person told us, "I get to see my friend now."
- Each unit had a designated activities co-ordinator who organised various activities in the communal lounge areas.
- We discussed the importance of ensuring activities were provided for people who remained in their rooms in order to reduce social isolation. One person said, "I stay in bed all day. They [staff] don't really come in to see me unless I need something."

Improving care quality in response to complaints or concerns

- There was a system in place to enable people and family members to raise concerns or complaints.

Records showed that any complaints made were investigated and acted upon appropriately.

- People and family members told us they could raise concerns and most told us they were dealt with. Comments included; "Yes they [staff] would sort any complaint out" and "She [relative] would speak up and things would be sorted. I can also speak up. They [staff] took action and got the GP [when I raised concerns]."

End of life care and support

- People's wishes and preferences for end-of-life care were considered as part of the care planning process.
- The provider was in the process of setting up additional end-of-life training for all staff. In addition, the manager and clinical lead were both assessors of a nationally recognised end-of-life care framework.

# 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 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.

### Continuous learning and improving care

- 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 to the quality of care people received.
- We identified a number of issues in relation to the safe management of medicines and the monitoring of people's identified risks. The provider told us they were aware of some of these issues and had communicated necessary actions to staff. These actions had not been completed. 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 recognised the need for improvements to be made and had implemented processes to address the issues. This included additional training for staff around medicines management.

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

- The provider recognised that improvements needed to be made to the overall standard of care and had been implementing changes since they took over the service.
- The current manager had only been in post since April 2022. They were working closely with, and being supported by, the provider and new clinical lead to address issues and make improvements.
- Staff told us they had experienced noticeable improvements since the new provider took over and the current manager came in to post. Comments included; "I was on the verge of leaving when the old manager was here. The atmosphere was horrendous. It's getting better. I like [manager] she is fair, approachable and supportive and I can see things already improving" and "This provider is so much better than [previous provider]. They are visible, they come onto the units and interact with people. They definitely care. There's still a lot to improve but it's so much better than it was."
- There was an overall feeling of change for the better from people and family members we spoke with. One family member said, "There's still a way to go but I can definitely see improvements."

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

- The provider and new manager were keen to embed a person-centred culture within the service. However,

improvements needed to be made to the overall care and support people received.

- On-the-whole people and family members were happy with the service and the care they received. Comments included; "It's good [the service]. [Staff] do their jobs," "Overall it's fine [the service]. I am quite happy with it" and "There was aa jubilee party and she [relative] sang songs and I haven't heard that for a long time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and manager engaged with staff and people in a variety of ways to provide information about the service and gather views.
- We received mixed feedback from people and family members about the level of engagement and communication from the service. Comments included; "We had a relative's meeting and we were able to air any issues. There is going to be a regular meeting" and "Not recently [asked to share views]. We had a questionnaire a long time ago."
- We saw evidence of regular meetings being held with staff where updates about the service were given and staff views shared.

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 understood their legal responsibility when things went wrong. They were open and transparent about the shortfalls found during 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	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems in place had failed to drive improvements needed within the service.  Audits and checks had not always been completed to check for any issues or areas of improvements needed.



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  Medicines were not always managed safely.  Risks to people's health, safety and well-being were not always monitored in line with guidance.

**The enforcement action we took:**

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