

Lorven Housing Ltd

Florence Nursing Home

Inspection report

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Bromley
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Tel: 02084605695

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 June 2017 and was unannounced. Florence Nursing Home was registered with the Care Quality Commission in August 2016. This was the first inspection of the home. Florence Nursing Home provides residential and nursing care for up to 30 people and is located in the London Borough of Bromley. At the time of our inspection the home was providing support to 25 people.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager also managed another care home run by the registered provider. The provider was in the process of recruiting a full time registered manager to run the home.

There were appropriate safeguarding adults and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Procedures were in place to support people where risks to their health and welfare had been identified. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs. Medicines were managed, administered and stored safely.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service and supervision. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People's privacy was respected. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. People received appropriate end of life care and support when required. Care plans and risk assessments provided guidance for staff on how to support people with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received. The provider took into account the views of people using the service, relatives and staff through surveys. The results were analysed and action was taken to make improvements for people living at the home. The provider carried out unannounced visits to the home to make sure people were receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from the registered manager and the provider.

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 ●

There were appropriate safeguarding adults and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Procedures were in place to support people where risks to their health and welfare had been identified.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Medicines were managed, administered and stored safely.

Is the service effective?

Good ●

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service and supervision.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

People's privacy was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People received appropriate end of life care and support when required.

People were provided with appropriate information about the home.

Is the service responsive?

Good ●

Care plans and risk assessments provided guidance for staff on how to support people with their needs.

There was a range of appropriate activities available for people to enjoy.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The home had a registered manager in post. They also managed another care home run by the registered provider. The provider was in the process of recruiting a full time registered manager to run the home.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

The provider took into account the views of people using the service, relatives and staff through surveys.

The provider carried out unannounced visits to the home to make sure people were receiving appropriate care and support.

Staff said they enjoyed working at the home and they received good support from the registered manager and the provider.

Florence Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector and a specialist nurse advisor on 20 June 2017 and was unannounced. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also received feedback from the local authority that commissions services from the provider. We used this information to help inform our inspection.

There were 24 people residing at the home at the time of our inspection. We spoke with one person and the relatives of three other people using the service. Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including care staff, nursing staff, the chef and the activities coordinator. We also spoke with the registered manager and the provider. We looked at records, including the care records of five people using the service, five staff members' recruitment and training records and records relating to the management of the home.

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff treated them well. One person said, "I feel safe here. Everybody mixes well and there is never any animosity." A relative said, "I think my loved one is safe here. I haven't had to worry about them since they have been here."

The home had policies and procedures for safeguarding adults from abuse and whistle-blowing. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the nurse in charge or the registered manager. The registered manager told us they were the safeguarding lead for the home and they were aware of the action to take when making a safeguarding referral if required. Training records confirmed that all staff had received training on safeguarding adults from abuse. One member of staff told us, "If I saw or even thought a resident was being abused I would report it right away to the nurse in charge or the registered manager. If I thought they had not dealt with it properly I would tell social services and the CQC." Staff said they were aware of the provider's procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included their full employment history and explanations for any gaps in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. The registered manager told us that they monitored each nurse's NMC registration to make sure they were able to practice as nurses. We saw that checks were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC).

We observed a good staff presence and staff were attentive to people's needs. The registered manager and the provider showed us a rota and told us that staffing levels were arranged according to the needs of people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. People using the service, relatives and staff we spoke with told us there was always enough staff on duty to meet people's care and support needs. One person said, "There is always plenty of staff as far as I can see." A relative said, "There is enough staff around when I come here." A visiting friend said, "I think there are enough staff, even when my friend needs to attend hospital appointments there are always staff on hand to take them." A member of staff told us, "We have plenty of staff, we are never short staffed. We always have time to sit down and talk to the residents and do all the things we need to do. If a member of staff calls in sick the registered manager will get cover from the agency."

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, moving and handling, nutritional needs and skin integrity. For example, where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had falls we saw these were documented and their risk assessments and care plans updated. We also saw

that fluid and dietary intake charts were in use where required and these were kept in folders in people's rooms to aid effective recording. We saw that where required call bells had been placed within people's reach. We observed that staff responded quickly when call bells were activated. People also had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.

People told us they received their medicines when they were supposed to and when they needed them. One person said, "I always get my medicines at the same time every day."

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines were stored securely in a locked cabinet in the office. Where medicines required refrigeration we saw they were stored in a medicines fridge in a treatment room. Daily medicines fridge and treatment room temperature monitoring was in place and recordings were within the appropriate range. We spoke to the registered manager about how medicines were managed and observed a medication round. They told us that only trained nurses administered medicines to people using the service and confirmed that medicines competency assessments had been completed by these nurses before they could administer medicines. We observed a nurse administering medicines to people safely in a caring and unrushed manner. The nurse showed us a medicines folder. This included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. As required medicines (PRN) were recorded on MAR's and signed for by staff when administered. There was individual guidance in place for staff on when to offer people PRN medicines. We saw a controlled drugs record book. This had been signed by two nurses each time a controlled medicine had been administered to people. Regular checks of controlled drugs were in place and were documented in the controlled drugs record book. Daily audits of boxed medicines were also completed to monitor and reduce the likelihood of any risk.

Is the service effective?

Our findings

People told us the service was effective and met their needs. One person using the service told us, "I think the staff know what they are doing for me." A relative said, "The staff know what they are doing when it comes to my loved one's care needs."

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. They told us they were shadowed by experienced staff as part of their induction. One member of staff said about shadowing experienced staff, "A member of staff showed me around, they showed me the equipment we use, policies and procedures and how people's care plans worked. That really helped them to get to know the residents and how the home worked." The provider told us that new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We looked at staff training records which confirmed that staff had completed an induction when they started work. This included training the provider considered mandatory and training relevant to the needs of people using the service. Training the provider considered mandatory included infection control, safeguarding adults, food hygiene, fire safety, health and safety, moving and handling and basic life support. Staff also received training relevant to the needs of people using the service for example the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia awareness and end of life care. Nursing staff had received training in the safe administration of medicines, diabetes, wound care and enteral feeding.

Staff told us they received regular supervision and said they were well supported by the registered manager and provider. One member of staff said, "We all get supervision every three months. I like working here. We have a very spirited staff team and the teamwork is very good. The manager and the provider listen to us, we all support each other." Records seen confirmed that staff were receiving regular supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and provider demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the registered manager and provider had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had

been made to the local authority to deprive people of their liberty. Where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that speech and language therapist's advice had been sought for people with swallowing difficulties. We saw that eating and drinking support guidelines for staff to follow were in place in their care files. We spoke with the chef and they showed us documents which alerted kitchen staff to people's dietary risks, personal preferences and cultural and medical needs. We noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating from the Food Standards Agency.

We observed how people were being supported and cared for at lunchtime. A daily pictorial menu was displayed on a notice board in the dining room. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were enough staff to assist people when required. We observed one person telling a staff member that they didn't want was offered and they were provided with another meal which they said they preferred. Some people ate their meals in their rooms in accordance with their preferences. We saw that they received hot meals and drinks in a timely manner. We saw that people were also provided with drinks and snacks throughout the day and these were available in the lounges on each unit. One person using the service told us, "The food is really good here and I am not just saying that. I never leave anything on my plate and I have always been a very fussy eater."

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals when needed. Where there were concerns people were referred to appropriate health professionals. One person using the service told us, "I can see the Doctor when he comes here if I need to. If I need to see the optician or the dentist the staff sort that out and take me along to the appointments. A visiting friend said, "I think my friend's health needs are well met. They attend hospital quite a lot and the staff supports them to the appointments. The registered manager told us a GP visited the home each week or when required to attend to people's needs. We saw records from the GP and healthcare professional's visits recorded in the care records we looked at.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person using the service told us, "I love, love, love it here. The staff are very caring people. I only have to ask and they would do anything for me." A relative said, "My loved one has been here for four weeks, they seem really happy. The staff are caring and very friendly." A visiting friend said, "The staff are very nice. They look after my friend really well. I am very happy with how they support my friend." A member of staff told us, "We feel like a family to some of the residents, some of them don't have family members."

One person using the service told us they had been consulted about their care and support needs. They said, "The staff are always asking me how I like things done and if they can do things a better way. But they always do things right for me." A visiting friend told us, "I feel that I am able to advocate for my friend. I come to all of the review meetings. I recently came here and met with the registered manager and a podiatrist to discuss my friend's care needs." A relative said, "When my loved one moved in the staff wanted to know everything I knew about my loved one so they could look after them properly."

People using the services cultural, religious and diverse needs were being met. A relative told us, "There is quite a few staff here from the same cultural background as my loved one so they know what type of food they like to eat and they make sure they provide my loved one with the proper personal care. Recently I asked the staff if they could get my loved one ready to attend a church service on Sunday. They had them all ready and dressed lovely. When we returned from church they even had my loved ones Sunday roast ready and waiting for them." A member of staff told us there was a church service held at the home on Saturdays for people to attend if they wished to. They said, "I am fully aware that there are people here from a range of religious and cultural backgrounds. I have no problem at all supporting people no matter where they come from or if they have different lifestyle preferences. It's our job to support them with whatever they want to do."

It was evident throughout the course of the inspection that staff knew people well and understood their needs. Staff told us about acts of kindness for example, a member of staff told us they had baked a special birthday cake for one of the people using the service. Staff also told us that they also attended client's funerals where they could. We witnessed many examples of good care giving and saw that people were treated with understanding, compassion and dignity. We saw staff actively listening to people and encouraging them to communicate their needs. We saw that bedroom doors were closed when staff were supporting people with care. One member of staff told us they ensured people's privacy by drawing curtains and shutting doors. They tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One person using the service said, "The staff treat me nicely and make sure they respect my privacy when they help me to get ready in the mornings and going to bed."

People received appropriate end of life care and support. The home had been accredited the Gold Standard Framework (GSF) for supporting people approaching their final years of life. Three members of staff told us

they attended four day courses on end of life care at a local hospice. One member of staff told us, "The training has helped me to understand people's needs in their last days and helped me with how I can support relatives too. It also gave me confidence in recognising signs and symptoms of pain and when to request support from other professionals such as the GP and local hospice team."

People using the service and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The provider told us this was given to people and their relatives when they moved into the home.

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their care and support needs. One person using the service told us, "I get all the care and support I need and the staff know what they are doing." A relative said, "The staff understand my loved ones needs and as far as I can see they are doing well in supporting them. I always see staff spending time talking with the residents and there are plenty of activities for them to get involved with."

Care and health assessments were undertaken to identify people's support needs when they moved into the home. Information contained in the care files indicated that people using the service, their relatives and appropriate healthcare professionals had been involved in the care planning process. We saw that care plans and risk assessments were developed using the assessment information. Care plans included detailed information and guidance for staff on how people's needs should be met. They described the support people required from staff with their personal and nursing care needs. The care files also included the person's life history, personal preferences, capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated records. A member of staff told us the care plans were very easy to follow and keep under review. We saw that people's care plans and risk assessments were reviewed regularly and reflected any changes in people's needs.

Some staff at the home had been designated champions in specific areas of care and had received enhanced training in these areas. One member of staff told us they were the dementia champion for the home and another told us they were the dignity champion. The dementia champion told us, "I can support new staff and agency staff in understanding how people need to be supported for example at meal times or with activities." The dignity champion told us, "I observe other staff to make sure they are supporting people with dignity and respect. I will remind staff on how to do things properly if they are not doing things right." Both of these staff told us they liked being champions. The dignity champion said, "I like being the dignity champion. It feels good when I see the residents being treated respectfully."

People were provided with a range of appropriate activities. One person said, "I like the activities, there's plenty of things for me to do. As you can see, [they showed us three books on their table] I like to read. The staff always make sure I can get a good selection." The home had an activities coordinator. They showed us activities information displayed on a notice board in the lounge. Activities included board games, group exercise games, playing musical instruments, reminiscence, arts and crafts, watching documentaries and visiting entertainers. On the day of the inspection a musician visited the home to entertain the people living there. People using the service and staff were observed joining in with the singing and some were dancing along with the music. The activities coordinator told us they also provided activities to people who liked to stay in their rooms. They said they played music, offered pampering sessions, read books or newspapers and played board games. They said that some people just enjoyed the company and a good chat.

People using the service and their relatives said they knew about the service's complaints procedure and they would tell staff or the registered manager if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if

necessary. We saw copies of the complaints procedure displayed throughout the home. One person using the service told us, "I would complain to the staff or the manager if I wanted to but I have never had any cause to do that." A visiting friend said, "I would make a complaint to the manager if I had any. I am confident they would deal with them appropriately." We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People using the service and their relatives told us the registered manager and provider was always around, they were friendly and approachable. A person using the service said, "The managers are always here. I can talk to them anytime I want to." A visiting friend said, "I am always happy that I can talk with the managers. They listen to what I have to say. Communication with the home is very good; they let me know if there are any issues with my friend."

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. The registered manager also managed another care home run by the registered provider. The provider told us they were currently in the process of recruiting a full time registered manager to run Florence Nursing Home.

Staff spoke positively about the leadership provided by the registered manager and the provider. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One member of staff told us, "I get good support from the manager. I can tell them anything and they genuinely listen to what I have to say. We have regular team meetings where we talk about the resident's needs and anything we want to air. At the last meeting we made plans for a summer barbeque." Another member of staff said, "I really enjoy working here. The staff, the manager and the residents all get on so well together it's like a family. We have a good team and we are very well supported by the provider."

There was a range of quality assurance systems in place to monitor the quality and safety of the service. We saw records from medicines, infection control, health and safety and cleaning audits. People's care plans and risk assessments were reviewed regularly. We also saw records confirming daily checks were being carried out on bedrails and observation charts. Regular checks were carried out by engineers on equipment such as the fire alarm system, electrical appliances, gas safety and slings and hoists. We also saw reports from unannounced evening and night time visits carried out at the home by the provider in January, February and April 2017. The provider told us they carried out these unannounced checks to make sure people were receiving appropriate care and support. During a night time visit on April 2017 the provider noted that some recording sheets were not signed. They held a catch up meeting with the night staff and explained the importance of the record keeping. A member of staff told us the provider carried out unannounced checks on staff, "Just to make sure we are doing things right."

Audits and checks were conducted by external auditors and covered the CQC's five key questions of safe, effective, caring, responsive and well led. Areas covered in the April 2017 report included, for example, safeguarding, recruitment, medicines, staff training, supervisions, observation of staff attitudes, incidents and accidents and complaints. The report included a number of areas for improvement. A report from the May 2017 visit indicated that a number of actions had been completed. For example CQC were notified of Deprivation of Liberty Safeguards authorisations and a copy of the gas safety certificate had been obtained.

Other actions were seen to be progressing at the time of our inspection for example care plans were being transferred onto a new care planning system and the provider was in the process of recruiting a full time registered manager to run the home. We also saw a report from a visit by the local authority that commissions services from the provider. The report referred to a visit carried out in November 2016 included a number of key areas for improvement. The provider showed us an action plan developed following the visit which indicated that action had been taken to address the key areas for improvement. Actions taken included observation charts being completed on a regular basis, nurses had received training on pressure ulcer grading and a new business continuity plan was in place.

The provider took account of the views of people using the service and their relatives through surveys that were conducted on an annual basis and also sought feedback from staff through surveys. We looked at the results for the survey that was conducted in 2017. Feedback was very positive. The provider had analysed the feedback and developed an action plan. Actions included involving family and friends in care planning and ensuring family and friends were aware of people review dates. Feedback from the staff survey was also positive. An action from the survey was to conduct catch up meetings with staff on a daily basis. During our inspection staff on duty told us there were regular catch up meetings held at the home.