Mrs A J David

Florence House Residential Home

Inspection report

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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

Overall summary

Florence House Residential Home is registered to provide accommodation and non-nursing care for up to 20 people. The home is located in a residential area of the fenland market town of Ramsey. Short and long term stays are offered. At the time of our inspection there were 17 people living at the home.

This comprehensive inspection took place on 04 August 2015 and was unannounced. Our last inspection took place on 16 May 2014 when we assessed the provider was meeting the requirements of the regulations that we had inspected.

Summary of findings

The registered owner was responsible for managing the service on a day-to-day basis and therefore a registered manager was not required.

Staff were knowledgeable about reporting any incident of harm that people may experience. People were looked after by enough staff to support them with their individual needs. Satisfactory pre-employment checks were completed on staff before they were allowed look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People had sufficient amounts of food and drink. People were offered choices of food and drink although some people felt that the quality of the breakfast and tea time food could have been better. People were supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were respected. Where people were not able to make such decisions, their needs were met in their best interest.

People were looked after by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The owner was aware of the process to follow should DoLS applications were to be made.

People were treated by kind and attentive staff. They and their relatives were involved in the review of people's individual care plans.

People's care was provided based on their individual needs and they were supported to maintain contact with their relatives. People were encouraged to take part in a range of hobbies and interests. There was a process in place so that people's concerns and complaints were listened to.

The owner managed and supported staff to enable them to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Monitoring procedures were in place to review the standard and quality of people's care.

Summary of findings

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 safe.

People were given their medicines as prescribed. There were systems in place to ensure that medicines were stored safely and recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people's health and safety needs were met by enough suitable staff.

Good

Is the service effective?
The service was effective.

People were looked after by staff who were trained and supported to do their job.

Mental capacity assessments were in place to show that people's rights were protected from unlawful decision making processes.

People's health, nutritional and hydration needs were met.

Good

Is the service caring?
The service was caring.

People were looked after in a caring way and their rights to independence and dignity were valued. People's privacy was valued most of the time.

People were supported to maintain contact with their relatives.

People were encouraged and included to be involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's individual needs were met.

People were encouraged to take part in a range of activities that were important to them.

There was a procedure in place which enabled people to raise any concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Procedures were in place to monitor and review the safety and quality of people's care and support.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

There was a programme for the training and development of staff.

Good

Florence House Residential 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 is 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.

This inspection took place on 04 August 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we received information from a local contracts officer and we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with seven people who used the service, one relative and three district nurses. We also spoke with the owner, the deputy manager, a senior carer, a member of care staff and the head chef. We looked at five people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People said that they felt safe because they were treated well. One person said, "The carers are great. Nothing is any trouble." A relative said, "I've never seen anything to concern me." The local authority contracts monitoring officer told us that they had no concerns about people's safety.

Staff were trained and knowledgeable in recognising and reporting any incidents of harm to people. They were able to describe what types of harm people may experience and the action they would take in reporting harmful incidents to the local authority. Information about how to report such incidents of harm was publicly available throughout the home for people, staff and visitors.

People said that they felt safe because there was always enough staff. One person said, "There's always someone around and if you want help, you can ring (the call bell). Staff do come pretty quickly as there is generally enough staff around." Another person said, "There's always someone (staff) around. You don't have to wait if you pull the (call) bell." A relative said, "If they (people) ring their (call) bell, the staff always attend." The deputy manager said that there was always enough staff on duty, which included weekends. They said, "We don't often have to work short-staffed and weekends seem to go smoothly."

Arrangements were made to cover staff holidays and this included the owner working as part of the staff team. The deputy manager told us that the owner would take over the deputy manager's tasks to enable her to support people with their individual needs, if needed. A member of care staff said, "We have enough staff except during holidays. But we manage because the manager (owner) helps us as well."

The head chef and owner told us that a new member of catering staff had been recruited to increase the numbers of kitchen staff. The owner told us that staffing numbers were calculated based on people's individual needs. They said, "I can see if they (staff) are rushed and you always look at the changes in residents' needs. If people's needs change, for example they need end-of-life of care, I will increase the staffing levels." During our inspection we found that the atmosphere of the home was calm and people were supported by staff in a patient and unhurried way.

People's risks to their health and safety were assessed and measures were in place to minimise these, which included risks of people falling. Measures were in place to manage the risks; this included the re-organisation of staff. The owner said, "We looked at the staff skills when there were a high number of falls and we changed the staff roster and it did help reduce the number of falls." Other risks included risks of harm in the event of, a fire. Care records demonstrated that people had a personal evacuation plan in place, in the event of an emergency situation, such as the outbreak of a fire.

People were protected from the risk of unsuitable staff because of the recruitment systems in place. Members of staff described their experiences of applying for their job. A senior member of care staff said, "I had an application form and I came in to the home to see if I liked it. I had a police check and two written references from different people (referees). I did have a face-to-face interview." A member of care staff said, "I had a CRB (Criminal Record Bureau, which has since been replaced by the Disclosure and Barring Service) check, a 'right-to-work' (clearance) a C.V. (curriculum vitae) and two written references."

People were satisfied with how they were supported to take their prescribed medicines. One person said, "I get my tablets every evening." A district nurse told us that they were satisfied with how people were supported to take their medicines to control and manage their pain. Records for people's medicines demonstrated that people had received their medicines as prescribed and the storage of medication was satisfactory.

Members of staff told us that they had attended training in the safe management of people's medicines and had their competencies checked by the owner. Records demonstrated that staff members had attended training in supporting people with their medicines.

Good

Is the service effective?

Our findings

People were satisfied that staff were competent to be able to look after them and said that they knew their individual needs.

Members of staff said that they had attended training. One member of care staff said, "I had induction training and I didn't do any caring at first. The staff showed me how to do it (provide personal care). Before you looked after anyone, you also had to read their care plan." Other staff training included moving and handling, safeguarding people from harm and management of medicines.

Staff told us that they were supported to do their job, which included attending one-to-one supervision sessions. A member of care staff said, "We discuss my work and the dignity of the residents and how you are to look after them, respect them and be kind to them." The deputy manager said, "I get supervision every two months. We discuss my training needs and we go through my training I have attended. I am asked how it was and what was learnt from it."

People's mental capacity to make decisions about their care was assessed. The owner advised us that where people were assessed not to have capacity to make decisions about their care, this was carried out in their best interests. This included, for instance, escorting a person to take a walk outside of the home. Care records confirmed this to be the case. The owner demonstrated their knowledge in relation to making DoLS applications to the local authority, should these be needed.

Members of staff had read information about the application of the MCA and had signed to say that they had read and understood this. Staff had not attended any other training in relation to MCA. However, the deputy manager advised us that the owner was, "Looking for somewhere, where we can go (for training)."

We found that staff were aware of respecting people's decisions in relation to their care. We were given an example of what action would be taken should any person decline to take their medicines as prescribed. The deputy manager said, "I would try and explain to them (the person) why it is important for them to take their medicines. I would go back later to see if they had changed their mind to take it. If they still refused, I would record it on the MAR (medicines administration record) chart and inform the GP."

People's risks to their health were assessed and measures were in place to minimise these. These included risks of developing pressure ulcers and malnourishment with the use of pressure-relieving equipment and nutritional supplements. One person told us that they had a sore area of their skin and had their mattress replaced for a softer one. They said, "The other day I had a different mattress and I slept on it last night. It really was much more comfortable." We saw a person was offered a banana milkshake to complement their nutritional intake.

People said that they had enough to eat and drink and we saw that people were offered drinks between meals. The head chef told us that every morning they asked people what they wanted to eat. They said, "In the morning, after breakfast, I go round and ask people what they want and if they don't want what I am doing, I'll do something else." One person said, "The food is not always to my liking. There is a regular menu and the cook comes in every morning with it. If you don't like it, (menu choice) the cook tries and gets you something else." Another person said, "The meals are pretty good. Today we are having gammon and egg. I get enough to eat and they (staff) ask you if you want second helpings."

During lunch time we saw members of staff offer people choices of a cold drink and if they wanted to have salad dressing and pickles to accompany their meal. People were encouraged to eat their meal and were offered extra helpings.

Some of the people were not wholly satisfied with the quality of the food. One person told us that the breakfast was, "Not always up to scratch." Another person told us that tea time menu choice was limited to sandwiches, which they said were often made with cheese fillings. Menus showed that there were menu options, which included a vegetarian option. Tea time menus showed that the choices available were limited to sandwiches or toast with various toppings, such as baked beans, followed by a dessert.

People were supported to access health care services. One person said, "If I need to go to the hospital, the staff always arrange it for me to go." Care records showed that people were seen by district nurses and chiropodists. One of the district nurses said, "They (staff) do know people's individual health needs. They call you when it is necessary and they really support people here." Another district nurse said, "If we ask them (staff) to turn (reposition) a person,

Good

Is the service effective?

they will do it and document it." They also told us that care staff had followed their advice in the management of people's pain. We were also told by a third district nurse that staff followed their advice when they had looked after people during the end stage of their lives.

Good

Is the service caring?

Our findings

People told us that staff treated them well and that they were kind. One person said, "We have our own care worker and if there is anything you need, you are free to ask her for help." Another person said, "The carers are great." A district nurse said, "The staff are friendly, welcoming, kind, caring and compassionate." A relative's thank you card read, "A friendly, caring environment where residents and visitors are treated extremely well." We saw that staff were kind and patient when supporting people with their medicines and mobility. We heard staff talking to people in a sociable and friendly way.

People's choices were taken into account as to how they wanted to be looked after. One person said, "I get up when I want. I go to bed when I want." Another person chose when they wanted to take their medicines and staff respected their choice. We saw people were asked where they wanted to sit and where they wanted to eat their lunch. This included having their meal in quiet areas or in the dining room.

The deputy manager told us about how they looked after people and the reasons for doing so. They said, "You treat them (people) with respect and dignity. Always take their wishes into account. You don't assume that if they have done something one day, they want to do it the next day. It's about (respecting) people's choice and to keep them safe." A member of care staff said, "We are to make them comfortable. Respect what they need and try to do the best to make the happy."

Care staff were knowledgeable about how to meet people's individual needs. One person said, "The staff are very, very good, They do know me and I have got to know them. I have quite a good relationship with staff. If I like something special (to eat) they bring it in for me (from a shop)." Another person told us that staff knew what they liked and did not like to eat and how they liked to spend their day.

The care records demonstrated that people's likes and dislikes were recorded and their care was planned in response to this. The actions included respecting how people wanted to have their personal care provided. One person said, "I have a bath regularly and they (staff) leave me to it, so I can wash myself." People's care was formally reviewed during which people and their representatives/ relatives were invited to attend. This enabled people to discuss their planned care and if they wanted any changes made, which included the management of their medicines.

The premises maximised people's privacy and dignity. All bedrooms were used for single-occupancy only and toilets and bathing facilities were provided with lockable doors. We found that people were supported with their personal care behind closed doors. We saw staff knock on people's doors although they entered people's rooms before waiting for permission to do so. One person said, "The staff knock on my door and they come straight in. I have told them that it is sometimes a waste of time knocking as they do come straight in." This meant people's privacy was not consistently valued.

People were supported to maintain contact with their relatives. A relative said, "We are always made welcome and can visit any time."

People's care records and their confidential information were kept secure. Electronically held records were password protected and paper records were securely held in the owner's office.

Advocates are people who are independent and support people to make and communicate their views and wishes. The owner advised us that advocacy services were not currently used. There was information publicly available for people in relation to mental capacity and general advocacy services.

Good

Is the service responsive?

Our findings

Members of staff were aware of people's individual needs and these were met in line with people's care plans. This included meeting people's nutritional needs, by means of fortified foods, and safety needs in relation to people's risk of falling. We saw staff walked alongside people to keep them safe and they talked with them to reduce the risk of social isolation.

People's life histories were recorded which detailed people's work, family and social history and what people liked to do. The deputy manager said, "It is a small home and more personal for everybody. You get to know all of the residents and what they like to do." There were events arranged, which included outings, visiting entertainers, craft work and gardening. One person told us that they had helped with the planting of flowers and a tomato plant. Another person told us that they had opportunities to take part in the arranged activities. They said, however, "I've got my television and I enjoy watching that. We are asked to go and join in (with activities) if we want to. It's entirely my fault that I don't join in." Other people told us that they went out with their relatives to eat and shop. We saw a person returning from a walk around the local neighbourhood with the support from a member of staff. People were enabled to follow their religious beliefs; representatives from a religious organisation visited people on request and routinely to conduct religious services in the home.

People's care records and risk assessments were kept-up-to-date and reviewed. Changes were made in response to people's needs. This included changes in people's health conditions and the risks to their health, which included their nutrition and risks of falls.

One person told us that they knew who to speak with if they were unhappy and said, "I would tell the manager (owner) or any one in charge." A relative said, "If there's anything that I had been concerned about, I spoke with the manager (owner) and it was resolved." Members of staff were aware of the complaints procedure and how to support people if they wished to make a complaint or raise a concern. The deputy manager said, "If it was something I could fix straight away, I would." A member of care staff said, "I would explain to the person that I would speak to the deputy manager or manager (owner)." They gave an example of supporting a person with a complaint about the laundry. They said effective action was taken and there had been no further complaints about the laundry. The record of complaints demonstrated that people's concerns and complaints were investigated and the outcome of the investigation showed that actions had been taken to improve how people were looked after.

There was a complaints procedure in place and information about how to make a complaint was publicly displayed. However, this failed to provide the details of the local authority to enable people to contact the organisation to independently deal with their complaint. The owner said that they would take action to include the contact details of the local authority.

Good

Is the service well-led?

Our findings

The owner was responsible for the day-to-day management of the home. We saw her walking around the home and speaking with people, staff and visitors. She checked that staff supported people in a safe way and supported staff with their career development. People knew who the owner was. One person said, "The manager (owner) always comes and has a word with you."

Members of staff told us that the owner was supportive and approachable. They also told us that they were encouraged to develop their career, which included attending managerial courses and training courses to keep them up-dated with their skills and knowledge. The local authority contracts monitoring officer told us that they had no concerns about how the home was managed.

People were enabled to take part in meetings during which they were encouraged to discuss their views and make suggestions about the home. One person said, "We are asked if there is anything we like to say. If we have any opinions (to share)." Another person said that they had attended a meeting during which they shared their concerns with the owner in relation to the cleanliness of a toilet. We found that action was taken as the home was clean, which included toilet and bathing areas.

Staff members told us that they attended team meetings and were enabled to contribute to the meeting agenda. The deputy manager said, "We usually have an agenda and we go through this at the meetings. The staff are given the chance to bring up anything they want." They gave an example of action taken based on a staff member's suggestion in relation to the monitoring and recording of a person's food and drink. A member of care staff said, "At the staff meetings everyone has a say in what needs to be done." They also gave an example of actions taken, based on suggestions made by staff at a team meeting, and how this had improved the quality of people's dining experience. We saw that people's dining experience was calm and uninterrupted whilst they were eating their lunch.

Surveys were carried out during 2014 and actions were taken in response to people's comments. This included, for instance, improving the range of hobbies and interests that people were invited to take part in.

Analysis of accidents and incidents was carried out and actions were taken, if needed. This included the times of when people had experienced a fall and if they had acquired any injury. Measures were taken to reduce the number of incidents of falls and this included the reorganisation of how staff worked and supporting people to obtain advice from health care professionals.

Investigation of complaints and the outcome of these showed that learning had taken place and people were protected from substandard care. This included improving the standard and quality of people's personal care and laundering of their personal items. Disciplinary action had been taken in respect of staff who had fallen short of the expectations of the role.

Staff were aware of the whistle blowing policy to protect people from harm. One member of care staff said, "Whistle blowing is when you need to report any concerns you have, even to CQC, and you have to be silent, and not tell anyone else about it." A senior team leader expanded on this and told us that the whistle blowing policy was to protect the identity of the whistle blower.

Audits were carried out in relation to medicines and the management of the kitchen. No significant deficits were found during these audits for the owner to take action.