

# Ashingdon Hall Care Limited

## Florence House

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 July 2014. Breaches of legal requirements were found. This inspection took place on 13 and 16 May 2016. We found that the required improvements had been made to the safe recruitment and effective training of staff and legal requirements were met. Records were available to demonstrate that the required references and checks had been completed when staff were recruited. Staff had received training on areas specific to mental health issues.

Florence House provides personal care in a supported living scheme for up to 9 people who have an enduring mental health condition. There were seven people receiving a service on the day of our inspection.

Systems to monitor and improve the quality and safety of the service were being developed and required further improvement. Some checks were being completed by the registered manager and people's views were sought. Actions were needed to analyse the outcomes and plan ongoing actions to ensure continuous monitoring and improvement of the service.

A registered manager was 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.

Systems were in place to ensure the management of risks both for individual people and to the environment so as to ensure people's safety. This included the safety of the premises and equipment used. Equipment such as that relating to fire and electrical equipment had been tested and checked to ensure it was safe and in good working order.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Risk management plans were in place to support people to have as much independence as possible while keeping them safe.

Medicines were safely stored, recorded and supported in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. Peoples' goal of being more independent was recognised and supported in the service.

Staff used their training effectively to support people. The manager understood and complied with the

requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so as to ensure their rights were respected and met.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences, individual needs and goals so that staff had clear information on how to give people the support that they needed. People were supported to participate in social activities both at home and in the community. People told us that they received the care and support they required.

People living and working in the service knew the registered manager and found them to be approachable and available in the home. People had opportunity to express their views and influence the service provided.

## 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 safe.

Staff were safely recruited. The provider had suitable arrangements in place to ensure people were safeguarded against abuse and to manage risks for the safety of people living in and working in the service.

There were enough staff available to meet people's care and support needs. People's medicines were safely supported.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the knowledge and skills required to meet their needs.

Staff sought people's consent before providing all aspects of care and support. Guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs. People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines and goals were. Staff encouraged people's independence and treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's care was planned so that staff had guidance to follow to provide people with consistent person centred care. People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

### **Is the service well-led?**

The service was not consistently well led.

Systems in place to monitor the service needed to improve to ensure that people's safety and welfare were promoted.

Staff felt valued and the culture in the service was open, respectful and inclusive.

Opportunities were available for people to give feedback, express their views and be listened to.

**Requires Improvement** ●

# Florence House

## **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 was undertaken by one inspector on 13 and 16 May 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with five people who received a service. We also spoke with the registered manager and three staff working in the service.

We looked at three people's care and medicines records. We looked at records relating to four staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

## Is the service safe?

### Our findings

During our inspection of the service in July 2014 we found that the provider did not have suitable arrangements in place to protect people against risks in relation to the recruitment of staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet regulation and ensure people's safety.

At this inspection on 13 and 16 May 2016 we found that the required improvements had been made. The registered manager told us that the references not available at the last inspection related to their own recruitment records. We saw that these were now available and had been completed prior to their appointment to the role. The registered manager showed us that they were currently in the process of recruiting another staff member. Records showed that the staff member had not worked in the service as yet as all required references and checks were not yet in place. This was confirmed by the registered manager. Staff told us that the required references, criminal record and identification checks were completed before they were able to start working in the service and this was confirmed in the records. Records to demonstrate safe recruitment and the suitability of agency staff were available.

People confirmed they felt safe living in the service. One person told us that while they could still lock their bedroom door, staff had removed an additional latch at the person's request. The person told us this made them feel safe because if their mental health deteriorated, staff could now access the room to support them as needed. The registered manager and staff had a good knowledge of how to keep people safe from the risk of abuse and had attended training in safeguarding people. The registered manager showed us that they had taken appropriate action to report and safely manage a concern relating to a person's finance, ensuring the person was represented by an independent advocate. Staff knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people.

People's individual risks were assessed and actions were planned to limit their impact without restricting people unnecessarily. Staff were aware of people's individual risks and how to help people in a safe way and staff were trained in emergency first aid. We saw there were processes in place to manage risk in connection with the operation of the home. A fire risk assessment was in place and regular fire safety checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently.

People were supported by sufficient numbers of staff to meet their needs safely. People confirmed that staff were available to support them as needed. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. An additional member of staff was rostered on shift flexibly as needed such as to support people with independence skills development. The registered manager also told us that additional staff would be on duty when people first moved in to support them, for example, to get to know the local area should they not be familiar with it. We saw many examples throughout the day of staff spending quality time with people as well as completing the necessary support tasks.

People received their medicines in a timely and safe manner. People confirmed that staff reminded them to

take their medicines at the correct times. One person said, "I take my own medicine. Staff watch me take it. I am not too keen on that, but accept it is required." We observed that staff supported people to take their medicines safely and respectfully. The provider had systems in place that ensured the safe receipt, storage, administration of medicines. Medication administration records were consistently completed and tallied with the medicines available. The registered manager confirmed that records would, in future, note the number of medicines carried over from a previous month and the date of opening of boxed medicines to enable easier checks to be completed. The service had procedures in place for receiving and returning medication safely when no longer required.

## Is the service effective?

### Our findings

During our inspection of the service in July 2014 we found that the provider did not have suitable arrangements in place to ensure people were supported by staff who had the required knowledge and skills to support people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet regulation and ensure people's safety.

At this inspection on 13 and 16 May 2016 we found that the required improvements had been made. Staff had been provided with training on a range of topics relevant to mental health care including depression, anxiety and self-harm. The training included workshops run by an experienced mental health care professional. Staff confirmed they received the training they needed to enable them to provide safe, quality care to people. This included training in areas such as emergency first aid, health and safety, equality and diversity as well as nationally recognised qualifications in health and social care. One person said, "The staff are great here. They know exactly what they are doing."

Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs well. One staff member told us, "As well as training, I had a briefing, was introduced to each person and was able to read their care plans. All the people here have different care needs. I needed to know these as they are all individual and we are here to make sure people have the best care they can get." The registered manager told us they were planning to improve the induction programme to better reflect current industry standards.

People were supported by staff who were well trained and provided with opportunities for guidance and development. One staff member said, "I have done more training, that has improved. The mental health training for example is more specific and it is really helpful." Staff told us they had opportunity for formal supervision meetings with their manager and this was confirmed in the records viewed. The registered manager told us that there was no formal appraisal system in place when they were appointed. However the registered manager had now prepared a format to be introduced to routinely assess staff competence.

CQC are required to monitor the implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in care homes. The 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.

People's rights were respected in the service. The registered manager demonstrated that people's right to make decisions that others may consider otherwise was respected. Staff confirmed that they had received MCA and DoLS training. Staff demonstrated a good understanding of MCA and DoLS and when these should be applied. A staff member said, "We take into account people's beliefs. We explain and give information, we

encourage, prompt and support. People here have capacity to make their own decisions, it is their right." Records showed that people's capacity to make decisions such as medicines management was assessed and reviewed regularly. Staff were clear that all the people living in the service had capacity to make their own decisions and that there were no restrictions placed on people by the service or under mental health legislation. This was confirmed by people we spoke with. One person said, "There are no limits on me here", and another person said, "There are no restrictions on me here". We also saw that people went out and came home as they wished.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and their preferences. We saw that people prepared their own breakfast, lunch, snacks and drinks encouraged and supported by staff as needed. Staff planned and provided a cooked evening meal. People confirmed they had input to this menu, that it was flexible with an alternative available and that they could, if they wished, cook their own evening meal or choose to eat out.

People told us they enjoyed the meals and one person said, "[Registered manager] cooks us a roast dinner on Sundays and it is wow". People's dietary needs were identified and healthy eating encouraged, while respecting their right to make their own choices. One person said, "They do encourage me to eat healthily. There are always yogurts and fruit available." People were supported by staff to varying levels depending on the person's support needs and in line with their goal and support plan.

People had access to healthcare professionals as required and we saw this recorded in people's care records. People confirmed that they could attend healthcare appointments independently or that staff would go with them if they wished it. One person said, "I can go to my appointments on my own but today I feel I want a staff member to come with me to the GP and so they have sorted that out." Records also showed that people were supported to attend specialist clinics such as for regular blood tests relating to their medicines management or specialist optical screening. People had routine reviews with mental healthcare professionals. Staff were knowledgeable about people's particular healthcare needs and any support they might need with healthcare monitoring.

## Is the service caring?

### Our findings

People told us that staff were caring and kind. One person said, "The staff generally are nice and friendly. They encourage me to always come and have a chat if I feel anxious." Another person said, "All the staff are very good, I know them by name and could talk to them." All the interactions observed between staff and people were positive. Staff engaged people in social conversations and listened to what people had to say. People were comfortable with staff and approached them with ease to ask questions, to which staff responded suitably. People were supported in caring way and received care and support which was individualised and person centred. People were involved in planning and reviewing their care and people had signed their records to confirm this. One person said, "When my care plan and risk assessments are being done, they do ask me about it. [Registered manager] and staff do listen."

People told us they independently maintained relationships with friends and family members. One person said, "I go out as I please and meet my friends." The registered manager told us that people's visitors were welcomed and that they sometimes stayed for dinner. The registered manager confirmed that independent advocacy services were accessed for people if needed. An independent advocate was accessed to support a person in relation to concerns regarding their financial affairs. An advocate is someone who supports the person to express their views and helps to ensure their voice is heard. Information on advocacy services for people with specific mental health needs was clearly displayed in the service.

People were treated with sensitivity and compassion. One person told us about a recent sad event relating to a staff member. The person said, "They told us all in a nice way so we could talk about it and encouraged us to talk and not bottle up our feelings." The registered manager advised that they had held an immediate meeting for people living in the service as they did not want people to hear this news from an outside source and be even more distressed. An additional member of staff was also made available in the service should people need more emotional support that day.

We noted that a planned move from the service for one person was rearranged urgently by a commissioning authority for the weekend as another person needed the placement immediately. No staff from the commissioning authority were available to support this move and so the registered manager assisted both people. The registered manager told us that they had visited the person in their new and more independent placement later on the first evening to check on them and provide a familiar face. They found that no bed linen had been provided for the person as expected. While no longer their responsibility, the registered manager returned to the person's new placement with necessary bedding, helped the person to make up their bed and settle in to help to alleviate the person's anxiety and distress. Before leaving Florence House the person told us they had been very well cared for there and they felt lucky to have the kindness and support that the registered manager and staff had always shown them.

People were supported to maintain and develop skills and independence and they were treated with respect. One person said, "This place is about independence and it is encouraged here although if I ask for support I get it. Staff are respectful and do take care of my privacy, they knock and wait to be told it is alright to come into my room. I have a key to lock my own bedroom and one for the front door." People and staff

told us that people's right to private time was respected and that people spent time in their rooms or outside the service as they chose. We saw that staff knocked on people's bedroom doors and also introduced us and asked people for their agreement for us to view their bedrooms. People's personal information was respected and securely stored.

## Is the service responsive?

### Our findings

People were supported with their care and staff were responsive to their needs. People told us they were mainly self-caring but that staff did provide them with support and guidance. Staff were aware of how each person wanted their support to be provided and what they could do for themselves. Each person was treated as an individual and had a plan of care in place to identify their personal support needs and goals.

People confirmed that they were involved in planning the goals in their care plan and associated risk plan and that staff helped them to achieve their goals. One person said, "People have made this their home and while we all want to move on to our own place, we have settled here. This is the longest place for me without having an episode and without having to back to hospital." The registered manager told us that this was the longest placement for many of the people living there without their mental health deteriorating and needing a hospital admission.

Care plans and risk assessments had been regularly reviewed and had been signed by the person to demonstrate their participation. This showed that the care plans were up to date and supported staff to provide care relevant to the person's specific needs. Care plans gave guidance to staff on how to recognise any potential changes in the person's mental health, approaches that had helped the person and actions to be taken by staff in this event. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the safety and wellbeing of the person, staff and other people living in the service at those times.

People told us of ways the service had responded to things that were important to them. One person told us that they had asked to have their bedroom painted to a colour of their choice and this had been done. The person said, "I asked for my room to be [colour] and they painted it for me. Another person told us that they had had a pet when they lived in the community and that the service had accommodated this which really mattered to the person. We saw that the person's records also included assistance for the person to take care of the pet and its healthcare needs.

People told us they could spend their time as they wished and we saw this during our inspection. Some people were involved in tasks at home including doing their laundry, cooking or watching television. People spent time in their own room and went out when they wanted to. The registered manager told us of improvements they had introduced to provide activities 'at home'. These included advertised and regular board games, group walks each morning or art and crafts. This was to increase social opportunities, healthy living through exercise and stimulating interaction in ways that did not impact on people financially.

People told us they felt confident to raise any concerns or complaints in the service if they needed to and that they would be listened to. The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which response and actions would be implemented so people knew what to expect. Information was included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. A system was in place to record complaints and to show any outcomes or learning identified.

The registered manager told us that no formal complaints had been received within the service since our last inspection so we were unable to judge the procedures' effectiveness. Where a complaint had been raised externally, we saw that the registered manager had worked openly with the local authority who had confirmed the complaint as closed without any further action being required. Records showed that the person who had raised the complaint had also written to compliment the service on the good work the staff did in a very difficult situation, describing the service as "second to none".

Informal issues raised by people living in the service were recorded and actions taken in response. These issues were also shown to have followed up and discussed at house meetings so that all people in the service were aware of any actions or agreed outcomes.

## Is the service well-led?

### Our findings

A new manager had been appointed in November 2015 and who had promptly and successfully made application to register with the commission as required. The registered manager told us of the many improvements they had introduced since coming into post. These included improved staff training, better records management to support service overview and health and safety checks.

While we could see that improvements had been made, quality assurance systems were not yet fully effective in monitoring and improving the quality and safety of the service. Medication audits did not identify whose medicines and records had been checked. They did not include a full date so it was not clear when the audit had been completed. Checks were completed, for example, of cleaning schedules. These did not include many aspects of infection management and so were not a full infection control audit. There was no explanation of the scores that were awarded or what criteria supported them so that they could be understood and consistently applied.

'Client feedback' forms identified suggestions people would like to see put in place. An analysis or action plan in response to these were not in place to show they were implemented, although the registered manager told us that these had been addressed immediately.

The registered manager agreed that areas of the premises and décor were tired. They told us they planned to improve this, however an audit had not been completed and no maintenance programme was yet in place to show the planned improvements. This meant that the provider could not be reassured that their quality monitoring system was sufficiently robust to identify and plan effective action to bring about improvements.

People did have opportunities to express their views and influence improvements at house meetings which were held regularly. Another person said, "[Registered manager] is so good, they are spot on with everything. Anything you tell [registered manager] gets discussed at the house meeting and gets done." Records showed that issues had been discussed and house rules agreed. The timing of the Sunday main meal, for example, had changed in response to the views of the people living there. The laundry rota had been discussed and changed to allow people flexible access to the shared facilities taking into account appointments they may have to attend.

There was an open and inclusive approach in the service. Staff told us the registered manager was approachable and listened to them so that they were well supported. Staff meetings provided opportunities for staff to express their views and receive information relevant to the service and the people living there. People benefited from a staff team that worked together effectively. Staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions. There were clear communication systems in place to support quality care.

People told us they could always approach the registered manager and knew they would be listened to. One

person said, [Registered manager] is very good and works their socks off for us". The registered manager worked in the service at weekends. The registered manager told us this gave them opportunity to monitor the service and to spend time with people to support the main goal of the service of supporting people's independence.