Florence Lodge Healthcare Limited

Broadwindsor House

Inspection report

Broadwindsor
Beaminster
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Tel: 01308868353

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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 the 6 September 2017 and was unannounced. We last inspected Broadwindsor House on 9 and 12 November 2014. At that inspection we rated that inspection overall Good with requires improvement for the key question "Is the service responsive". We recommended that the provider consider current best practice for how more opportunities can be offered for people to follow individual interests and socialise and how the environment needed to be changed to support people living with dementia. At this inspection we found improvement had been made.

Broadwindsor House provides accommodation for up to 21 people, at the time of the inspection there were 15 people living there. People need support with their personal care. The home provides support for mainly older people, including people living with dementia.

There is 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 was well qualified and had the experience needed to carry out their role. Relatives told us they found them open and approachable. Relatives we spoke with all said they were very happy with the care provided at Broadwindsor House and would recommend the service.

People remained safe at the home. People told us there were adequate numbers of suitable staff to meet their needs. People received care promptly when they asked for help. Staff told us they were able to take time with people and call bells were answered promptly.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely.

Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. Where representation was required the correct procedures had been followed.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe.

Staff had attended training in safeguarding people and had access to the organisation's policies on safeguarding people and whistle blowing. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. Staff were positive about their training opportunities, one member of staff told us, "My training is good, it has changed my practice. For example I now look more closely at people skin when I am helping them to ensure there are no marks that might need more cream".

People's nutritional and hydration needs were assessed and monitored to make sure they received a diet in line with their needs and wishes. Where concerns were identified, staff sought support from professionals.

People were supported to access external health professionals, when required, to maintain their health and wellbeing. Health professionals visited the home on a regular basis. Documentation was updated to reflect the outcomes of professional visits and appointments.

People had access to dedicated activities. Activities took place three afternoons a week. Staff supported people with activities in the mornings or by supporting people with their chosen activity such as a daily walk around the grounds. One visitor told us, "I now expect to come into the home and see the staff team interacting with people".

There was a clear management structure. The registered manager was supported by a deputy manager who staff told us were supportive and approachable. There were systems in place for monitoring the quality of the service.

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

There were systems to make sure people were protected from abuse and avoidable harm.

People were protected from being looked after by skilled staff because safe recruitment procedures were followed.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective

Although people's nutritional needs were assessed to provide a diet in line with their needs.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

Staff had the skills and knowledge to effectively support people.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

Broadwindsor 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 checked 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 6 September 2017 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We used a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with five people who used the service, seven relatives who were visiting, six members of care staff, the registered manager, deputy manager and chef. In addition we spoke with one visiting health professional and received feedback from other professionals involved in the home. We observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included four care plans, six staff files, four medication records, and staff duty rotas.

Good

Is the service safe?

Our findings

The service remained safe. People told us they felt safe living at Broadwindsor House. Relatives also told us they thought their family members were safe. One visitor told us "I know my relative is safe here". One person told us "Yes I feel very safe there is always staff around". Another person when asked if they felt safe told us "Yes help is always there if I need it".

Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and some were wearing call pendants which enabled them to summon assistance when they needed it. Staff told us they were able to take time with people. One member of staff said, "People are safe here, we make sure we are there to support when needed". One person said "I have a mat on my floor which alerts staff if I tread on it, not that I need it, although have agreed to it being here." The registered manager informed us, mats were used if people were at risk of falls, but they also appreciated people wanted to move around freely. They told us, "I like to make sure all my residents are safe, by ensuring there is always staff around to support them. Although we observe where people are this is to ensure their safety at all times." Mats were moved during the day if people did not wish them to be in their rooms but were used at night to ensure people remained safe.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. One person who liked to stay in their room said "There's always staff to keep you company. They come for a chat." The registered manager told us they, ensured staffing levels were changed to reflect changes in need. They told us, "We have a good staff team that are happy to pick up extra shifts. We do not use agency staff".

Risks of abuse to people were minimised because recruitment procedures were followed. The recruitment records contained a range of evidence that showed all new staff had been thoroughly checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out. Staff members spoken to confirmed the registered manager had obtained references and a DBS before they started work.

People were protected from potential harm because staff had attended training in safeguarding people and had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse. Staff spoken to were able to discuss the procedures they would take if they felt anyone was at risk.

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed. The care plans contained information about risks and how to manage them. A member of staff discussed how risk assessments are put in place for people deemed at risk they said, "We know people so well and would recognise if there were new risks".

People that needed support with moving and handling procedures were supported by staff who understood how important it was to speak with people to ensure them they were safe.

Where people were at risk of weight loss this was highlighted in the care plans. People who were identified as at risk were weighed regularly. Where weight loss or gain had been identified, adjustments to their diet had been agreed with them, and progress towards a safe weight was monitored.

Medicines were administered by senior care staff. All staff administering medicines had received training in the correct procedures to follow. A competency check was carried out to ensure they remained up to date with current best practice. Guidance was in place to ensure staff followed the correct procedures when administering medicines. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

People, their family and visitors were protected from risk as regular maintenance checks took place on equipment used in the home. The registered manager told us a health and safety of the home was checked on a daily basis by the employed maintenance person. All equipment was inspected and serviced in accordance with statutory requirements. Certificates were displayed in the reception area of the home. The registered manager told they completed a daily walk around the home to ensure all remained safe.

Risks to people in emergency situations were reduced because a fire risk assessment was in place and was reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of an emergency.

Good

Is the service effective?

Our findings

The service remained effective. People and their relatives were satisfied staff had the necessary skills and knowledge to support them and meet their needs. One relative told us, "The team are very good at supporting people particularly when they are poorly". Another relative told us, "If there is a hospital appointment the staff will support if family are not available". A health professional told us, "Staff do seem to have the training to meet people's needs."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff confirmed that they were not allowed to work alone for a period of at least two weeks, this was followed by the shadowing of more experienced workers until they were seen to be competent with the correct skills and knowledge. Training was delivered line with the Care Certificate. This training is designed to help ensure new care staff have a wide theoretical knowledge of good working practices within the care sector.

Staff told us training was good, and were positive about their training opportunities. The registered manager told us, all staff received training through e learning, and completed work books which was led and signed off by the registered manager. One member of staff told us, "My training is good, it has changed my practice. For example I now look more closely at people's skin when I am helping them to ensure there are no marks that might need more cream".

The training record identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA).

Staff were supported to receive regular supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Discussions were recorded and detailed and included discussions around training needs, personal issues and competency.

Care plans clearly stated if the person had capacity to agree and give consent. Staff confirmed their training had included the Mental Capacity Act 2005. The registered manager confirmed if a person lacked capacity a best interest meeting would be held with the appropriate people. Staff knew how to support people if they were unable to make a decision, and respected people's legal rights to make choices and lifestyle decisions for themselves.

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. Care plans held consent forms, and evidence of best interest decisions. One record dated 31/3/2017 evidenced how professionals and family had been involved in the decision making process in regards the person moving to Broadwindsor House. Following the best interest decision and application for a DoLs had been applied for.

The manager and deputy manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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 service 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 had recently completed DoLs application and was awaiting responses

People's nutritional and hydration needs were assessed and monitored to make sure they received a diet in line with their needs and wishes. Where concerns were identified, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified. When required food charts were used to monitor people's intake. At the time of the inspection there were no concerns in regards people nutritional needs.

We observed the lunchtime meal. Most people went to the main dining room for meals. Tables were laid with table clothes and napkins. People were served their meals by staff. One person was heard to consistently state they did not wish to eat the meal offered. No alternative was offered by staff, although gentle encouragement to eat the meal offered was. We spoke to the chef in regards people choice if they did not wish to eat the meal offered. The chef informed us people had two options at meal time and if they did not want this meal, they could request an alternative meal. We spoke with the registered manager who informed us; an alternative meal should always be offered and would address our concerns with staff and the chef.

Drinks and snacks were available throughout the day. People told us they were happy with the food. One relative told us, "If we wanted to eat dinner here that would be fine". Where people were supported with their meals they were supported to eat in line with the guidance in their care plans.

We used a Short Observational Framework for Inspections (SOFI). People had good interaction with staff and were supported in line with their care plans in regards eating and drinking.

People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. For example care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Good

Is the service caring?

Our findings

The service remained caring. Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged people. Staff had a good rapport with people, and engaged in conversation with them.

Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. One person who liked to stay in their room said "There's always staff to keep you company. They come for a chat all the time." Most people spent their day in a large lounge overlooking the grounds. Chairs were around the sides of the lounge. People conversed with people they were sat next. A member of staff remained in the lounge area at all times ensuring people had what they wanted or assistance when required.

The home was spacious and had a number of smaller areas for people to relax in. However the majority of people sat in the large lounge area. The television remained on a far wall with subtitles on throughout the day. We asked one relative if the person always sat in the same seat, as it was far from the television and where others were sitting. They informed us they did but "It was their choice". Staff remained in the lounge with people and gave individual attention to people or support when requested. Staff were heard to remind people to drink or ask if they would like an alternative drink.

There were grab rails and hand rails around the home to enable people to move around independently. Where needed, people had access to walking frames and wheelchairs. People were able to move freely around the home. A lift was available to assist people with all levels of mobility to access all areas of the home. However at the time of the inspection the lift had been out of order for a number of months. The registered manager informed us they were awaiting a particular part which had been ordered. A stair lift enabled people to access their rooms which were not on the ground floor. The registered manager informed us "Staff are always with people when they were accessing the stair lift to enable support." People told us they were able to receive support when requested. One person said, "It's a lovely home, the help is amazing". A relative told us, "There is a good feel about the place, we knew as soon as we came to visit that this was the one. We visit whenever we like and people always seem happy".

When people required support with personal care this was provided discreetly in their own rooms. People told us staff treated them with dignity and respect. The registered manager told us in their PIR, "We pride ourselves on our confidentiality and our staff are aware of the policies and procedures of the home and we will always endeavour to remain private".

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Each person's room had a name and number on the door, which helped them to identify their rooms. Recent refurbishment had taken place within some communal and private bathrooms, they included a new automatic lighting system in en suite wet rooms.

Staff knocked on doors and waited for a response before entering. We noted staff never spoke about a

person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs.

Compliments seen included comments, "Thank you it was lovely to see [name] so well looked after", and "Thank you to all the staff who helped with my birthday last week".

People were able to see their friends and families when they wanted. Visitors we spoke with told us they were made welcome by the staff in the home. People were seen to enjoy the gardens surrounding the home. One member of staff said, "When the weather is nice it is lovely to be able to take people into the garden, to just sit or to have a little walk".

Good

Is the service responsive?

Our findings

At the last inspection we found that people did not have enough to occupy or stimulate them during the day. Following the last inspection an activity coordinator had been employed and improvements made. Activities took place three afternoons a week. During the morning people had activity interaction from staff. Staff were engaging in games with people on the morning of the inspection, one visitor told us, "This is typical of the activities I would normally see when I come to visit. I now expect to come into the home and see the staff team interacting with people". The activity coordinator told us, "We are supporting people to interact with quizzes, songs. We have an activity box and can do whatever people fancy". The registered manager told us, "Our activities coordinator keeps a daily records on each individual". They told us records were kept on how people had interacted and their individual interests. They told us the activity programme was still being improved and would reflect activities that had taken place, particularly meeting needs of people living with dementia. They said, "Our future plans are to place individual pictures in frame on residents doors, coloured door frame were appropriate. Day and night clock for dining room, coloured items for activities example coloured dominos, therapy dementia dolls.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager only accepted an admission if they felt they could meet their needs. The pre-admission assessment included the person as far as possible, healthcare professionals and relatives involved in their care. One relative told us, "We were very clear at the beginning that [relative's title] likes a daily walk and the staff make sure this happens". Staff were able to demonstrate that the person liked to walk and confirmed this activity took place with the person if the family were not available to support. In their PIR the registered manager told us, "Residents have choice of their living and we respect their choice".

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. The registered manager told us, people's care plans were created and reviewed with people. The deputy manager told us they reviewed care plans on a monthly basis.

Systems were in place to review care being provided. Staff demonstrated an awareness of people's changing needs. Care plans and risk assessment were reviewed and updated to ensure they reflected people's current needs. The deputy manager told us, when updating care plans they involved the person or their representative.

People and their representatives told us they were involved in their care planning. One family member told us, "I have legal power of attorney for both finance and care. They always contact me if there are any concerns, or generally keep me informed by email. I have no concerns and would know if [relative's title] was not happy". (A Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people if they lose capacity). A staff member told us they treated people as individuals they gave an example of, supporting people with their different needs. They told us, "Care plans guide us, for example one person likes to be as independent as they can with their bathing, I just offer

prompts but I'm there for support if needed".

Each person received a copy of the complaints policy when they moved into the home. The service had received no formal complaints over the last year. None of the people we spoke with had any complaints about the quality of care they received at Broadwindsor House.

People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. People told us they would raise any issues or complaints with staff. They told us they knew there was a complaints process but had never needed to use it. The registered manager told us they welcome complaints and ensure all complaints are dealt with in line with their complaints policy.

The provider sought people's feedback and took action to address issues raised. Any issues raised from feedback were dealt with and people and relatives informed of the issue raised and action taken

Good

Is the service well-led?

Our findings

People and staff told us they found the management team at Broadwindsor House supportive, open and approachable. The registered manager was very visible in the home, the deputy manager's time was divided between office time and time spent delivering care. This enabled them to work alongside other staff to monitor practice and address any shortfalls. Senior staff were available on each shift.

Staff knew what was expected of them within their roles and felt supported by the management team. Staff told us there was good communication with the registered manager and they felt well supported. They received individual supervision from time to time. They told us they could speak with the registered manager at any time and ask for supervision if they wanted although these were normally arranged. One member of staff informed us they were given a rota in advance to enable them all to know where they would be working. Another member of staff said, "We are a good team and all work well together".

The quality of the service was assessed and monitored through a number of checks and audits. The registered manager had regular contact with the provider and ensured they were kept up to date with changes at Broadwindsor. The registered manager told us, they felt supported and knew the provider was, "Contactable" whenever they needed support or to share information. The registered manager told us, "Lots of contact is made all the time, although not always on a formal basis". The registered manager told us in their PIR, "Broadwindsor House has a strong management team". They told us, "We practice in an open and transparent way, which allows staff and residents to express their views and concerns without fear. We encourage suggestions and opinions from staff, residents and families, in developing our service".

Systems were in place to monitor and improve the quality of care provided. These included formal sign off, that care workers were trained, prepared and briefed to support the people they were assigned to. There were regular spot checks, audits of daily logs and other records. Supervision of staff to monitor performance and development. A Quality Governance team visited the home quarterly to ensure care plans, risk assessments and the home remained safe for people. Following these visits an action plan was sent with any improvements that needed to be made. The action plans were reviewed by the provider with the registered manager. The last quality audit was completed on the 24 August 2017. Where actions had been required the registered manager met the recommended target dates.

The registered manager told us their vision was clear. They told us, "They were committed to driving improvements. They informed us they were "Proud of the home" and of "Their staff team". They told us, "Each day the first thing I do is to go around the home and say good morning to residents and the staff, to ensure they are all ok. I check where staff are deployed and ensure people are being supported. If my team need extra support I help. I don't ask my team to do anything I would not do myself". Staff comments included the register manager, was "approachable", "always listened" "I never worry about going to her with any issues".

People and their visitors speak highly of the registered manager one visitor told us, "The registered manager is really good, they organise a family meal on Christmas Eve for all residents and their families, either

privately in rooms or in dining rooms". One person told us, the registered manager was, "Always about the place, always stops to chat to make sure were ok".

The provider had commissioned satisfaction surveys of people and their relatives. The surveys covered areas such as, the overall quality of the service, how well the care matched individual needs, timeliness, and communication. The last survey was completed in December 2016. Eighteen surveys were sent out and six responses came back. Feedback raised concerns about staffing at weekends. The registered manager informed us they had responded and felt they had sufficient staff at weekends which varied according to need. Staff also received a satisfaction survey. 22 were sent out with 10 responses. There were no negative responses from staff.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

The home provided a warm and homely atmosphere for people and there was an open culture which enabled people to discuss issues and raise concerns