Pilgrim Havens

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?	Good

Summary of findings

Overall summary

Florence House is a care home that provides accommodation and personal care to up to 21 older people, some of whom are living with dementia. It is not registered to provide nursing care. There were 19 people living at the home at the time of this visit. There are internal and external communal areas, including a lounge and dining area, a hairdressing room and a garden for people and their visitors to use. The home is made up of two floors which can be accessed by stairs or a lift. All bedrooms are en-suite with a toilet and hand wash basin. There are two communal bathrooms for people to use.

This unannounced inspection took place on 21 January 2016.

There was a registered manager in place during this inspection. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, applications had been made to the local authorising agencies. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a sufficient understanding of MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were put in place to minimise people's identified risks, to enable people to live as safe and independent a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medication safely. Medication was managed and stored appropriately. People's nutritional and hydration needs were met.
People, when needed, were assisted to access and were referred to a range of external health care professionals. People were supported to maintain their health and well-being. Staff assisted people to maintain their links with the local community to promote social inclusion. People's friends and families were encouraged to visit the home and were made to feel welcome.

Staff understood their responsibility to report any poor care practice or suspicions of harm. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable and safe to work with the people they supported. There was an adequate number of staff to provide people with safe support and care.

Staff were trained to provide care which met people's individual care and support needs. The standard of staff members' work performance was reviewed during supervisions, appraisals and competency checks. This was to ensure that staff were competent and confident to deliver people's support and care.

People who used the service were supported by staff in a respectful and kind way. People's care and support plans gave prompts to staff on any individual assistance a person may have required. Records were in place to monitor people's assessed risks, care and support needs.

People and their relatives were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

The registered manager sought feedback about the quality of the service provided from people, their relatives and visiting stakeholders. Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Robust quality monitoring processes to identify areas of improvement required within the service were in place and formally documented any action required.

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.

People were supported with their medication as prescribed.

Systems were in place to support people to be cared for in a safe way. Staff were aware of their responsibility to report any concerns about harm and poor care.

People's care and support needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were suitable to look after the people they supported.

Is the service effective?

Good

The service was effective.

Staff were aware of the key requirements of the MCA and DoLS to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to support people to meet their needs. Supervisions, appraisals and competency checks of staff were carried out to make sure that staff provided effective support and care to people.

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

Is the service caring?

Good

The service was caring.

Staff were kind and respectful in the way that they supported and engaged with people.

Staff respected people's privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated to ensure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented and were actioned or being worked upon.

People their relatives and visiting stakeholders were asked to feedback on the quality of the service provided.

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 took place on 21 January 2016, and was unannounced. The inspection was completed by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We also received feedback on the home from representatives of the local authority contracts monitoring team and the local authority lead practitioner in safeguarding.

We spoke with five people who used the service and a relative. We also spoke with the registered manager, deputy team leader, cook, maintenance, a senior care worker, a care worker and a housekeeper. We also spoke with two volunteers. Throughout our visit we observed how the staff interacted with people who lived in the service and who had limited communication skills.

We looked at three people's care records, the systems for monitoring staff training and two staff recruitment files. We looked at other documentation such as quality monitoring, questionnaires, accidents and incidents, maintenance and safety records. We saw records of compliments and complaints, and medication administration records.

Good

Is the service safe?

Our findings

People and a relative told us that they or their family member felt safe in the home. This was because of the care and support given by staff. One person said, "I feel safe enough I am not frightened here." Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of abuse and report any suspicions of poor care practice or harm. Staff told us what action they would take in protecting people and reporting such incidents. They were aware that they could also report any concerns to external agencies such as the local authority. This showed us that there were processes in place to reduce people's risk of harm.

People had individual risk assessments undertaken in relation to any identified support and health care needs. Specific risk assessments had been carried out for people deemed to be at risk during moving and handling, of falling, of developing pressure sore areas, their bedroom environment and nutrition. These risk assessments and records provided guidance to staff on how to support and monitor people safely.

Our observations showed that people were supported by staff to take their prescribed medication safely, in a patient and unhurried manner. One person said, "Its fine with all my pills – I don't feel rushed when I have to take them." A relative told us, "[Family member] has an inhaler and we've had no problems with it being supplied or given." Medication when not being administered was stored securely and at the appropriate temperature. We were told that all staff who administered medicines had received appropriate training and refresher training. Staff also said that they had their competency assessed by a more senior staff member or the registered manager. Records we looked at confirmed this.

Medication administration records were audited on a regular basis to ensure that they had been completed fully and were an accurate document. We saw that there were clear instructions for staff in respect of how and when medication was to be administered safely, including those to be given when required. This included medication that had to be administered at certain times of the day, for example, before the intake of food. Staff were able to demonstrate to us their knowledge of time specific medication.

Staff said and records confirmed that pre-employment safety checks were carried out prior to them starting work at the home and providing care. This ensured that they were suitable to work with people who used the service. Checks included references from previous employment. A criminal record check that is undertaken with the disclosure and barring service, proof of current address, photographic identification, and any gaps in employment history explained. These checks were in place to make sure that staff were of a good character.

During our inspection we saw that there were adequate staff on duty to meet people's assessed support and care needs. A relative said that, "They [staff] come quite quick when we've called." A person confirmed that, "It depends how busy they are on how quick they come. It's usually 2-4 minutes I think." Another person told us, "There's usually someone around if I wait." However, one other person said, "My call bell doesn't always work properly when I press it – it shows up as [other room numbers] sometimes but they [staff] find me eventually. If they're busy, it's a bit longer." We spoke with the registered manager about this concern and

they confirmed that there was to be a new care call bell system to be installed as part of the homes current refurbishment. Our observations showed that the majority of people's requests for assistance were responded to quickly and that staff whilst they were busy people were not hurried.

The registered manager told us that they assessed and determined the safe number of staff required to assist people with differing dependency support needs. Records we looked at showed that staffing numbers were calculated depending on people's current care and support needs. This meant that there was documentation in place of this decision making process.

People had individual personal evacuation plans in place in case of an emergency. This showed us that there were plans in place to assist people to be evacuated safely in the event of a foreseeable emergency for example a fire.

We looked at the inspection checks and certificates for safety assessments on the home's utility systems, and fire safety checks. We saw that there were action plans documented for any improvements required. For example following an electrical safety check. These showed us that the management made checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, work or visit.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided 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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented. The registered manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions, applications had been made to the local authorising agencies. On the day of our visit we looked at a random sample of applications. We saw that applications that had been authorised were in date and conditions followed.

Staff demonstrated to us that they respected people's choice about how they wished to be assisted. Records showed that staff had received training in MCA and DoLS. On speaking to staff we noted that their knowledge about MCA 2005 and DoLS was embedded. One staff member said, "[People can make their own decisions. If they don't have capacity, [then it is a] best interest decision. Capacity needs to be assessed first." A person confirmed to us that staff, "Listen to what you've got to say." This meant that staff demonstrated to us an understanding of the importance of respecting people's choice and to make sure that people would not have their freedom restricted in an unlawful manner.

People told us that they were happy with the food served in the home. One person said, "It's very good. It's hot and filling." Another person told us, "They're quite good meals." We saw that people were offered a choice of meals and alternative dishes were available and special requests catered for. The cook talked us through any special dietary needs and how this would be catered for, this included food prepared for people with a specific health care condition or people who required their food to be in a pureed form due to identified risks. A third person explained how they were given a choice if they did not want what was on the menu that day. They said, "It's alright. You can ask for something else if you want – I don't eat [named food type], so they [staff] know." A relative spoke about the quality of the food on offer and said, "[Family member] would soon tell them [staff] if she wasn't happy with anything and it seems fine."

People were provided with a selection of hot and cold drinks and different snacks including fruit throughout the day. A person told us, "I take a banana up with me [to my room] and have it for my breakfast the next day." Our observations during the meal time showed that people could choose where they wanted to eat their meals. One person said, "I have breakfast in my room and we can have what we like. I ring my bell when I'm ready as I have to have my tablets before my food and they know what I need [and] then they [staff] get

what I fancy for breakfast." During this inspection we saw that the majority of people ate their lunch in the dining area, but some people had room service trays prepared by staff. We noted that staff encouraged people to eat at their own pace. Where people needed some support we saw that adaptations, such as plate guards were used. These assisted the person to eat their meal with limited support while maintaining their independence.

Tables in the dining room were dressed with table clothes, placemats and napkins to make the lunchtime a pleasant and social experience for people. Condiments were available and vegetables were served in tureens on each table. This meant that people were encouraged to help themselves or be assisted by staff where appropriate.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. This was until they were deemed confident and competent by the registered manager to provide effective and safe care and support to people.

Staff members told us they enjoyed their work and were well supported. One staff member said that they were, "One team and support each other." Staff said they attended staff meetings and received formal supervision, competency checks and an annual appraisal of their work. Records we looked at confirmed this.

People and a relative we spoke with were complimentary about the staff. The relative said, "I'm happy with the standard of them all." A person told us, "I feel confident with any of them." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training undertaken to date. Training and refresher training included, but was not limited to; personalised care, fire safety, first aid, infection control, MCA, DoLS, safeguarding adults, health and safety, medication, diabetes, end of life care and moving and handling. This meant that staff were supported to develop and maintain their knowledge and skills.

Records showed that staff involved and referred external health care professionals in a timely way if there were any concerns about the health of people living in the home. A relative told us, "[Family member] gets [health care condition] and they're [staff] good at getting the GP to see her and they'll [staff] always let me know."

Good

Is the service caring?

Our findings

People and a relative had positive comments about the service provided. One relative said, "I like the way they [staff] talk to them [people living in the home]." A person told us, "They're [staff] very good. They'll do anything for you. Some do little bits of shopping for you." Another person said, "I love it here. It's like a home from home."

Staff took time to support people when needed. We saw staff offering people an extra cushion to ensure that they were comfortable. We also observed a staff member support a person who could mobilise independently but was unsteady. We noted that the staff member rested their hand on the persons back and offered discreet verbal encouragement. This was all done at the persons preferred pace and without rushing them. A volunteer we spoke with told us how their task to offer people drinks often took longer than it should because, "I like to talk to people as I go." This meant that staff assisted people in a patient, respectful and caring manner.

Staff talked us through how they made sure people's dignity was respected when they were assisting them with their personal care. They confirmed that this support was given behind closed doors. They talked us through the different ways they promoted people's privacy and dignity when supporting them. A person confirmed to us that, "It's very private – they [staff] close my curtains so no-one peeps in." Our observations throughout the inspection showed that staff respected people's privacy and dignity. Staff were polite and addressed people in a respectful manner and by the name they preferred. We noted that staff' asked people if they needed support with their personal care in a dignified way. People were cleanly dressed and appropriately for the temperature within the home.

Care records had been written in a way that promoted people's privacy, dignity and independence. They were personalised which included any end of life wishes. Efforts had been made by staff to collect a social history and personal information about people living in the home. This also included their individual likes and dislikes, any preferences and their individual care and support needs. This enabled staff to get to know and develop an understanding about the person they were supporting.

Care plan reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. The majority of people spoken with said that they felt involved in their care planning and were updated with any changes made to these plans. A relative said, "They [staff] ring me if there is anything wrong or their care and support needs [are] changing. I can ring and put my mind at ease that [family member] is ok." However, one person was unable to tell us about their care record or their involvement.

Staff talked us through how they encouraged people to make their own choices to promote and maintain people's autonomy. For example, what people would like to eat, where they would like to take their meals or what they would like to wear. People said that they could ask for help from staff when needed. A relative told us, "Even though [family member] has [specific health care condition], they [staff] ask her what she wants to do." This demonstrated to us that people were supported by staff to be involved in making their own

decisions and that staff respected these choices.

People's friends and family were encouraged to visit the home at any time by the registered manager and staff. A relative told us about the positive attitude of staff and the registered manager towards them when they visited. They told us they were encouraged to join in outings and activities should they wish to do so.

Advocacy services information was available for people in the form of leaflets in the main reception area of the home Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People had mixed opinions on the activities on offer at the home and the trips out to promote social inclusion and links with the community. One person said, "I join in the odd quiz but I like my own TV. As for outings it hasn't happened yet." Another person told us, "I don't like the TV on in the lounge all day on the same channel and no-one talks. They [staff] have tried to teach me to knit again but my hands are too stiff - I used to knit a lot." They confirmed to us that trips outside of the home did happen, they told us, "We've been out a few times to the park for a cup of coffee – it just means having people to help out." A relative said, "[Family member] gets a bit bored. She'll listen to the radio or CD's in her room and she sleeps a lot nowadays. She got bored with the quizzes. She enjoys the hand massage but they [staff] only do that in the lounge." The relative confirmed that they had helped on trips out, "I went on the Ferry Meadows trip and helped out. I love going along with them and being an extra pair of hands." We spoke to the registered manager about the mixed comments received. They showed us proof that this had been identified as an area that required improvement during their quality monitoring of the home. We saw documented evidence that interviews were taking place to recruit an activities co-ordinator to work in the home.

During the inspection we saw that some activities were taking place. People were receiving hand massages from staff or playing a board game or a game of dominoes. We noted that these were individual activities rather than a social group event. The communal lounge had a mixture of television or music playing at different times throughout the day for people to enjoy. We also noted that people were supported by staff to maintain their faith as regular religious services were held at the home.

Care and support plan were developed by staff in conjunction with the person, and/or their family. These provided guidance and prompt to staff on the care and support the person needed. The individual support that people received from staff depended on their assessed needs. Support included assistance with their prescribed medication, personal care assistance, attending health care appointments, and meal time support. Reviews were then carried out regularly to ensure that people's current care and support needs were recorded as information for the staff that supported them.

We saw that the home had received compliments from relatives as feedback on the quality of the service provided to their family member. People and a relative told us that that they knew how to raise a complaint should they need to do so. A relative said, "It's [the service provided] just perfect." Staff told us that they knew the process for reporting concerns or complaints. Records showed that the complaints received had been responded to in a timely manner and resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were supported by a deputy team leader, care staff and non-care staff. People told us that they knew who to speak with if they had a suggestion or concern to raise and spoke positively about the registered manager and staff. One person said, "I see her [registered manager] every day. She pops up to check around [the home] in the mornings and has a quick chat." Another person told us, "She's [registered manager] usually around. You can talk to her well." A relative said, "It's [the home] well run. As soon as we walked in we just knew it was the right place for [family member]."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. These checks included, but were not limited to; people's care plans, health and safety, medication, accident and incident statistics, complaints and compliments, and infection control. Any improvements required were documented in an action plan. There was a Florence House service improvement and development plan in place for 2016. This set out all of the planned improvements for the coming year. This meant that there was a robust system in place to monitor the on-going quality of the service provided.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner. Statistics from these incidents were reviewed to identify any 'key trends' or 'common themes' and formed part of the registered manager's quality monitoring protocol to improve the service.

Staff told us that they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. They gave an example of how they raised a suggestion to improve activities within the home with the registered manager. This had been listened to and was being implemented. Records we looked and staff confirmed that staff meetings happened regularly. These meetings were used as opportunities to update staff on the service.

The management team sought feedback about the quality of the service provided from people and their relatives by asking them to complete questionnaires and attend meetings. We observed a meeting for people living in the home on the day of our inspection. We noted that it was well attended and everyone was given the opportunity to voice their opinion and raise any suggestions or concerns that they may have. Feedback on the service was positive and any improvements suggested were listened to. One person said, "At the last meeting they [staff] changed the menu as we were getting fed up with the same dishes." One relative told us that they had been asked to complete a questionnaire to feedback on the service provided. Positive feedback was received from visiting stakeholders on the care and support carried out at the home. This meant that people, their families and visiting stakeholders were given the opportunity to make suggestions and be listened to.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.