

Florence House (Staffordshire) Limited

Florence House

Inspection report

Porthill Bank
Porthill
Newcastle Under Lyme
Staffordshire
ST5 0AE

Tel: 01782637354

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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

About the service

Florence House is a residential care home providing personal care to up to 36 people, some of whom may be living with dementia, a sensory impairment or mental ill health. The service accommodates people in a single adapted building, over two floors. At the time of the inspection 29 people were living at the service.

People's experience of using this service and what we found

Some care records needed reviewing to ensure they were up to date and contained the most accurate information about people's assessed needs. Care plan audits needed to be completed more frequently.

There were however other systems in place to measure and monitor the quality and safety of the service and other audits had been completed regularly. There was a clear staff structure in place and staff understood their roles and responsibilities. Staff felt valued by the management team and told us Florence House was a good place to work.

Since the last inspection, risk management had improved, and people had risk assessments in place. Staff understood how to recognise and respond to concerns of abuse and supported people to keep safe. There were enough staff to support people and there was an on-going recruitment drive. Medicines were managed in a safe way. There were effective infection prevention control measures in place. The management had improved systems and practices, demonstrating they were able to learn lessons when things went wrong and improve care for people living at Florence House.

People had their needs assessed and planned for and were supported by staff who were suitably trained to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked alongside other agencies and professionals to ensure people had access to healthcare as required. People had their dietary needs met.

Staff supported people in a dignified way and upheld people's privacy. People were supported to remain as independent as possible.

People's likes and dislikes were considered, and activities were tailored to people's preferences. There was a complaints process in place and people and their relatives knew how to make a complaint. People were supported at the end of their life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 November 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 19 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider was required to send us monthly updates as per the conditions on their registration, which we imposed due to the breaches of legal requirements.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Florence House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Florence House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors 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.

Service and service type

Florence House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Florence House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and we spoke with seven relatives. We spoke with nine members of staff including the registered manager, the deputy manager, senior members of care staff and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found such as training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- The systems in place to assess and monitor risk had significantly improved however, some documentation needed reviewing and updating to ensure people's details were correct. The issues we highlighted were addressed with immediate effect.
- People did have specific risk assessments in place and care plans did contain information for staff to support people in an effective way.
- Staff knew people's needs well and could tell us the actions they took to keep people safe.
- Checks of the premises and equipment were maintained to mitigate any environmental risks.

Systems and processes to safeguard people from the risk of abuse

- People living at Florence House told us they felt safe. One person said, "They [staff] look after me and make sure I am well looked after." Relatives also confirmed they felt their relatives were safe. One relative told us, "From what I've seen they [relative] is very safe. I've not witnessed anything of any concern. They [relative] is very well cared for."
- Staff had received safeguarding training and staff knew how to identify and report safeguarding concerns.

Staffing and recruitment

- The registered manager used a dependency calculation tool to ensure there were sufficient numbers of staff on shift. Relatives told us they felt there were enough staff at the service. One relative said, "There seems to be plenty of staff milling around. If [relative] was concerned, they would tell us." Another relative said, "From what I have seen, there are enough competent staff."
- Staff told us they felt the staffing numbers were sufficient. One staff member said, "We are recruiting at the moment and we have had to use some agency staff, but we manage." We observed staff supporting people in a timely way.
- Staff were recruited safely. New staff were subject to employment checks such as the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine management had greatly improved.
- Medicine stock levels corresponded with Medication Administration Records (MAR) and medicines were stored and disposed of in a safe way.
- Protocols were in place for medicines prescribed on an 'as needed' basis. These gave staff clear instructions on how to administer and monitor medicines prescribed in this way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager followed government guidance in relation to safe visiting at Florence House and had adopted different practices as government guidance had changed throughout the pandemic to ensure people were still able to see visitors.

Learning lessons when things go wrong

- Since the last inspection, the registered manager had developed processes and practices to improve the quality of care people received.
- When things had gone wrong, actions were taken, and learning was shared with management and staff to improve knowledge and prevent the likelihood of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some care plans needed to be reviewed and updated to ensure the details contained within people's care plans were up to date. The registered manager responded promptly to the issues we highlighted and rectified this with immediate effect.
- People's individual needs had been assessed and staff provided support in line with people's wishes and preferences.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about people's needs and were able to tell us about people they cared for and how they liked to receive their support.
- Staff received sufficient training to enable them to meet people's needs and support them in the most effective way.
- Staff received a period of induction prior to commencing their employment and we observed staff being supported through this process during our inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive food and drink to maintain a sufficient dietary intake. We observed people enjoying their meals throughout the day and a relative told us, "They [relative] tells me that the food is nice, and they go to the dining area. I've seen the menus and there is a choice. They get cakes, snacks and drinks; it is frequent."
- Where people had specific dietary requirements, they received support in line with their assessed need. Advice and guidance from specific professionals was sought and records showed people were monitored through the use of food and fluid charts and were being weighed regularly.
- Staff had a good knowledge of people's nutritional needs and dietary choices. Staff told us how they supported people who were diabetic or who required a modified diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being and had access to health care as required.
- Records evidenced other health professionals had been consulted to ensure people were supported in the most appropriate way. These included community nurses, occupational therapists and speech and language therapists.
- The registered manager held regular reviews with the GP and the practice nurses from the local surgery to

ensure people's health concerns were addressed and to ensure the medical professionals had an oversight and knowledge of people's needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- One person who we spoke with told us staff sought consent before providing them with any care or support. They said, "They [staff] always ask me what I need and whether they can help me before they do anything; they always ask." A relative said, "They [staff] always talk to [name of relative] and always ask them if they need anything or whether they can help."
- People had their decision-making ability assessed where appropriate. Where people did not have the capacity to make decisions, staff consulted with relatives and other professionals to ensure care and support was provided in the person's best interests.
- Where people were deprived of their liberty, the relevant applications and authorisations had been sought to ensure this was done legally and in line with best practice.

Adapting service, design, decoration to meet people's needs

- There was signage across the home to help orientate people, particularly those people who were living with dementia.
- Corridors were named after different areas of Stoke-on-Trent which aided familiarity and reminiscence.
- The building was going through a programme of refurbishment. The registered manager said, "We have already started work to improve the interior of the home; new light fittings, new pictures, redecoration where our residents have helped pick colours and choose what they want. When a room becomes empty, we are fully refurbishing it before someone else moves in."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with said they were happy living at Florence House and spoke positively about their care and support. One person said, "They [staff] know all about me and I am well looked after." Another person said, "The staff look after me very well."
- Relatives were also complimentary about the care provided. Comments we received included, "[Name of Relative] has a really good relationship with the staff. They are always happy and laughing along with the staff", "It helps me to know [name of relative] is happy; they really like it here" and "When [name of relative] gets a little confused, they [staff] are so supportive and talk to them and reassure them. The staff see things from their perspective."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A person we spoke with said they were involved in decisions about their care and their privacy was respected. They said, "The staff know my routine. I also have my private time and I can go about my business without being bothered." A relative said, "If [name of relative] is having a bad day, they [staff] let them do what they want to do. They let them go at their own pace."
- Staff told us how they respected people's dignity and promoted their independence. One staff member said, "We try and help people to be as independent as possible. If we know they can do something for themselves, we allow them to and we need to be patient." Another staff member told us, "We support people in the way they want. We preserve dignity for people; we make sure curtains and doors are closed during personal care, we always tell people what we are doing next and ask their consent, even if sometimes they don't understand."
- Care records reflected people's wishes and preferences and documented the things which were important to people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which was specific and tailored to each individual living at Florence House. This supported staff to deliver care and support in line with people's wishes.
- Care plans reflected people's likes, dislikes, wishes and choices and further work was being undertaken to improve care records to make them more person-centred. The registered manager told us, "We have requested some care planning training for senior care staff, and we want all the carers to be involved in this training as well."
- There was a programme of activities which promoted the overall wellbeing of people. On the day of the inspection, we observed the activity coordinator engaging a group of people in an exercise class. People gave us feedback about the activity, receiving comments such as, "That was really good, exercise keeps me going" and, "That was fun, I enjoyed that."
- People were encouraged to maintain contact with their relatives and visiting was encouraged where possible throughout the pandemic. A relative said, "For the first part off the pandemic it was hard as we were in isolation but they [staff] kept me up to date with everything. Now, we visit, and everything seems to be well organised."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their obligation to meet the AIS. They said, "We have access to literature in different formats and we are trying to continually improve. We are working with a consultant to access more information, for example in large print and pictorial format. We are implementing pictorial menus and looking at different pictures as a way of supporting people; we adapt and tailor to people's needs."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and complaints were responded to in line with the policy.
- Relatives we spoke with told us they had not needed to make a complaint but knew how to, and who to go to should they need to do so.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. There were individual 'anticipatory' medicines stored appropriately, should these be required. Anticipatory medicines are medicines which have been prescribed in advance for the onset of symptoms, usually towards the end of a person's life.
- Some relatives we spoke with said they had been asked about end of life care needs and wishes for their relative. The registered manager told us they were looking at how the care plans for people's end of life needs could be developed. Staff were being enrolled on additional training to help support this and improve the quality of care people received at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the registered persons had failed to ensure systems in place were operated effectively to continually assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however further improvements were still needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We did identify shortfalls relating to some care plan documentation where people's details were incorrect and not always up to date. The registered manager, with the support of the deputy manager addressed this during and after the inspection. The registered manager acknowledged the need to keep up to date with care plan reviews to ensure people were receiving effective care and support.
- Audits of care plans had not always been completed and therefore did not identify the shortfalls we found.
- Other audits pertaining to the safety and quality of the service had been completed regularly and actions had been taken where issues had been identified.
- The management team had oversight of the service as there was a scheme of delegation in place which meant staff had clear lines of responsibility and accountability.
- Staff were clear about their own responsibilities. A staff member told us, "We have our own responsibilities and interests which the managers support. We feedback to them any issues and we know they will be dealt with." The registered manager said, "Staff have different roles and responsibilities and staff will be accountable for different things dependent on their role. We encourage staff to come to us before things go wrong or if they need support, so we are working pro-actively not reactively."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager was passionate about creating a positive culture within the service and, since the last inspection, had taken actions to improve the quality of care for people to make Florence House a safe and happy place to live. They said, "We are working well together as a company. We want an open and honest culture; we want to be inclusive. I want people to feel safe and comfortable and for people to live out their best life here."
- People and their relatives gave us positive feedback about the home and the registered manager. One person said, "I know them [managers] when they come around, they are always pleasant." A relative told us,

"[Name of registered manager] is the manager, they are as good as gold." Another relative said, "They [managers] have stepped up to the mark with my relative's care. I think they have gone over and beyond. They've taken it all in hand to ensure their health, safety and welfare."

- Staff also spoke positively about the recent changes across the service and spoke highly of the registered manager. One staff member said, "The registered manager is approachable, and their door is always open."
- Since the last inspection, there had been lots of improvements across the service. The registered manager acknowledged there were still further improvements needed but said, "I have big plans to change more things. We want to introduce fluid and hydration champions and dementia champions. Over the last few months, we have got a lot more structure. We are going in the right direction; I feel we are moving to where we need to be."
- The management team had introduced new initiatives across the service to improve the quality of care people received. The registered manager said, "We have learned lots since the last inspection. We learn from our mistakes; we deal with the things that have gone wrong and we discuss them to see how we can improve."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations in relation to the duty of candour. They said, "We are always informing families about things that may have happened. We are open and honest. We share and ask questions. We will take responsibility and apologise."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had improved communication with people, their relatives and staff and sought feedback about the service. Views were obtained through surveys and staff supervisions. The registered manager had plans to increase the frequency of staff meetings and resident and relative meetings in line with the reduction of COVID-19 restrictions.
- Staff confirmed they received regular supervisions and used these as a mechanism to feedback to the management.
- Staff were rewarded with incentive schemes such as employee of the month and with monetary rewards. The registered manager said, "We have given vouchers to staff who have gone above and beyond. Staff can now nominate others going forward so it is not just for managers. I like to show staff I am grateful, and I like to say thank you." A staff member said, "The management are very supportive. If we do something, we do get thanked. There are incentives and they do make us feel valued."

Working in partnership with others

- The managers at Florence House were working collaboratively with managers from the provider's other services to try and achieve consistency and good practice across all of the homes. The provider and the registered manager had engaged the work of an external consultant to help drive improvement and enhance the quality of care people received.
- The registered manager utilised various social care resources and attended meetings for registered managers across the local region to share ideas about how to improve practice.
- There was a plan in place to increase community links to improve outcomes for people living at Florence House. The registered manager said, "We are looking forward to inviting people back into the home. I am aware of what is going in the community and will be looking at how we can get involved for everybody's benefit."