

Florence Avenue Care Home Limited

43 Florence Avenue

Inspection report

43 Florence Avenue
Morden
Surrey
SM4 6EX

Tel: 02086465921

Date of inspection visit:
26 July 2017

Date of publication:
05 September 2017

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 unannounced inspection took place on 26 July 2017. This was our first visit to the service since it changed ownership in 2016.

43 Florence Avenue provides accommodation and personal support for up to eight adults. The property includes a self-contained bungalow which can accommodate one person. There are seven other single rooms within the main house. There were seven people using the service at the time of our inspection.

There was a registered manager in post who had stayed on following the change of ownership from the previous provider. 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.

There were enough staff to meet people's needs and a consistent team of staff provided continuity of care to the people living at 43 Florence Avenue. Individual care and support needs were assessed, documented and reviewed at regular intervals.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by the managers and acted upon.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining people's consent before assisting them.

There was a system in place for dealing with people's concerns and complaints. The registered manager understood their role and responsibilities and staff felt able to approach them with any issues or concerns.

There were systems in place to help ensure the safety and quality of the service provided. Staff spoke positively about the new provider and the improvements that had taken place since the change of ownership.

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 enough staff to meet people's individual needs.

People were kept safe from harm and abuse.

Any risks to people were assessed and action taken to minimise these.

People were supported to take their medicines safely.

Appropriate pre-employment checks were completed to help ensure people's safety.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated well and their privacy and dignity respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided care and support in line with their preferences.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities they enjoyed and to maintain contact with family and friends.

Suitable arrangements were in place for dealing with concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the registered manager and provider who were approachable and listened to their views. The ethos of the home was positive and staff felt part of a team.

There were systems in place to monitor the quality of the service and make improvements where needed.

43 Florence Avenue

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

The inspection took place on 26 July 2017 and was unannounced. The inspection was carried out by one inspector.

Due to the needs of people using the service, only one person was able to speak with us during our visit. We observed the care and support provided in communal areas and looked at the care records for three people. We also spoke with the registered provider, the registered manager and four members of staff. We looked around the premises and at records for the management of the service including health and safety records. We reviewed how medicines were managed and the records relating to this. Following our inspection visit, we spoke with one relative by telephone to get their feedback about the service.

Is the service safe?

Our findings

People felt safe being supported by staff who knew and treated them well. A relative told us they were "Very happy" with the care provided.

The staffing levels reflected the needs of people living there and all of the staff spoken with said there were enough people on duty each day. One staff member commented, "There is usually four staff on, that's enough." Another staff member commented, "Good staffing levels." The registered manager told us that they reviewed the daily staffing allocation to maximise staff availability in order to effectively support people in their daily lives. For example, an additional staff member was on duty to accompany someone to the gym on the day we visited.

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that staff had previously completed safeguarding training and staff we spoke with confirmed this. A new training provider had been identified for staff to access refresher training in this important area as part of the transition plan for the service. Safeguarding procedures were available in a grab file for staff to reference and contact numbers were displayed in the office.

People received support to manage their money and finances. There were systems to make sure that any money handled by staff was managed properly with full records kept. The financial records were double signed and checked regularly by the registered manager.

Any risks to the safety and welfare of people using the service were assessed. Up to date management plans identified any risks to people, those living and working with them and these aimed to promote their safety. Examples included, looking in more detail at areas such as managing money, being out in the community and any hazards within the home environment. There were procedures for reporting and investigating any accidents and incidents. Incident or accident reports documented the action taken by staff, any further action required and were signed off by the registered manager.

Medicines management in the service was safe. Medicines were kept safely and securely in a locked metal cabinet in the office. People using the service had medicines administration records (MAR) that were accurate and up to date. These were audited on both a weekly and monthly basis by the registered manager. We found that records for medicines corresponded with the quantities of medicines being kept on behalf of people using the service. There were systems for the ordering, receipt and returning of medicines. Records showed that staff received training and had their competency assessed before administering medicines to people using the service.

The service was clean and well maintained when we visited and there were appropriate infection control procedures. The staff carried out regular checks on the safety of the environment and reported that any maintenance issues were dealt with promptly by the registered provider. The staff reported significant improvements had been made to the home environment in the last year and commented on the positive impact this had on the service. One staff member told us, "He [the registered provider] has spared no

expense, it's all been done for the people here." Another staff member said, "There have been a lot of improvements, new windows, doors, the whole house has been decorated."

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Each file contained evidence that criminal record checks had been carried out along with employment references and that proof of identity had been obtained.

Is the service effective?

Our findings

People were happy with the support provided by the staff working at 43 Florence Avenue.

There was a well-established experienced team of staff working at the service and records showed that the majority of staff had undertaken either online or classroom training across a number of areas including safeguarding adults, health and safety and moving and handling under the previous provider. Work was on-going to establish a new mandatory training programme under the new provider with all staff having already undertaken health and safety training. A training schedule had been put in place for 2017 / 2018 with new providers identified for mandatory training including first aid, safeguarding adults, responsive behaviour and communication.

Staff received effective supervision to support them in their roles. Supervision was a regular one-to-one support meeting between each staff member and a senior member of staff to review their work role, current responsibilities and development needs. Monthly staff meetings and annual appraisals also provided opportunities to identify people's development needs. This was in addition to the informal day-to-day contact with the management team.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibility for making sure the least restrictive options were always considered when supporting people and ensuring people were not unduly or unlawfully restricted. The manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. Capacity assessments, any restrictions on people and DoLS applications and authorisations were recorded. Support plans included information about how staff could support people to make choices for themselves and how they communicated their preferences either verbally or non-verbally.

People had their own bedrooms which had been recently re-decorated and these were personalised. The communal areas were clean, comfortable and homely. A very well maintained attractive garden area was also available to people using the service.

One person told us they enjoyed the meals provided to them and could choose what they wanted to eat. Meals were planned with people in advance and support plans gave good information about people's preferences for food and drinks. For example, one person's plan included their likes of pizza and sweet things to eat. Any allergies and special dietary needs were also recorded and met.

People's health needs were met. Records showed that people had regular access to their GP, opticians, dentists and other healthcare professionals as needed. People's weight was checked and recorded on a monthly basis.

Is the service caring?

Our findings

People said they liked living at the service and that the staff were kind and caring. One person told us, "I get on well with the staff." A relative told us that people were "Well looked after" by staff.

People using the service were supported by a consistent group of staff, some also long standing who knew them very well. Staff we spoke with were familiar with the needs and preferred daily routines of each person. There was a calm relaxed and homely atmosphere in the house when we visited. Observed interactions between staff and people using the service were familiar and friendly. Staff clearly knew how to work positively with people to help ensure their wellbeing.

Staff were confident about the quality of service provided to people using the service. One staff member told us, "One of the best places I have ever worked." Another staff member said, "Very good quality care, people are treated well." A third staff member commented, "Such a lovely staff team and lovely residents." All of the staff reflected on how the service had improved in the last year saying, "There are no improvements needed. If you had asked me a year ago, there would have been a long list" and "The service has improved, it would have been a different answer before."

Staff supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring the person had control of their space and had privacy when they wanted it. One staff member told us, "People are treated with dignity. If they weren't I'd go straight to the manager." Another staff member commented, "It's a good team here, people get good care."

Support plans and person centred plans gave information about what people were like, their strengths and the things that were important to them. Pictures and photographs were used to illustrate the plans and each gave good detailed information about how people liked to be supported. For example, plans included information as to how the person expressed their feelings and communicated if they were happy or unhappy.

Person centred plans included pictures of people doing the things they liked and goals they wanted to achieve in the future. It was however noted that the timescales for some goals had elapsed in 2016 and it was difficult to track progress each person had made towards these from the documentation seen. This was discussed with the registered manager at the time of inspection.

Information about people was stored securely and confidentially.

Is the service responsive?

Our findings

One person told us how they were going out to the gym on the day we visited with staff. Other people were out at their day placements and another person was supported by staff to go out later in the day.

Staff talked knowledgeably about people's interests and how they supported people to be active. Care records reviewed documented the day to day activities of people using the service. People using the service received regular visits from an aromatherapist. Other activities included attending day centre and college, going out for meals and shopping trips. One person attended Church regularly. We saw people were supported to keep in touch with people who were important to them such as family and friends. A relative told us that they received regular visits from a person using the service.

Support plan documentation was kept under review and updated regularly. Support plans seen were detailed and person centred addressing people's abilities, routines and personal preferences. They contained guidance for staff profiling each person's care needs across a range of documents including their personal details, daily routines and health needs. Any individual issues such as behaviour that required a response from staff was documented in the support plan with guidance on how to support the person consistently.

Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met. They completed a monthly report documenting any significant events, the person's health and general wellbeing. People were involved in setting their own goals to achieve based around their personal interests and learning life skills. The goals were set out in a person centred plan although the documentation seen did not consistently record progress as to whether each goal had been achieved. This was discussed with the registered manager.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their activities, whether they had been unwell and if there was any change to their needs that staff needed to be aware of. Staff handovers after each shift were also used to share information about changes in people's needs. We saw team meetings were used to discuss people's individual needs and staff signed to say they had read the minutes.

One person told us they felt able to talk to staff or a manager if they had a concern or complaint. They said, "I'd go to [the registered manager] or my key worker." The service had a procedure in place to manage any concerns or complaints. This set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. There had been no complaints recorded since registration of the service under a new provider in 2016.

Is the service well-led?

Our findings

The registered manager had been in post for over 10 years. Staff said that she had an open door policy and they could talk to her or the deputy manager any time they wanted to. One staff member said, "I feel able to talk to the managers." Another staff member commented, "Very supportive. She's [the registered manager] very good."

One person using the service said they liked the registered manager and could talk to her if they had any concerns. A relative told us the registered manager was 'good' and the service kept in touch with them about any events.

Staff were confident about the quality of care provided and said that the service had improved under the new provider. One staff member said, "He's really good, he pops in all the time." Another staff member commented, "He is always open to suggestions, you can talk to him." All the staff commented on the improvements made since the change of ownership and the positive effect this had on the service. One staff member told us, "We are going in the right direction. The owner and manager are supporting us."

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes included discussion around areas such as CQC inspections, training requirements and supporting people with their individual needs.

A transition plan had been put in place following the change of provider in 2016. This had addressed key areas such as ensuring continuity of staff for people using the service, completing a renovation of the home environment and developing key policies and procedures. The registered manager told us that a party was planned in the coming weeks that was going to be used to obtain feedback from family and friends of people using the service and this would help inform a development plan for 43 Florence Avenue for the year ahead. The provider also told us that an independent audit of the service was planned to help ensure good practice and drive improvements where found to be required. We saw regular audits of care records, medicines management and health and safety checks were carried out, with action taken to promote improvement.

Records were well maintained, clear and up to date. Care records were personalised and reflected people's preferences. Information was easy to read and people's care and support needs were documented. The staff reviewed and updated these records regularly and kept an accurate and appropriately detailed record of the support provided. For example, each person's daily notes documented the support given by staff, participation in activities, health appointments and diet.

The registered manager was aware of their legal responsibility to notify the Care Quality Commission (CQC) without delay of any significant incidents and events that adversely affect the people using the service.