

# Harriston Homes Limited

# Florence House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This announced comprehensive inspection was carried out between 23 and 27 November 2018. This is the first inspection since the service was registered with the Care Quality Commission in September 2017.

Florence House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to four people with learning disabilities or autistic spectrum conditions. The service was providing short-term respite care to three people at the time of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post, who is also registered as the nominated individual. 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There were sufficient numbers of skilled staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely. Accidents and incidents were reviewed to prevent the risk of recurrence.

People had care plans that took account of their individual needs, preferences, and choices. Staff had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People had been supported to have enough to eat and drink to maintain their health and wellbeing. Where required, they were also supported to access healthcare services.

People were supported by caring, friendly and respectful staff.

People's individual needs were met in a person-centred way. The provider had an effective system to handle complaints and concerns. People were supported to pursue their hobbies and interests.

The provider's quality monitoring processes had been used effectively to ensure they provided safe, effective

and good quality care. People, relatives, staff and external professionals were happy with the quality of the service.

Further information is in the detailed findings below.

## 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 in place to safeguard people from harm and abuse.

There were enough skilled staff to support people safely.

People's medicines were managed safely.

The manager reviewed incidents and accidents and actions taken to prevent them from happening again.

### Is the service effective?

Good ●

The service was effective.

People's care needs had been assessed so that staff provided effective care.

Staff were appropriately trained and supported in order to support people effectively.

People were supported to have enough to eat and drink to maintain their health and wellbeing.

The requirements of the Mental Capacity Act 2005 were being met.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans to enable staff to provide person-centred care.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

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

The service was well-led.

There was stable leadership which resulted in safe, effective and compassionate service, that provided good quality care to people.

People, relatives and staff were enabled to provide feedback about the service.

The provider had effective systems in place to assess and monitor the quality of the service.

The service worked closely with other stakeholders to ensure that they continued to provide the care people required.

**Good** ●

# 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 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 comprehensive inspection took place on 23 November 2018 when we visited the service. We gave the service 48 hours' notice of the inspection visit because it is small and there are not always people in at all times. We needed to be sure that there would be someone in.

The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us. We contacted the local authorities that commissioned the service and received positive feedback.

During the inspection, we spoke with one member of staff, the registered manager, and the operational manager. We met one person using the service, but they were not able to tell us their experience of the service. Therefore, we observed how staff interacted with them and supported them.

We looked at care records for three people using the service to review how their care was planned and managed. We looked at two staff files to review the provider's staff recruitment, supervision and training processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

We spoke with three relatives of people using the service by telephone on 27 November 2018.

## Is the service safe?

### Our findings

Relatives told us people were safe at the service. None of them were concerned about potential abuse or harm. They all praised staff on how well they supported people to stay safe. During the inspection, we observed the person was comfortable in the company of staff who supported them.

As part of their mandatory training, staff had completed safeguarding training so that they knew how to keep people safe. There was information about what to do to raise concerns about potential safeguarding incidents. A member of staff we spoke with was knowledgeable about local reporting procedures. They also said people were safe and they had never been concerned about anything. Records showed the registered manager had reported incidents to ensure appropriate action was taken to protect people from harm.

People had individual risk assessments to ensure potential risks to their health and wellbeing were managed well. This encouraged positive risk-taking, so that there was a good balance between keeping people safe and them having control over how they wanted to live their lives. There was evidence the registered manager worked closely with people, relatives and health professionals so that risks were appropriately mitigated. Where required, positive behaviour support plans had been developed using information provided by health professionals involved in the person's care.

The registered manager told us of the benefits of collaborative working in ensuring people were supported in a safe and consistent way. One relative told us how happy they were that there had been a significant reduction in safety incidents since their relative had been supported by the service. This showed appropriate action had been taken to ensure people were supported safely and enabled to live full lives.

Staff completed regular health and safety checks of the service to ensure that care was provided in a safe environment. These included checking that gas and electrical appliances were safe, fire systems and equipment were in working order, and that the service was clean. We saw that the service was cleaned to appropriate standards and this provided a pleasant environment for people to live in. There was an environmental risk assessment to assess and mitigate any hazards that could put people, visitors and staff at risk of harm. Fire drills were carried out to ensure everyone knew what to do when there was a fire. A contingency plan also gave staff additional guidance in case of other emergency incidents that would require the service to be evacuated.

The service used regular agency staff to support people. Records provided by the agency showed safe recruitment procedures had been followed to ensure staff were suitable. These also showed what training staff had completed and that they had valid Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The registered manager requested new records when staff updated their training so that they always had up to date information.

There were sufficient numbers of staff to support people safely. There were always at least two members of staff booked to work during periods when people were at the service. A member of staff told us they were

always booked in advance according to when people were due to stay at the service. They said this ensured people were supported by consistent staff who knew them well. Relatives were happy with the level of staffing at the service and they praised the provider for the quality of the staff. One relative said, "They have a completely different quality of staff than we experienced before. We are really happy so far."

One person took regular medicines and these were managed safely. There was a system followed by staff so that they checked people's medicines when they arrived at the service and again before they returned home. This ensured that all medicines received were accounted for and given, and accurate stocks were sent back. A member of staff told us they had no concerns about how medicines were managed. The medicines administration records (MAR) we looked at had been completed accurately, with no unexplained gaps. There was evidence that these were checked regularly so that any errors could be identified and rectified quickly.

People were supported in a way that ensured they were protected from risks of acquired infections. Where required, staff wore gloves and aprons to prevent cross infection. There were facilities to ensure staff followed appropriate hand washing procedures.

The registered manager reviewed accidents and incidents that occurred at the service. There was evidence of learning when things went wrong and systems were put in place to prevent further incidents and subsequently, protect people from harm.



## Is the service effective?

### Our findings

Relatives told us they and their relatives were happy with the quality of care and support provided by staff. One relative said, "We are happy with the service and what they are doing with our [Person]'s care." Another relative said, "The care is second to none, I can't fault them."

People's care and support needs had been assessed prior to them using the service. They had personalised care plans that considered their needs, choices and preferences. Care plans had been developed together with people, relatives and health professionals. One relative told us the registered manager completed a comprehensive assessment of their relative's needs so that staff provided consistent and effective support. They confirmed that care and support plans were reviewed regularly to check that there were still relevant to people's needs. They were also happy with the level of communication with staff which ensured they always had current information about people's needs.

A member of staff we spoke with was knowledgeable, skilled and competent in meeting the needs of people using the service. They told us of their extensive experience of supporting people with learning disabilities, autistic spectrum conditions and other complex health needs. They were complimentary about the training provided by the agency. It was evident they used their learning effectively to achieve good care outcomes for people. The registered manager told us of their plans to provide training in the future when they have employed full-time staff. They had already been talking with local authorities about training staff could access through their training programmes.

The registered manager told us they regularly met with staff to provide support, but they had not yet started formal supervision meetings. They were aware of the benefits of these meetings and they were going to put systems in place to do this. However, a member of staff told us they felt well supported by the registered manager, who they described as 'approachable and helpful'.

Relatives had no concerns with how people were supported with their nutritional needs. They told us staff had checked people's food preferences, and they always provided food and drinks people liked. One relative told us of their relative's specific food preferences and they were pleased the service could meet this. Another relative said, "I have no concerns at all as [Person] has no special dietary needs. There are foods [Person] doesn't like, but they know about this." A member of staff explained how they planned people's meals so that they had food they liked and that met their health and where required, cultural needs. They said, "We have a list of service users' food and drinks preferences and will ensure there is enough before they arrive." They also told us of a person they supported to compile a shopping list and then went shopping for food with staff. As much as possible, staff supported the person to prepare their meals.

People were mainly supported by their relatives to receive on-going healthcare support. People's short stay at the service meant that staff did not provide this support at present. However, they knew that they needed to provide support if urgent care was required while people were at the service.

The design and decoration of the service supported effective care. Where required, the registered manager

told us adaptations would be made if this was necessary to enhance people's independence and safety.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service met these requirements because care records showed people's capacity to make decisions about their care and support had been assessed. The registered manager had also sent referrals to relevant local authorities to ensure that any restrictive care was lawful.

A member of staff told us that they always asked for people's consent before providing any care or support. We observed this during the inspection.

## Is the service caring?

### Our findings

Relatives told us staff were caring, kind to people and respectful. One relative told us, "[Person] is gloriously happy there. [Person] wouldn't go there if he wasn't happy."

The person we met seemed happy and familiar with the staff. Staff were friendly and attentive when they spoke with the person. They told us how much they enjoyed spending time chatting with people and supporting them with their daily needs. A member of staff told us, "Everyone is caring here and I'm confident that all staff are proud of what we do to support [people]."

Relatives spoke positively about the caring atmosphere at the service. They all said they found staff friendly and welcoming every time they visited. One relative told us how their relative looked forward to coming to the service, normally running up to their bedroom as soon as they arrived for their stay. Another relative said, "They are doing a marvellous job. They go over and beyond our expectations. [Person] is like a part of their family. This is definitely a home from home."

A member of staff told us how they supported people to make decisions and choices about their care and support, including how they wanted to spend their day. Some of the people used communication aids so that they could express their wishes. Staff were familiar with the use of the Picture Exchange Communication System (PECS) and we saw this was used by some people. They said when planning activities or trips out, one person benefited from being given limited options to choose from. The member of staff also told us they always respected people's choices and preferences. Relatives acted as people's advocates and were therefore available to provide additional support if required for people to make their decisions and choices known to the staff.

A member of staff told us they always supported people in a respectful manner. They promoted their privacy and dignity, particularly when supporting them with personal care. This was done by ensuring that any support was provided in private areas of the service.

Staff encouraged people to maintain their independence as much as possible. A member of staff said they would only provide support when it was necessary. They gave us an example of how they supported one person to take the lead in planning their trips out and shopping tasks. This was essential as there were plans for the person to move into their own home in the future.

## Is the service responsive?

### Our findings

A member of staff told us they supported people in a person-centred way to meet their individual needs. They said they followed people's care plans to ensure that they provided care that people required, and in the way they wanted. People had an allocated keyworker who met with them regularly to discuss their care. Relatives and health professionals were involved in reviewing care plans to ensure these continued to meet people's assessed needs. One relative said, "I've been involved with care planning and it has been good."

Relatives said staff were responsive to their relative's needs and always supported them quickly when they needed help. They also said the service was tailored to each person's needs so that their holistic needs were met. One relative said, "It's such a perfect fit for my [Person]." One relative told us how well the transition between their relative changing care providers was handled. They said, "This is a fabulous care provider. There was so much preparation before using the service, with a lot of communication with [Person]'s previous placement."

The relative found the use of 'Social Stories' also helped their relative to better understand and cope well with the changes. 'Social Stories' are short descriptions to help people living with autistic spectrum conditions to understand a particular situation, event or activity. They also told us about the good level of communication they had with staff so that they had current information about the person's needs. This included speaking with staff when they dropped off and picked up their relative, emails, and a communication book that the person always took with them. They found this enabled consistent care.

Staff supported people to access a range of recreational activities in their local community to pursue their hobbies and interests. People chose to pursue their own interests within the service and they were supported by staff when they went out. A member of staff told us that they did not have pre-planned activities as people chose what they wanted to do on a day-to-day basis. They said, "[People] take part in activities of their choice. We have been supporting one of them to try out new experiences too." This was confirmed by relatives who told us people were supported to access a range of recreational experiences or staff were working with them towards enabling them to enjoy this.

The provider had a system to handle people's concerns and complaints. Relatives told us they had no reason to complain because they were happy with the quality of the service. There had been no recorded complaints yet, but the registered manager told us what action they would take to deal with complaints.

People did not have end of life care plans. The service was supporting young people who might find it distressing to talk about this. The registered manager was confident that relatives would know how to deal with the issues where necessary.

## Is the service well-led?

### Our findings

There was a registered manager in post who was supported by a senior care staff, and an operational manager.

Relatives and staff told us the service was well managed. They had all been particularly positive about how the registered manager promoted a positive, caring and inclusive culture within the service. They found this meant there was a person-centred approach to the way people were supported. One relative told us, "The manager puts everyone's needs before hers. It's an amazing service and they are doing brilliantly." Relatives had provided verbal and written compliments, and feedback in a recent survey had also been overwhelmingly positive.

Equality, diversity and human rights principles were embedded in the provider's ethos and policies so that there were no discriminatory practices within the service. Everyone we spoke with said people's individuality was always respected and considered when planning how to best support them. One relative said the service had been very good at providing safe and consistent care to their relative, who benefitted positively from this. They described their relative's relationship with staff being very good, with them particularly getting on with one member of staff. They also said, "Fabulous provider, they're marvellous!"

A member of staff told us they felt valued and enabled to contribute to the development of the service. We saw that six members of staff had recently completed a survey and they suggested they would benefit from regular team meetings and supervisions. There were not yet formal staff meetings, but there were plans to start these soon. A member of staff said they spoke regularly with the registered manager, who asked for their opinions about how they could continue to develop the service. The member of staff was complimentary about the quality of the service. They echoed the relative's comments when they said, "This is a very good service. It's homely and person-centred."

People had opportunities to comment about their care and support through regular meetings with their keyworker. We saw that staff used a variety of communication tools to ensure people could express their views. The provider was aware of the 'Accessible Information Standard', introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We noted the service's development plan included further use of Picture Exchange Communication System (PECS) to ensure people understood information given to them. A complaints procedure had been developed using this system and the provider was planning to also review their service user guide and other records. There was also an easy read document that explained the Care Quality Commission's 'Fundamental Standards'.

The provider had effective systems to assess and monitor the quality of the service. The registered manager and other senior staff completed regular audits and took appropriate action to rectify any shortfalls in a timely way. This ensured that they continually improved the quality of care provided to people using the service. We discussed how they could further develop this by showing more how frequently the registered manager reviewed the audits completed by other staff. The registered manager said they would put a more

structured system in place.

The provider worked closely with other stakeholders, including the local authorities or health professionals that commissioned the service to ensure that they continued to provide the care people required. We received positive feedback from professionals about the quality of care at the service. The provider had not yet been inspected by the local authority.