Florence House (Staffordshire) Limited

Florence House

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 5 January 2017 and was unannounced.

Florence House provides support to older people and to older people living with dementia. The service accommodates a maximum of 36 people. On the day of our visit, 35 people lived in the home.

The home has a registered manager. 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 2014 about how the service is run.

There were enough staff on duty to meet people's needs. Staff had the skills, knowledge and experience to work well with people who lived at the home. This was due to an effective induction and on-going staff training.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care. Checks were carried out prior to staff starting work at Florence House to ensure their suitability to work with people in the home.

Medicines were managed well to ensure people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The registered manager met the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider had referred people to the local authority for an assessment when they thought the person's freedom was restricted and when they had been assessed as not having capacity to consent to this.

People were provided with sufficient to eat and drink and people's individual nutrition needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

There were two activity workers who supported people with a range of group and individual activities. The service supported people who lived with dementia well.

People and visitors to the home were positive about the care provided by staff. During our visit we saw staff being caring to people, and supported people's privacy and dignity.

People who lived at Florence House, their relatives, and staff, felt able to speak with management and share their views about the service. No written complaints had been received, although 12 written compliments had.

The premises and equipment people used was safe and well-maintained.

The registered manager was passionate and committed to ensuring people who lived at the home received good care and support. She was well respected by her staff team. Both people and staff felt able to go to her with any concerns or issues.

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 was enough staff on duty to support people's needs. Staff recruitment practice meant people were supported by staff who had undergone thorough checks on their suitability. Staff understood how to protect people from harm, knew how to manage identified risks to people's health and well-being, and administered medicines safely. There were systems to ensure the premises and equipment were well maintained and supported people's safety.

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained, skilled and knowledgeable about the people who lived at Florence House. The registered manager and care staff worked within the principles of the Mental Capacity Act. People enjoyed their meals and were provided with good support to maintain their nutrition and hydration. People received health care support when requested or needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were warm, caring and kind. People were treated with dignity and respect by staff who understood and valued them as people. People were involved as much as possible in making decisions about their daily lives.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their likes, dislikes and interests. Group and individual activities were provided seven days a week. The service listened to people's opinions and gave people regular opportunities to share their views. A complaint procedure was in place but this had not been used in the last year.

Is the service well-led?

Good

The service was well-led.

The manager provided an open door to people, staff and relatives for them to address any queries or concerns. There were good systems to support the health, safety and welfare of people who lived at Florence House. The manager was committed to providing good care to people and was given support by the provider to do so.

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 5 January 2017 and was unannounced. The inspection was conducted 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.

We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with four people who lived at the home, two relatives, and six staff members including care workers, the maintenance worker, the chef and an activities co-ordinator. We also spoke with the registered manager and one of the directors of the company who was at the home during our visit.

A number of people who lived at the home lived with dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and other communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed two people's care plans to see how their care and support was planned and delivered and looked at a sample of medicine administration records. We looked at three recruitment records and other supplementary records related to people's care and how the service operated. This included checks management took to be assured that people received a good quality service.

Good

Is the service safe?

Our findings

People told us they felt safe at Florence House. In response to our question one person said, "Yes, I feel safe here, they (the staff) look after me very well," and another said, "I've always liked it here, I feel safe." A relative told us "This is a fantastic place, he (their relative) is very safe here."

There were enough staff on duty to care for people safely. The provider information return told us the provider used a 'staff dependency tool'. This helped them identify how many staff were needed to support people's levels of dependencies. During our visit we saw staff were available to meet people's needs in a timely way. Relatives, people and staff confirmed this was usually the case. One person told us, "When you want them (the staff), they are there," and another said, "The staff come very quickly." We asked a person whether they felt staff had time to care for people or if they were too busy doing tasks for other people. They said, "The staff are not rushed, if you want anything they will come to you. They do have time to stop and talk to you."

The registered manager and staff told us they had never needed to use agency staff to cover gaps in the rota because care staff who worked at the home were willing to cover for staff absence. A visitor said, "The staff seem pretty consistent, I haven't noticed many new faces since he (their relative) arrived here".

People were protected by the provider's recruitment practices. Staff told us the registered manager checked they were of good character before they started working at the home. We looked at three staff recruitment records. These confirmed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The administration of medicines was managed safely and people received the medicines prescribed to them. One person told us, "They give them to me as they should, at the right time." Another told us, "They (staff) look after me, I've had my legs done this morning. The person said the staff applied cream to their legs every day.

We saw staff administer people's lunchtime medicines. Staff ensured medicines were administered safely. For example, they wore tabards which stated, 'Do Not Disturb Drugs Round in Progress; they recorded each medicine administered in the medicine administration record; and checked people had swallowed their medicine once given to them. Extra checks were made with additional recording undertaken when stronger medicines were administered. This was to further ensure people were taking the right medicines. Staff reminded people what each of their medicines was prescribed for. Staff also offered medicines to people who had medicines on an 'as required' basis for conditions which gave them pain.

Medicines were stored safely and in line with legal requirements. Ordering processes meant there was sufficient time to check medicines received into the home were in accordance with prescriptions, and if necessary, rectify any mistakes so people received their medicines when they should. Disposal arrangements meant there was not a high level of unused or unwanted medicines left at the home.

Medicines were audited each week to check whether mistakes or omissions had been made. The Provider Information Return told us in the last year nine medicine errors had been found. A medicines protocol had been introduced to monitor and analyse any medication incidents. Staff were trained to administer medicines and the registered manager regularly checked that they continued to administer medicines safely.

People were protected from the risk of abuse because staff had received training to help them understand how to safeguard people from harm and knew their responsibilities to report any allegations or incidents they had witnessed. Staff also knew who to whistle-blow to (a whistle-blower is a person who raises a concern about a wrongdoing in their workplace) if they did not feel the registered manager had acted on their concerns.

The registered manager notified us when there had been any concerns raised about the safety of people, and the actions they had taken to minimise the risks of further occurrences. Accidents and incidents were logged and appropriate action was taken at the time to support the individual and to check for trends or patterns in incidents which took place.

The registered manager had assessed risks to people's individual health and wellbeing. The risk assessments explained to staff what the risks were to each person and the action they should take to minimise the risks. The registered manager checked the person's physical, emotional, and psychological health to determine risk. For example, this included the risk of a person not receiving enough food and fluids, and whether the person was at risk with their mobility or reduced mobility. A relative told us that to reduce the risks relating to their relation, staff checked on them hourly through the night and had introduced a sensor mat by their bed to alert staff if they were getting out of bed.

The registered manager also undertook a weekly 'Tissue Viability Report' (skin damage concerns) which shared information with the senior management team about people's risks and the measures they were putting in place to reduce this.

The premises and equipment were maintained by an on-site maintenance worker. They undertook regular fire safety, water and electricity checks to ensure people's safety. They also undertook visual checks of equipment such as wheelchairs, and hoists. External contractors were used to undertake more comprehensive checks of some of the equipment.

The maintenance worker told us every couple of months they set off the smoke alarms to undertake an unplanned evacuation procedure to check that staff knew what their responsibilities were and how to evacuate the building.

Good

Is the service effective?

Our findings

We spent time being present in the communal areas with people, staff and relatives. During this time we saw staff had a good understanding of people's needs and knew how to support them well. We asked people and relatives if staff knew how to effectively meet people's needs. A relative gave us an example of how they had seen a person become 'agitated'. They saw staff support the person to become calm. They also said staff understood the person could become 'fixated' on other people and knew how to manage the situation.

Staff told us they had received training and support from the registered manager to help them develop their skills and knowledge. Training included health and safety training, infection control, dementia awareness and moving people safely. The provider information return also told us staff supported the Alzheimer's society 'dementia friends' initiative and most staff were dementia friends. The registered manager was a dementia champion and accessed resources from the Alzheimer's Society to support staff in their working knowledge of dementia.

We saw staff put this training and knowledge into action. We saw appropriate use of gloves and aprons to reduce the risk of infection spreading, and we saw staff demonstrate a good understanding of working with people who lived with dementia. For example, one person who lived with dementia told a member of staff they wanted to go home. The member of staff, knowing this would not happen, said in response said, "Yes, but you would miss us if you did." The person then cheered up and said, "I know I know."

The registered manager had developed 'competency assessments' for staff new to the home. These not only focused on the tasks staff had to undertake, but the way they were required to undertake them. For example, the competency assessment reminded staff they were 'never to pass comment about smells or soiling' when supporting someone to use the toilet, and they were 'never to make someone wait to go to the toilet.' This meant not only were staff being checked to ensure they knew how to undertake a task safely, their behaviours were being monitored also to make sure they supported people with dignity and respect.

At the time of our visit new staff had not undertaken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The registered manager showed us they had all the information required for the Care Certificate but had been informed by a senior manager that the Care Certificate was no longer in force. As a consequence of this, they had put together their own training package which they felt promoted the same competencies as the certificate. On finding out during our visit that completion of the Care Certificate was still an expectation the registered manager assured us all new staff would undertake this.

Staff were encouraged to undertake further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers. They were also supported with regular supervision meetings and an annual appraisal.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA),

and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. During our visit we discussed a particularly complex situation relating to a person who lived at the home. Through this discussion, the registered manager demonstrated a good understanding of the principles of the mental capacity act, and demonstrated how they acted in the person's best interests. They also showed us they had a clear understanding of when relatives had the right to give consent to care on behalf of their relation and when they did not. The registered manager had information about which relatives had the legal powers to give consent when the person did not have the capacity to make the decisions for themselves.

Care plans identified where people did not have capacity to make decisions. For example, one care plan we looked at told us the person lacked capacity to understand what they were eating and drinking, but their capacity to understand the importance of personal hygiene fluctuated. Where they did not have capacity and the decisions were not complex, staff made decisions in their best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority which was supervisory body for DoLS.

People received food and drink which met their needs. People were complimentary of the meals provided. One person said, "The food is nice, there's plenty to eat and drink," they added, "You get a choice of two meals." Another said, "The food is very good, couldn't be better." A relative said they had eaten Christmas lunch at the home and it was lovely. They said staff would support their relative by cutting up their meat if required.

We were present in the dining room when people had their lunch. Meals were served in a timely way. People were offered a range of cold drinks and hot drinks, and staff checked if they wanted these topped up during their mealtime. We saw staff support people well. They checked if people needed assistance with their meals, they gave encouragement to people to eat more if they had eaten little, and when people left the table having not eaten all of their meal, they were seen being asked by staff if they wanted to go back for more.

People were assessed to check whether they were at risk of dehydration or malnutrition. Food and fluid monitoring was in place where assessments had determined people were at risk, and weight checks were undertaken to see whether the person's weight was changing. People were referred to the GP, dietician, or speech and language therapist for further advice.

People received support to maintain their health and wellbeing. One person told us, "They (the staff) get the doctor for me when I'm ill. My knees are very painful, they (the staff), give me painkillers", they added "I recently had a fall and banged my head, they (the staff), got the paramedics out to me. The staff were very good, there was at least four of them (staff) with me and they were very concerned."

During our visit we spoke with a district nurse and a GP. The District Nurse said that staff were helpful and

they had no concerns about people not receiving support for their health needs. The GP told us they came to the home each week. They felt the staff worked well with them in ensuring people saw them when necessary, and in heeding any advice given. People saw other health and social care professionals when necessary to meet their physical and mental health needs.

Good

Is the service caring?

Our findings

We asked people what they thought of the care they received. They told us, "The girls are smashing, they can't do enough for you.", And, "They (the staff) are marvellous, they always help you. I've been here a long time and you couldn't wish for anything better, they are all very good to me"

One relative said, "This place is fantastic." They went on to explain that having asked about visiting on Christmas Day, they had been invited to stay for lunch (at no extra cost), they said they had a lovely time with people and staff and they were very touched when the home gave them a Christmas present with a gift tag signed by their relative. They said that it was a very thoughtful gesture and meant a lot to them. They said that the staff were very caring and there was a nice atmosphere.

We saw staff provided good care to people. They were friendly, supportive and kind. For example, we saw care staff take a person who was upset through to the dining area where the care worker spoke gently to them and gave the person a hug. Another was asked if they were warm enough and if they wanted their 'cardie'. We also saw other staff interact by holding people's hands or stroking their hand or arm to give comfort and reassurance. The registered manager was seen giving people 'cuddles' to cheer them up.

Staff appeared to enjoy their work and had formed good relationships with people who lived in the home. We overheard one member of staff tell a person about a dream they had that night, where the person had made them a roast dinner. This made the person laugh.

The maintenance worker told us they enjoyed sitting and having a cup of tea with two of the men who lived at the home. All staff we spoke with told us they 'loved' working at Florence House. They told us it was a nice environment where people received good care. We asked staff if their relative needed to live in a care home whether they would consider Florence House. They told us they would.

People were involved in the day to day decisions about their care. They said, "I can get up and go to bed when I like." Another person said "I get up around 8, O'clock, wash and dress myself and then come down for breakfast around 9 O'clock. I go to bed when I'm ready – it depends how I feel"

Staff understood people's individual needs and supported them to meet them in a caring way. Care plans provided comprehensive and up to date information about people and how they wished to be supported. Staff told us they found out about people's needs through reading care plans, shift handover meetings, and through talking with relatives and the person.

During our visit staff were respectful towards people in the way they spoke and behaved towards them. Staff were always polite to people and listened to what they said. People's right to privacy was respected.

People told us their friends and family could visit them at any time and were made welcome. One visitor said they felt welcome to visit at any time although they tended to come during the morning but on different days.

Good

Is the service responsive?

Our findings

We asked people and their relatives if the service was responsive to their needs. A relative told us staff ensured their relation always "looked nice" and made sure they were shaved.

During our visit we saw staff being responsive to people's needs. When people asked for staff support they did this willingly and at the time of the request. We also saw staff responding to people's needs without prompting. For example, staff noticed when a person stood up their clothing was wet. They quickly and discreetly went to the person and suggested they went to their bedroom to help them change. Soon after, the person came back into the communal lounge with clean and dry clothing.

The registered manager assessed people's need prior to their admission to the home. The provider information return told us the person's life history was included in the assessment to help staff form individualised plans of care. We saw this when we looked at people's care records. The registered manager also told us they involved the person or their named relative. A relative told us, "I was asked all about [name of person] I was able to tell them [the staff] all about their behaviour and routine. They [the staff], have been very good. I'm meeting with the registered manager and their social worker in a couple of weeks to discuss how they're getting on." Care plans were reviewed regularly to ensure staff continued to meet people's current needs.

The service provided a range of activities for people on a daily basis. There were two activity workers who worked over a seven day period. They provided one to one activities for people as well as group activities. People were encouraged to tell them what activities they liked to do, and the activity workers included this in their schedule. We saw that people had been involved in making bird feeders and helped to create memory boxes. The registered manager had also converted a large storage cupboard to create an old fashioned sweet shop for people. A couple of people who lived in the home had supported staff in sewing the fabric used for the sweet shop décor.

During our visit we saw staff use music throughout the day to engage people and lift people's moods. We saw people singing along to the music either with staff or on their own. We also saw an activity of a game of bingo take place within the home, and a few people went out shopping in the afternoon with staff. The home had its own wheelchair accessible minibus to support people to go out.

We asked people what they did during the day and how they liked to spend their time, they responded with the following comments: "I like to watch what's going on. Sometimes I go outside – I don't have to ask (the staff), I just go if I want to. I like to go to the lounge and watch television at night." Another person said "I like to sit and watch people and the telly. It is nice to go outside and sit down, I used to have a shed at home, I miss my shed."

To be responsive with people who lived with dementia, the service had put people's previous home addresses on their bedroom doors instead of using a numbering system. This encouraged people who could not retain recent information but could retain past information to find their way to their room. We saw

people had personalised their bedrooms with photos and ornaments, and some had brought their own furniture to further personalise them.

People were provided with opportunities to share their views about the service. There were regular resident meetings and notes of the meetings showed they were well attended. The registered manager had recently started to provide more feedback as to what they had done in response to people's suggestions. This was in the form of a newsletter saying, "This is what you said, and this is what we've done."

People and their relatives understood how to complain about the service. We asked people what they would do if they had any concerns or complaints. They said, "I would go to [the registered manager], I think anyone would." Another said, "I would tell a carer but I have no complaints." A third remarked, "I've never had any problems here." A relative said that they would complain if necessary, but had not done so far.

There had been no formal complaints made to the registered manager in the last year, and there had been 12 written compliments received about the service.

Good

Is the service well-led?

Our findings

Florence House had a registered manager. They had been the manager of the home for two and a half years, and was previously the deputy manager of the home.

We asked people if they knew who the registered manager was. Some people could not remember their name but knew them by sight, pointing them out to us. Others said, "I know [registered manager], she is very nice, you can talk to her and she will talk to you." A relative told us they thought the registered manager was, "Very good. She always speaks if she's around and I can go to her office if she's there". They added, "[Registered manager] is great!"

Staff spoke positively of the registered manager. They told us she was committed to her job and was supportive to them. One staff member said, "She often won't go home until she sees the job has been done." Another member of staff told us, "I think management are good. You don't feel afraid to go to them, they make you feel comfortable." This was echoed by other staff.

During our visit, we found the registered manager pro-active in supporting staff at busy times of the day, and demonstrated a passion for making sure people who lived at Florence House received good quality care.

Staff were supported through regular team meetings. By looking at the minutes of the meetings we could see the importance management placed on the needs of people who lived at the home, and the high expectations they had of staff performance. This was coupled with praise when staff had done well.

The provider supported the manager to provide a good quality of care by requiring a range of quality assurance checks to be undertaken regularly. This included checks on care plans, cleanliness, medicine administration, and looking for trends or patterns in accidents or incidents that occurred in the home.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service. They also sent us a Provider Information Return (PIR). This is a document the Care Quality Commission requests the provider completes to inform us how they are delivering a quality service. We found the information provided in the PIR matched the service we saw during our inspection visit.

The provider information return informed us the home had won an award for being a top 20 recommended care home for the West Midlands on a care home website. We checked the website and confirmed this was the case.