Clearwater Care Group Limited

Florfield Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 30 June and 1 July 2015 and was unannounced. At our last inspection on 24 June 2014 we found that the provider was meeting all of the regulations we checked

Florfield Home provides accommodation and personal care for up to four people with physical and learning disabilities. There were four people using the service at the time of our inspection and each person had a room with an en suite shower room. There is not a garden at the service.

There was a registered manager in post. 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 kept safe from the risk of abuse by well trained staff who felt confident to raise concerns about poor practice. The available risk assessments were detailed and clearly explained how staff could manage

Summary of findings

potential risks. However, one risk assessment did not fully encapsulate the de-escalation techniques that had been agreed with family members and health and social care professionals.

The provider had used a robust recruitment procedure to employ enough suitable staff to meet people's care needs. The staff developed caring relationships with people using the service and people appeared happy and relaxed.

Medicines were stored, administered and disposed of properly. Staff were well trained and completed accurate records.

Staff supported people to eat and drink enough and to obtain treatment from health and social care professionals.

The provider followed the latest guidance and legal developments about obtaining consent to care. Staff used a range of communication methods to support people to express their views about their care. There was evidence that people and their relatives were involved in planning their care and care records included information about people's likes and dislikes. In the event of a change in someone's needs staff discussed a change in the support plan and we observed these changes were implemented.

Staff knew how to support people whose behaviour may challenge the service. Clear guidance was provided in care records.

The registered manager had been in post since 2007 and implemented robust monitoring procedures to ensure the care was of high quality. The team worked well together and there was a positive and open culture at the service. Relatives felt that they could raise concerns and their complaints would be taken seriously.

We have made a recommendation about risk assessments.

Summary of findings

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 not safe in some aspects. Risk assessments did not always contain all the information required to mitigate harm.

There were sufficient numbers of suitably qualified staff deployed to keep people safe and meet their needs. Staff knew how to recognise and report the signs of abuse.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

Requires improvement

Is the service effective?
The service was effective. Staff received training and support relevant to their roles.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff supported people to eat and drink enough and to receive care from health and social care professionals.

Good

Is the service caring?
The service was caring. Staff had developed compassionate relationships with people.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive. Care records were regularly reviewed and updated following a change in people's needs.

There were a wide range of activities made available to people.

Relatives felt able to raise complaints.

Good

Is the service well-led?
The service was well led. The service had an open and collaborative culture.

The registered manager monitored the service to ensure the care delivered was of a high quality.

Good

Florfield Home

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.

The inspection took place on 30 June and 1 July 2015 and was unannounced.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received.

During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, a senior support worker, and two support workers.

We looked at three people's care records, and four staff files, as well as records relating to the management of the service.

Following the inspection we spoke with two relatives of people using the service and a representative of the local authority.

Requires improvement

Is the service safe?

Our findings

People were protected from the risk of harm and potential abuse. Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. Staff felt they could approach the registered manager if they had concerns about the way people were treated. Relatives told us, "It's relatively safe. They've got things in place that will safeguard [my family member]." The registered manager had a good understanding of her responsibilities in reporting allegations of abuse to the appropriate authorities and the one allegation of abuse in the past 12 months had been recorded and dealt with appropriately.

People were protected from harm by effective risk assessments where they were in place. Specific risks had been identified for each person and the associated risk assessments provided staff with clear and detailed guidance and direction on how the person should be supported. For example, the risks associated with going into the community. Staff had a good understanding of what they needed to do.

One person's risk level had increased and, following conversations with the person's family a plan to reduce the risk of harm had been devised and we observed that this was being implemented in a caring manner. However, the person's risk assessment had not been updated to formalise the arrangement which may have led to inconsistent support between staff. The registered manager stated she would amend the plan.

Accidents and incidents were investigated and recorded appropriately but in one case an associated risk assessment had not been drafted in order to prevent the risk of harm happening again.

Environmental risks were well managed. The environment was clean and well maintained. There was an up to date fire risk assessment and electrical installation, gas safety and legionella certificates. The fire log book showed fire alarms were tested and there were evacuation plans in place.

We observed there were enough staff to meet people's needs and support people in the community. A relative told us, "As it stands, they have enough staff." Staff felt that they worked together as a team to meet people's needs and they were always supported by a senior member of staff. A representative of the local authority told us that the staff turnover rate was good with only one member of staff having left in the last 12 months.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed four staff files that contained criminal record checks, application forms, interview records, proof of their right to work in the UK, and two references.

Medicines were managed safely. Medicines were stored and disposed of appropriately. Medicines administration records (MAR) were completed accurately and appropriate codes were used to indicate when someone did not take their medicine, such as when they were in hospital. Staff had received training to administer medicines properly and further training had been booked ahead of staff administering a controlled drug.

We recommend the service obtain guidance from reputable sources about formalising discussions with family and health and social care professionals into written risk assessments.

Good

Is the service effective?

Our findings

Staff were knowledgeable and well trained to meet people's care and support needs. Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a national vocational qualification. The registered manager had a system to make sure staff received relevant training and refresher training was kept up to date. Not all staff knew how to respond to a medical emergency. The provider was aware that knowledge in this area needed to improve and we saw that appropriate training had been booked.

Records demonstrated that staff received supervision sessions every other month and underwent an annual appraisal. Staff reported they found these useful and we noted they were used as a forum to discuss best practice and legal developments in the sector.

The Mental Capacity Act 2005 (MCA) provides the legal framework to protect and support people who do not have the capacity to make specific decisions. We noted that the provider had carried out mental capacity assessments when required under the MCA in all of the care records we looked at.

Care staff had completed relevant training and had an understanding of the principles of the Act. For example, staff understood people's right to make their own decisions whenever possible. One member of staff told us, "It's about what they want." The service had involved advocates to support people to make decisions about their care.

The registered manager had submitted Deprivation of Liberty Safeguards applications where appropriate and had a good working knowledge of current legislation and guidance. DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others

People were supported to eat and drink enough. People's likes and dislikes were recorded in their care records and staff were observed offering a choice of meals and drinks throughout the inspection. A bowl of fruit was available and the fridge was well stocked. Recommendations by speech and language therapists were followed and food and fluid intake was monitored where required. Staff spoke knowledgably about how to support people to drink enough and pictures were used to aid people's understanding.

People were supported to maintain good health because they had good access to healthcare services for ongoing support. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as dentists, GPs, psychologists and an epilepsy nurse. A district nurse visited the service during our inspection. Staff had a good understanding of the health needs of the people they supported and followed guidance from these professionals. Staff were aware of how to monitor people's behaviour to detect deterioration in their health and relatives reported that they felt confident staff would seek medical treatment when required.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. We observed staff treating people with warmth and gentleness. Relatives told us, "The staff are caring and compassionate…they care about the people." We observed that people appeared relaxed and there was a calm atmosphere as staff were patient and did not rush tasks such as when supporting someone to walk around the service.

Staff respected people's privacy and dignity. Staff told us they took measures to ensure that personal care tasks were done in private and with as much sensitivity as possible. Support staff told us, "We make sure the windows are closed…and make sure people are covered. We knock on the door." A relative told us the staff were "definitely" respectful, "They knock on the door. They will tell [my family member] what they are about to do."

We observed staff supporting people to maintain their independence to do things themselves where possible. Staff were aware of what people could and couldn't do and understood how to monitor changes.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. Care records gave detailed guidance about how to communicate with people who were could not express themselves using words. We observed that staff followed these closely and had a good understanding of people's communication methods. A staff member told us "We communicate with objects of reference like pictures, facial expressions. If you sign, they will understand." A relative told us that staff knew what their relative did or did not want to do by observing their behaviour, "They definitely do it well. They can tell about how her mood is. They've got it spot on." We observed staff offering choices of different types of food and asking people if they were ready for their medicines. Staff took the time to explain to people what they were going to do before they did it, such as putting protective clothing on them whist they were eating to protect their clothes.

Good

Is the service responsive?

Our findings

People were involved in planning their own care. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. This included the person's routines at certain times of the day such as their preferred times for getting up and going to bed. The provider held monthly key worker sessions with people to gain their views and a relative told us, "Yes, they do involve me; they invite me to meetings and ask for my input." Staff felt confident to make changes in care in order to respond to a change in someone's needs. For example they had discussed how better to support a person's independence in a recent team meeting. We found care records were up to date, had been reviewed monthly and reflected people's care and support needs and changes in preferences. Staff told us, "If there's a change we update the plan in how we can support them."

Staff were aware of how to support people in situations when their behaviour may challenge the service. Staff were provided with information on how to support people if something occurred that triggered a change in their mood. The provider had investigated what caused someone to display certain behaviours and had put a plan in place. This meant staff could identify that the situation was causing distress and what to do to rectify it or prevent it from happening in the first place.

People were supported to maintain their hobbies and interests. Relatives felt there were enough activities taking place, both in the community, and at the service, "Yes, there are definitely enough activities. They do cycling, and take [my family member] to the park. In [their] room, there is sensory equipment. There are activities as a group." During the morning of our inspection, people went to the park and went bowling with one to one support. In the afternoon people were supported to play musical instruments, to play games and to draw. We reviewed activity logs covering a period of two weeks and found people had taken part in at least two activities per day. Staff explained that they monitored whether people enjoyed the activities to know whether to continue with them.

The provider gave opportunities for people to feedback about the service. We noted that surveys and home visits were conducted on a regular basis. Relatives indicated that they felt able to raise concerns and had confidence they would be dealt with. A relative told us, "Even if you are raising it informally [the registered manager will treat it formally." There was a complaints log in place and complaints were dealt with appropriately, however, the provider did not have a suggestions box but was in the process of installing one.

Good

Is the service well-led?

Our findings

There was an open and positive culture at the service. The management structure provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service was well known to relatives and staff. They were supported by a deputy manager and a senior member of support staff. A relative told us, "I can come and see my [family member]. It's not a large organisation. I feel welcomed…It is collaborative and open." We noted there were frequent resident and relative meetings and monthly pictorial newsletters to keep people and their relatives updated about the running of the service. A representative of the local authority felt the manager was proactive and responded to requests for information in a timely manner.

Staff explained how they worked as a team to improve the care they delivered and were able to suggest ways to better support individuals. A member of staff said, "there are some things you might notice that others don't. You have to say. You are working for the service user." The provider facilitated these discussions through effective communication methods which included informal conversations, supervision sessions, and team meetings and handovers. The provider conducted annual staff surveys to gather anonymous feedback.

Staff felt supported by the manager. One member of staff told us, "She is very supportive." Supervision sessions provided a good forum to discuss staff performance and areas where further development was needed.

The service was organised in a way that promoted safe care through effective quality monitoring. A wide range of audits, such as, weekly medicines audits and home inspections, were regularly carried out and action plans were drafted to drive forward improvements. We noted that these were completed in a timely manner and necessary improvements had been made. The provider sought feedback about the service from health and social care professionals as well as relatives through written surveys and developed action plans based on the responses. The registered manager attended regular meetings with her managers about the running of the home and the operations manager conducted monthly visits to the service.