Floron Residential Home

Floron Residential Home for the Elderly

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 inspection took place on 18 January 2017 and was unannounced. At the previous inspection of this service on 3 June 2015 we found they were in breach of one regulation This was because they did not maintain accurate records of the medicines held in stock. During this inspection we found improvements had been made and they were now meeting this regulation.

The service provides accommodation and support with personal care to older people. Some of whom were living with dementia. They are registered to provide support to a maximum of 16 people and 14 people were using the service at the time of our inspection. The service provided a mix of shared and single bedrooms.

The service had a registered manager in place. 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 working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received induction training on commencing work at the service. Staff had regular one to one supervision meetings.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported to access relevant health care professionals if required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. People and staff told us they found them to be supportive and helpful.

People told us they were routinely consulted about the care and support they received and they were encouraged to express their views.

Floron Residential Home for the Elderly

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 18 January 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. We contacted the local authority in which the service was located to seek their views.

During the inspection we spoke with four people that used the service and one family friend who was visiting the home. We spoke with eight staff. This included the two owners of the service, one of whom was the registered manager. We spoke with a senior support worker, three support workers, the cook and the administrator. We observed how staff interacted with people during the day of inspection. We looked at various documents. This included six sets of records relating to people, including care plans and risk assessments, medicines records, the recruitment, training and supervision records of six staff, quality assurance systems and various policies and procedures.

Good

Is the service safe?

Our findings

At the previous inspection of this service on 3 June 2015 we found the service did not keep accurate records of the medicines they held in stock. During this inspection we found they had addressed this issue. The service had introduced a recording sheet to record the amounts of each loose medicine held in stock and this was updated after each time a medicine was administered. We checked these records and found they tallied with the actual amounts of medicine held in stock.

Medicine administration record (MAR) charts were maintained. These included the name, strength, dose and time of the medicines to be administered. We checked a sample of these and found they were completed accurately and up to date. Medicines were stored securely in a designated and locked medicines cabinet that was securely attached to the wall. There was a separate locked cabinet for controlled drugs and we found the controlled drugs register was maintained correctly. This meant the service had systems in place for the safe administration of medicines.

People told us they felt safe using the service. One person said, "Yes, as safe as you can be." Another person said, "Absolutely, no one ever makes you feel unsafe." A visiting friend said, "I would say so yes and she has never told me differently and the family have never said anything either."

The service had a safeguarding adults procedure in place. This made clear their responsibility to report any safeguarding allegations to the local authority and the Care Quality Commission. The service held money on behalf of some people that was left by family members. This money was stored securely and we saw records were maintained of when and what it was spent on. This reduced the risk of financial abuse occurring.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibility for reporting any allegations of abuse. One member of staff said, "We need to bring the information [about abuse] to the senior on shift and if they don't do anything we need to go the manager. If the management does not do anything we have to contact another authority like CQC." Another staff member said, "Firstly I have to tell my manager about it and make a report. If the manager is not doing anything I have to tell somebody else and raise the alarm."

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. These included the risks of falling, for example the risk assessment for one person stated, "Staff to supervise [person] discreetly when doing tasks and explain to her to take things slowly [as they were at risk of falling]." The risk assessment for another person stated, "[Person] is at high risk of falling due to [medical condition]. It is highly likely to happen if unsupervised due to [medical condition], person would bump into objects. Staff to explain to [person] each step of care and mobility to prevent any falls."

The service kept an accident and incident log and follow up actions were recorded, for example calling the GP and informing the person's next of kin. The record detailed the incidents and also the lessons learnt to help reduce the risk of further instances occurring.

People told us at times the staff were busy but that their needs were met. One person said, "Sometimes you wait a while but it's because they are helping someone else and they always let you know they've heard you." Another person told us, "I have time to wait for them to finish what they are doing. They don't stop but they try to make time for everyone." We observed that staff did not appear rushed or hurried as they carried out their duties during the course of the inspection.

Staff told us they had enough time to carry out their duties and to support people in a safe manner. One staff member said, "It's OK, sometimes when it is busy the admin staff give us a hand." The same staff member added that if a person needed support to go on an appointment extra staff were on duty to provide support with that. Another staff member said, "Yes, if we ask for an extra care staff, if we have residents to go for an appointment, they bring someone in." A third staff member said, ""Staffing levels seem alright to us, we manage."

The service had robust staff recruitment processes in place. Staff told us and records confirmed that the service carried out pre-employment checks on them. One staff member said, "I did an application form and they invited me for an interview. They did reference checks from my previous jobs and DBS." Records showed that the service carried out checks on prospective staff including proof of identification, employment references and DBS checks. A DBS check is to see if a person has any criminal convictions or are on any list that bars them from working with vulnerable adults. This meant the service had taken steps to employ staff who were suitable to work in the care sector.

Good

Is the service effective?

Our findings

Staff told us on commencing working at the service they had an induction training programme. This included time spent shadowing experienced members of staff to learn how to support individuals. One newly recruited staff member said they had five days shadowing. Another member of staff told us, "During my induction I was shown around and I had one week of shadowing both day and night shifts." They also told us about refresher training, "Last week we had safeguarding training and we have lots of e-learning. If I mention I want extra training they'll give it to me."

Staff told us and records confirmed that they were supported to do their jobs through regular training. One staff member said, "We had safeguarding training and we had mandatory training last year. We did first aid, moving and handling, how to use the hoist, medication, all you need." Records showed staff undertook regular training including training about Deprivation of Liberty Safeguards (DoLS), falls prevention, first aid, fire safety, dementia care, safeguarding adults and nutrition.

Staff told us and records confirmed they had regular supervision. One member of staff said, "Its monthly [supervision]. We talk about if we are happy, about the residents, how we are coping." Another member of staff had been supported to return to work and their supervision session stated, "[Management] have been very encouraging and supportive with my plans to do a return to practice course. They continue to advise me and provide assistance as I take the next steps." Another care worker told us, "We have regular one to one's. We sit and chat about how I'm feeling. They're very supportive like that." Records of staff supervision showed it included discussions about staff development needs, progress and achievements and any concerns staff had.

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 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).

Where there was a need for people to be deprived their liberty this had been done in line with legislation. We saw that DoLS authorisations were in place from the local authority and the service had notified the Care Quality Commission as appropriate.

The service was working within the MCA. Mental capacity assessments had been carried out and where people lacked capacity to make decisions we saw that the local authority and family members were involved in making decisions. People were supported to make decisions for themselves wherever possible. For example, the care plan for one person who lacked capacity in some areas stated, "Can manage small

decisions e.g. with relation to food or TV channels." A staff member said, "Those with mental capacity we can ask them what they want to wear. Those that don't we know their likes and dislikes from their family." They added if people had difficulty with communicating verbally they still supported them to make choices. A staff member said, "We can bring them [items of clothing] out from the cupboard and show them and ask what they like." Another staff member said, "I've had mental capacity training. I'd never go against someone's wishes." Care plans contained consent forms that were signed by people who used the service as well as mental capacity assessments.

People told us they liked the food at the service. One person said, "It's not bad. They ask you if it's okay and we have meetings and tell them what we would like to have on the menu more or less often." Another person said, "It is nice and warming. We have lovely food in the garden in the summer. We have parties and BBQ's. I like soups and we have those at supper time or if we don't fancy anything big I have a soup. Breakfast is nice. Not too heavy."

The service had a four week rolling menu which reflected the cultural background of people using the service. We saw on the day of inspection people were able to have a choice of meals, including things that were not on the menu if they did not want that. We spoke with the cook who had a good understanding of people's dietary needs, telling us, "We are trying to feed them good food and nutritious food." The cook added that they used fresh produce in their cooking and we saw fresh ingredients were stored in the fridge. People were supported to maintain a diet in accordance with their needs and care plans contained detail about this. For example one person's care plan stated, "[Person] suffers from type II diabetes and follows a diabetic diet."

People's dietary preferences were also documented in their care plans, for example for one person their care plan stated, "[Person] enjoys eating curry and rice two or three times a week." The administrator at the service told us, "Resident's love to have curry and rice and we make sure to have it a few times per week." One care worker told us, "They make lovely meals, for example a roast on a Sunday, fish and chips on a Friday. We get the chef to cook curry or something spicy as the people here like it." This meant that people who used the service were supported with their preferences in relation to food.

People were supported to have access to health professionals and a record was kept when health professionals visited the home. For example, we saw records of district nurse visits and a continence nurse who had carried out a recent assessment of a person who used the service. We also saw records to show GP visits for medicine reviews. Care plans contained weight and continence charts where relevant. People confirmed that they were supported to access healthcare professionals. One person said, "Yes they do. I have a lot of appointments at the hospital and they help me. They ask me when I would like to go and they have sorted it so I get a text to remind me when it is." Another person said, "Yes, I see who I want to and still see the ones when I lived on my own. I still see the same optician and dentist because I like them, known them for years."

Good

Is the service caring?

Our findings

People told us they were treated in a kind and caring manner. One person said, "They are lovely and treat me very well." Another person said, "I'm treated very well. They do their best." A visiting friend told us, "They are kind and speak gently."

The service sought to promote a homely and caring atmosphere. The administrator at the service told us, "It's a family environment. It's their home. We're coming into their home." A care worker told us, "I'm proud of the way the home is run. It's like a home from home."

Care plans included information about people's past life history such as where they lived and their employment. This enabled staff to get an understanding of the person which helped them to build good relations with them. Information about people was on display in the home which helped to create a homely atmosphere. For example, talking about people's wartime experience, their family and their hobbies. This was complimented by artwork produced by people and photographs of people engaging in activities and day trips.

Care plans included information about supporting people to maintain their independence. For example, the care plan for one person on personal care stated, "[Person] is able to wash his face, underarms and chest himself but needs constant supervision as he forgets due to onset of dementia." The care plan for another person stated, [Person] is mostly self-caring and likes to wash and dress himself but needs reminding to shave." People were also supported to be independent with domestic tasks. The care plan for one person stated, "He will help at times to fold the washing which gives him a sense of belonging." The care plan for another person stated, "[Person] likes to help in domestic tasks. He likes folding clothes after laundry, drying dishes and cleaning tables after meals." During the inspection we observed people helping to set the table for lunch. Staff told us how they supported people to maintain their independence. One staff member said, "We let them know what they need to do [with regard to personal care]. Some need prompting but when you remind them they can do it themselves." Another staff member said, "Encourage them to do things for themselves. Say 'can you wash this or do that'. If they can't we are there to assist them."

Staff had a good understanding of how to promote people's dignity and privacy. One staff member told us they made sure people were covered up when going between their bedrooms and the bathroom and left people alone when they were using the toilet. The same staff member said about supporting people to wash, "Some of them don't want us to wash their private parts so they do it themselves and we assist with what is needed." A staff member explained how they supported people in a sensitive manner with using the toilet. They said, "We need to ask them quietly if they want to use the toilet, we go close to them and ask them so others don't hear." Another staff member said about offering personal care to people, "If they refuse you can't force them, you try to encourage them." A further staff member said, "When we go to the bathroom [with people] close the doors, close the curtains." Another staff member told us how they provided personalised care, saying, "Everybody likes different things so we do it differently, you get to know what people like and don't like." They also told us, "Dignity is about taking notice of what people want. I ask and listen. We pick up on what people like and dislike, you get to know them."

We saw people's bedrooms were homely and personalised. For example, they contained items of religious iconography and family photographs. Where people shared rooms we saw that room dividers were in place to promote people's privacy and toiletries were stored separately to make sure they did not get mixed up. We found that bathrooms and toilet doors had locks fitted which included an emergency override device. This helped to promote people's privacy and safety.

Good

Is the service responsive?

Our findings

People said the service was responsive to their needs. One person said, "They do a good job for us all. They try really hard to make it lovely." A visiting friend said, "They do listen and they try and make time to sit and chat things over. My friend has received lots of emotional support recently and they have been very sensitive to her needs and situation." People said they were involved in planning their care. One person said, "Yes I can choose what I want, like what I need help with. I only have to say to them." Another person said, "They ask me how I am and write it down and then we try new things like pills or a bit of exercise."

The administrator told us after receiving an initial referral they visited the person to carry out an assessment of their needs. They said this involved reviewing existing information held about the person, telling us, "We will go to the hospital, I look though all the files." They told us as well as speaking with the person themselves they also talked to the person's family to get a full picture of the person and their needs. The purpose of the assessment was to determine what the person's needs were and whether the service was able to meet those needs. The administrator told us on occasions they had declined to take people as they were unable to meet their needs. For example, the service had declined one person because the home was not suitable to meet the person's needs in relation to mobility. If it was agreed that it was a suitable placement relatives were invited to visit the home to help them decide if they wanted their family member to move in.

After a person moved in to the service care plans were developed. These were based on the initial assessment and on-going observation of the person. Records showed they were subject to regular review which meant they were able to reflect people's needs as they changed over time. The administrator told us, "Care plans are reviewed monthly or if there has been a significant change they are updated."

Daily records of care were kept for each person who used the service and recorded their day to day activities such as what they ate and how they were assisted. For example, for one person a recent daily log stated, "[Person] came back from day centre. She had her evening meal and took her medication. She later sat in the lounge watching TV." Another person's recent daily record stated, "[Person] continues to enjoy reminiscing about their early past, especially about school days and working life." This person's care plan stated that they enjoyed discussing their past and their daily records confirmed that this was being encouraged.

Care plans were personalised around the needs of individuals. They included information about supporting people with their skin condition, mental state, anxiety, oral health, communication and washing and dressing. Staff had a good understanding of the needs of people and told us they got information from care plans. One staff member said, "We know with the care plans what they like."

People were supported to take part in a variety of activities. On the day of inspection we saw people taking part in exercise activities involving a big inflatable ball. There was a noticeboard on display advertising the planned activities for the week and the activities on the day of inspection were in line with this. Other advertised activities included arts and crafts, sing-a-long, bingo and gentle exercise class. Care plans

included personalised information about people's activities. For example, the care plan for one person stated, "[Person] loves spending time in the garden in the summer. He enjoys gardening like sweeping the leaves, planting flowers and tidying the garden." The care plan for another person stated, "To be encouraged to be involved with others in jigsaw puzzles which she enjoys, to stimulate her mind." People were also supported to go on various day trips. Recent trips included Southend and Bluewater shopping centre. The registered manager told us representatives from various churches visited the service and that some people attended a place of worship. This helped to meet people's spiritual needs.

People were aware of how to make a complaint and said staff were responsive to any concerns they had. One person said, "Well I would complain to anyone here. They all listen and help you the best they can. There are numbers on the wall you can call and a box you can put a note in." Another person said, "I tell them straight, no messing around and straight to [registered manager] if nothing gets done"

The service had a complaints procedure in place. This included timescales for responding to any complaints received. It made clear people could complain to the funding local authority if they wished. However, the procedure did not include details of the Local Government Ombudsman who have a statutory responsibility for dealing with complaints in adult social care services. We discussed this with the registered manager who said they would amend the procedure accordingly. The registered manager told us there had not been any complaints received since our previous inspection.

The service kept a record of compliments such as thank you cards they had received from families of people who used the service. One person had written, "We would like to say a big thank you for all you do for our [relative]. She always seems very happy when we visit and says you are all so kind to her." Another card stated, "To everyone at Floron House. We'd all like to thank you for the special care and kindness you have shown our [relative]."

Good

Is the service well-led?

Our findings

People told us they were able to express their views about the service and that the management was responsive to them. One person said, "You see changes after we have resident meetings so they do listen." Another person said, "We have resident and relative meetings where we talk about things like parties, voting, things in the news and what we would like to do about them and then we do it."

Staff spoke positively of the registered manager and other senior staff working at the service. One staff member said, "Senior staff are helpful, the [registered] manager also. If we need help, she helps." Another staff member said of the registered manager, "She is all right." A third member of staff said of the registered manager, "She is a nice person. When I first came here she made sure I was taught everything about the residents, that I worked well with my colleagues." The same staff member spoke positively about the working atmosphere at the service, saying, "It's a very nice environment. The people I work with are very supportive. I haven't come across any problems yet with my colleagues or the manager"

The service told us about their quality assurance practices to ensure a high quality of care was being consistently provided. The administrator told us, "We carry out regular questionnaires for family, professionals and the resident's themselves." Records showed that questionnaires were being sent out annually, at the end of each year. We saw examples of a 'family and relatives' questionnaires that had been completed from 2015. The questionnaire asked people to rate aspects of the service from one to five, with five being 'very good'. Records showed that family and relatives had rated the service as mostly 'four' and 'five' on aspects such as the appearance of the home, friendliness of staff, the cleanliness of the home and whether they would recommend the home to other potential residents. The questionnaires also gave people the opportunity to express their views. One person stated, "Always made welcome", "Very friendly", "No smells", "Everything is very nice and always clean." Another person stated, "It's fine, [relative] is well looked after." On whether their views were listened to, they stated, "Usually acted upon immediately, for years my relative has been well cared for."

The service also carried out an annual 'service user questionnaire'. We looked at a completed questionnaire from November 2015. Questions included, 'Do you choose when to wake up in the morning?' 'Do you choose what to wear during the day?'' Do you feel that you can see your GP when you need to?' The recipient stated "Yes" for all of these questions. Another person who had completed the questionnaire answered "Yes" to questions such as 'Do you like the food in the home?'

The service also carried out a staff questionnaire and we saw records of these from October 2015. Staff were asked what they liked most about their job and what their opinion was on the training they received. One member of staff stated, "Team work and management support" was what they liked most about their job and stated that the training they received was, "Very good and clearly explained."

We also saw records of a 'visitor questionnaire'. We saw various responses, for example one from a health professional in October 2015 that stated, "I would be happy to recommend this care home in a professional capacity."

The administrator told us, "Because we are a small home, we are checking things all the time. We have good relationships with residents and their families and also the local authority monitoring team. We carry out spot checks every day. They're not recorded as such but medicines are checked, that's a must. I will visit everyone's rooms every day to see what needs doing."

Staff told us the service held regular staff meetings. One staff member said, "The staff meetings we have maybe one in two months. We discuss about safeguarding, we talk about the residents, on-going training and about the key working system." Another member of staff sad, "There was one [staff meeting] two days ago. We talked about the residents. The manager reminded us to always give high quality care and to have good relationships with your colleagues." Records of team meetings showed they included discussions about dignity in care, the reporting structure at the service and food drink served.

The service also held joint meetings for people and their relatives to give them the opportunity to provide feedback and discuss relevant issues. We saw that at one such meeting the service held a discussion about how best to support people who wanted to vote in the referendum about British membership of the European Union. This meant people were supported to participate in their rights as citizens.