

Florijn Care Limited

Cavendish 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	

Overall summary

The inspection took place on 11 November 2015 and was unannounced. Cavendish House provides accommodation and personal care and support for up to six people who live with a learning disability or autistic spectrum disorder. The service does not provide nursing care. At the time of our inspection there were four people who lived in the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were enough staff who had been recruited safely

Summary of findings

and who had the skills and knowledge to provide care and support in ways that people preferred. The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach.

People were given choices in their daily routines and their privacy and dignity was respected. People were supported and empowered to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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 safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Good



Is the service effective?

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good



Is the service caring?

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's dignity was respected by staff.

Good



Is the service responsive?

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Good



Summary of findings

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Cavendish 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.

The inspection took place on 11 November 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We had short conversations with three people who lived in the service as due to their complex needs they could not have a full conversation or chose not to speak to us. We also spoke with three care staff members and the manager.

We looked at two people's care records, four staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe and secure. All of the people we were able to speak with, told us they felt safe. One person told us, “Yes I feel safe here, they [the staff] are all around to help us.” Another person smiled and raised a thumbs up sign when we asked them the same question.

Staff we spoke with had a good understanding of how to protect vulnerable adults. They told us they knew people well and believed they would know if there was neglect or abuse taking place. Staff told us they would speak to senior staff or the manager immediately if they had any concerns ensuring they made accurate documentation of this. They said they were sure action would be taken but knew how to escalate concerns both internally and externally if action was not taken. Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. This showed staff were aware of how to raise concerns about abuse and recognised their responsibilities regarding the protection of vulnerable adults. Where safeguarding referrals had been made we saw clear records had been maintained with regard to these. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

All of the staff we spoke with knew people’s needs and how to manage risks to people’s safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people’s records which identified how the risks in their care and support were minimised. Staff understood people’s needs and risks to people were managed. For example, we saw one member of staff took practical steps to minimise the risk to people when one person became a little concerned about going out. We saw that staff clearly explained their actions and checked the person understood what was being said, and actively engaged the person in conversation about their own interests which calmed them. The person appeared comfortable during the process. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people, and or their environment. Our observations and conversations with staff demonstrated that guidance had been followed.

We saw that the risk assessment process supported people to increase their independence. Where people did not have

the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people’s independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as challenging behaviour, nutritional risk and going into the community, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

We saw there were sufficient staff on duty to meet people’s needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people to lead active lives out in the community pursuing their own interests safely. One person we spoke with said it was their choice to have staff with them or not when they went out. Staff members who we spoke with confirmed this.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the records and the processes we discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) were accurate. Medication was given with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about their use. This included medicines that people needed on

Is the service safe?

an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. No one was self-medicating on the day of our inspection.

We looked at training records for staff who administered medicines which showed they were all up to date with safe

handling of medication training. We also saw refresher training was booked for 2015. This meant appropriate arrangements were in place in relation to obtaining, recording and handling of medicines.

Is the service effective?

Our findings

People told us that staff met their individual needs and that they were happy with the care provided. One person said, “I know what is in my care plan I helped write it. The staff know what I like and as this is now my home they let me do what I can for myself. We all get on well.”

Throughout our inspection we saw that staff had the skills to meet people’s care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Person centred support plans were then developed with each person which involved consultation with all interested parties who were acting in the individual’s best interest.

Staff told us that they were supported with supervision, which included guidance on things they were doing well. It also focussed on development in their role and any further training. They were able to attend meetings and reviews where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Staff meetings did not take place on a regular basis, as we were told the home was so small regular contact is always on going within the service and communication between staff was very good. Opportunities for staff to develop their knowledge and skills were discussed and recorded. The manager acknowledged that there had been a slight lapse in supervisions due to some staff changes but showed there was a plan in place to address this. This showed that the management team supported staff in their professional development to promote and continually improve their support of people.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication.

Some of the people at the service had complex communication needs and staff knew and recognised people’s individual ways of making their needs known, such as how people communicated if they were unhappy or distressed. For example, one person had their care plan printed in blue as they were unable to read it otherwise. Another person had a specific way of ending a conversation if they did not want to talk anymore. We saw staff responded immediately and appropriately when this happened. Staff knew the best way to support people at these times and others in order to reduce their anxiety.

People’s capacity to make decisions was taken into consideration when supporting them and people’s freedoms were protected. People told us that staff always asked their permission before providing care or support. For example we saw that staff asked people if they could enter their rooms.

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).

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 were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. The provider and manager carried out a mental capacity assessment at the first visit, to determine people’s ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with

Is the service effective?

family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. Staff carried out nutritional risk assessments to identify if there were any risks to people associated with their nutritional needs. People's weight was monitored so that any significant

changes were picked up that may indicate the person had risks relating to their nutrition. If a risk was identified, people could be referred to relevant health care professionals such as a dietician nutritionist or speech and language therapists so that a full professional assessment could be carried out.

People's day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with the GP and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare.

Is the service caring?

Our findings

People received support from staff that were caring and kind. The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling, with staff. One person indicated, by smiling, that they were happy with their care when asked if the staff supported them well.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of the needs of the people they cared for. They were able to tell us about each person's individual needs and preferences. This showed that staff knew people and understood them well. Staff addressed people by their preferred name, and chatted with them about everyday things and significant things in their lives. This showed that staff knew about what was important to the person.

We observed during our inspection that positive caring relationships had developed between people who used the service and staff. We observed the care people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff were attentive to people's needs and were polite and courteous. People appeared relaxed and smiled at the care staff. When a member of staff was sitting with someone, if the member of staff needed to leave the room they explained to the person what they were going to do and that they would be back. People were involved in making choices about their care.

Staff listened to people, showing empathy and understanding, giving them time to process information

and waited for a response without rushing them. People were treated with dignity and respect. Our observations confirmed this when one person showed signs of anxiety and distress, and staff dealt with this in an efficient caring manner. Staff spoke with people in a kind and caring manner and they respected people's choices. If someone was trying to communicate something staff listened attentively until they understood what the person wanted.

We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were well motivated and caring. Staff respected people's privacy and dignity. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others. People were encouraged to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received individual care that was based on their assessed needs and was delivered in a way that put the person at the centre of the plan of care. The manager told us that some of the people who lived at Cavendish House had been assessed as having the skills to live a little more independently with support as required from staff. Staff we spoke with told us they had worked for the organisation for many years which meant they had developed good relationships with the people they supported. They displayed a good level of knowledge and understanding of each person's needs. Staff told us about the care needs of each person who lived at the home and it was clear they knew people well. Staff told us that people's needs and preferences were at the forefront of all their processes from care plans and risk assessments to staff training. Staff listened to people and involved them to the best of their ability to have control over their lives.

People told us they liked living at the home and that their lives had improved since they had moved there as they were now more independent. They said staff involved them in all aspects of their care. One person told us they knew they had a care plan but they did not want to look at it. Another person went through their care plan and explained it to us. We saw people were supported by staff to choose how they wanted to spend their day.

We looked at the care records of two people who lived at the service. We saw they were comprehensive, person centred and individually tailored to meet the person's needs and focused on maintaining independence. Care plans provided staff with clear guidance on how to meet the person's needs. We saw daily records were completed each shift which showed how support had been given in accordance with the care plans. Records were reviewed on a regular basis and we saw evidence of regular reviews with the local authority. People's care plans showed that they received personalised care that was responsive to their needs. Care plans included information about the care and support provided to people. The service enabled people to strive to reach their maximum potential whilst enjoying meaningful and fulfilled lifestyles.

Care staff were able to describe the details of people's care plans and knew the needs of the people in their care well.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. One staff member described the steps they had taken when one person had become anxious with another person. These included calming the person and helping them go to an area where they could be quiet. We also saw staff were receptive to people's non-verbal communication and understood when they did not seem happy. One staff member told us, "We just know [person] we know when they have had enough. The best thing is to know how not to get it to that stage." Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others.

Staff also told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and there was good staff availability to enable the outings and any service events to take place. People could choose to participate in a range of individualised social events and follow their own individual interests. For example one person had attended a 'men's group' on the day of inspection and another person was excited to be planning to go to a 'Dr Who' event in London.

The service had a robust complaints process in place and people were able to express their views. The service was responsive to people's comments and concerns. People told us they were listened to and their views or concerns were addressed.

There had been no formal complaints made since the last inspection. Records of complaints made previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was available in the service for people to refer to and in an appropriate format. This was important and ensured everyone, where able, were aware of the actions to take should they have concerns.

Is the service well-led?

Our findings

The service was well managed and the manager was visible and accessible. From our discussions with staff it was clear that they were familiar with the people who lived in the service and their relatives. All the people we spoke with told us they knew who the manager was and one person told us, “We are a good team we all work well together.”

All of the staff told us they worked in a friendly and supportive team. They felt supported by the management and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns and suggest ideas for improvement. Staff had access to meetings where appropriate, supervision and observation and annual appraisals. Staff and resident meetings were not held on a regular basis, however staff told us that because the service was so small communication was always inclusive and they were always consulted about any proposed changes.

The organisation’s values were based on respect for each other, putting people at the heart of the service and focussing on people’s abilities, growth and development. Our discussions with staff and people, our observations of life in the service, and how care and support was planned and delivered showed these values were embedded in practice. Staff understood their responsibilities and took them seriously. Staff were able to demonstrate to us that the welfare of people was their priority, and the service maintained good links with the local community.

The management of the service had processes in place which sought people’s views and used these to improve the

quality of the service. The provider sought feedback from people and their relatives to improve the quality of the service. We were told that they sent out surveys to families, friends and health or social care professionals. We saw from the most recent surveys that there was positive feedback about the standard of care and how the service was managed. Action plans to address any issues raised were in place and were completed.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of incidents documented showed that staff followed the provider’s policy and written procedures and liaised with relevant agencies where required.

There were systems in place for managing records and people’s care records were well maintained and contained a good standard of information. The registered manager explained that all records were reviewed, assessed and updated according to changes in people’s needs. Care plans and care records were locked away in the office when not in use. People could be confident that information held by the service about them was confidential.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the home, activities, staff records, infection control and health and safety. This showed the provider had an effective system to regularly assess and monitor the quality of service that people received.