

Mrs A J David

Florence House Residential Home

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

Florence House Residential Home provides accommodation and personal care for up to 20 older people, some of whom may live with dementia. There were 16 people living at the home at the time of our visit. The home is an adapted residential building and is located in the town of Ramsey in Cambridgeshire.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The provider (owner) acted as the manager and therefore there was no requirement for them to register with us.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Florence House Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 18 August 2017 and was unannounced. The inspection visit was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. 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 two people living at the home and three visitors. We also spoke with three members of care staff and the provider/manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People's visitors told us that they thought people were safe living at the home. They knew who to speak with if they were concerned about anything. One person's visitor told us that this was because there were plenty of staff. Another person's visitor explained why they felt their relative was safe by comparing their relative's experience in another care home, "It's the size, it's smaller and less busy." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. The provider/manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that incidents had been reported as required.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they changed their approach towards people or changed staff member if people's anxiety or distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. They told us they were aware of people's individual risks and our observations showed that they put actions into place. We found that environmental checks in such areas as fire safety and equipment used by people had been completed.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. Visitors told us that there were enough staff. One visitor said, "It seems like virtually one to one (staffing to person ratio) some days." Staff members told us that there were enough staff. One staff member explained how there had been an increase in staffing numbers and this allowed them to spend more time with people. There were systems in place to increase staff numbers if this was needed. During our visit we saw that there were staff members available in all areas of the home.

The service remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately. There were detailed records to show how staff should give medicines covertly where this was required.

Is the service effective?

Our findings

The service remained good at providing staff with training and support. Visitors told us they thought staff were adequately trained. One visitor commented, "They certainly do, they're on top of things." Staff told us that they received enough training to give them the skills to carry out their roles. However, one staff member told us that they had not received training as their training needs were still being assessed. Staff training records show that most staff members had received training and when updates were next due. We saw that new staff did not always receive training before they started working with people. The provider/manager explained that they assessed new staff members' training needs so that they could take previous training into consideration. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could also discuss issues with the management team at other times. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service remained good at ensuring people were able to make their own decisions for as long as possible. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. One person said, "It's very nice but too much for me." They went on to tell us that they especially like the desserts that were offered. Visitors told us that their relatives received a choice of meals and that staff gave them the support they needed to eat and drink. One visitor said about their relative, "They really went out of their way with the food. They had separate food delivered for a couple of weeks as they wanted something different." We observed that refreshments were offered throughout the day. Staff talked about the menus with people and described meals so that people could choose. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists. We saw that people were properly supported with eating and drinking.

The service remained good at ensuring people had advice and treatment from health care professionals. A visitor commented that their relative saw their GP quickly if this was needed. Another visitor told us how staff had identified a serious medical issue with their relative and obtained medical attention quickly. People's care records showed that they had access to the advice and treatment of a range of health care professionals. An individual health plan provided all the information needed to support each person with their health needs.

Is the service caring?

Our findings

The service remained good at caring for people. One person told us that staff were lovely. Visitors told us that staff were polite, kind and "they go out of their way to try to engage with [relative]." One visitor told us, "I think they're excellent, very attentive." Another visitor told us that staff were "very approachable" in their attitudes and that nothing was too much trouble for them.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way. When one person became distressed with a staff member, the staff member withdrew and another staff member attended to the person a few minutes later with different results.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line.

The service remained good at respecting people's right to privacy and to be treated respectfully. People's visitors told us that staff did this. One visitor told us that their relative had a preference to have only female staff and this was adhered to. They went on to tell us that the provider/manager had the dignity of people as a high priority and this was evident in the way staff spoke and interacted with people. We saw this in practice when people were helped from one area of the home to another. Staff checked to make sure clothing was straight and suggested quietly to people when and if they needed to have personal care.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. One person told us that they were able to get up when they wanted and that staff helped them whenever this was. Visitors told us that they were happy with the care given to their relatives and that staff did things that were specifically for their relative. One visitor told us, "It's the small routines that staff take into account, like making the bed as this was always what [relative] did at home." Another visitor told us that staff had thought about the issues of items being moved around on their table. Staff had considered how to meet their relative's sight impairment. Staff had found that using a card table covering with a drawing of where specific items were to be placed prevented these being moved and meant the person was always able to find the item they wanted.

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to a large variety of activities that staff supported them to take part in. One person's visitor told us that the staff member designated to arranging activities was "fantastic" and that, "They [people living at the home] love her to bits. She knows them well." The provider/manager told us that although there was an activities program, people were able to choose what they wanted to do each day. We saw that staff supported people to play board games, enjoy the garden and time outside or they spent time talking with them. There were staff members constantly present in communal areas and this enabled people to do what they wanted and choose where to spend their time.

We looked at three people's care plans and other associated records. The plans were easy to follow and read. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Most plans were written in detail to guide staffs' care practice and additional care records were also completed in detail. Plans for the care of people's diabetes were not written in as much detail, which may pose a risk for new or inexperienced staff. However, staff we spoke with had a good understanding of people's needs in this area. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. Visitors told us they would be able to speak with a member of staff or the provider/manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the provider/manager would deal with any given situation in an appropriate manner. We saw that there had been one complaint, which had been thoroughly investigated within a very short timeframe and the information was shared with social care professionals.

Is the service well-led?

Our findings

The service remained good at providing a positive and open culture. One person at the home told us, "They're all lovely" and they liked living at the home. Visitors were also happy with the way their relatives were cared for and the running of the home. One visitor commented, "It's a lovely place and I'm very happy [relative's] here. They really look after them well. I feel like I can go away on holiday again and they will be alright. I don't have to worry." Another visitor said that the home and staff were, "Very good here."

Staff members told us that there was a stable staff group and that they got on well together. There was a provider/manager in post. Visitors told us that they saw the provider/manager around the home and knew who they were. Staff said that they felt supported by the provider/manager and said that they were approachable and a good support for all staff. A staff member told us that the provider/manager was, "Very nice." They went on to tell us that the provider/manager was open and approachable. Our observations showed that the provider/manager spoke with staff in a positive and appropriate way. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The service remained good at assessing and monitoring risks to people and the quality of the service. The provider/manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as environmental, medicines and the care records. These identified issues and the action required to address them. This information was then passed to other staff to address. The provider/manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. However, a detailed analysis was not completed more frequently than once a year. Therefore any trends or themes, such as whether falls occurred more frequently at one time of day, were not identified quickly enough. The provider/manager confirmed that they had adjusted staff levels following analysis of this audit in the previous year and we saw that this had resulted in fewer falls at that time of day in this year's statistics. They confirmed that they would look at the analysis trends more often and take action if required.

Visitors told us they were asked their views of the home and the care their relatives received. We saw that the views of people, their relatives, staff and visiting health care professionals were obtained on an annual basis through a questionnaire. The information was then collated and a summary of the findings made available. The most recent responses showed that there were few issues identified, such as the need for more activities, and these had been responded to. There are also regular meetings for relatives and staff to attend, so that they could hear about any plans and discuss any concerns.