

Lorven Housing Ltd

Florence Nursing Home

Inspection report

47 Park Avenue
Bromley
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Date of inspection visit:
18 November 2019

Date of publication:
05 December 2019

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 Nursing Home is a care home that provides accommodation and nursing care for up to 30 older people some of whom may be living with dementia in one adapted building. At the time of the inspection 25 people were using the service.

People's experience of using this service and what we found

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. People's medicines were managed safely. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training, regular supervision and annual appraisals of their work performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The registered manager was in the process of improving the environment for people living with dementia.

People and their relatives had been consulted about their care and support needs. People were supported to take part in activities that met their needs. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on. There were procedures in place to make sure people had access to end of life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys and meetings. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff enjoyed working at the home and said they received good support from the registered manager and deputy manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was 'Good' (published 18 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Florence Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Florence Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection was unannounced.

What we did before the inspection

We sought feedback from partner agencies and professionals including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, a nurse, two care staff, the activities coordinator, a domestic member of staff and the chef. We also spoke with

a visiting social care professional and asked for their views on the care provided at the home. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I am safe. The carers are very nice and we residents all get on well together. I love it here." A relative told us, "My loved one is safe – the staff are very good, and we have a nice relationship with them."
- There were safeguarding adults' procedures in place. The registered manager and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care records included risk assessments, for example, risk of choking, the use of bed rails and risks for medical conditions. Risk assessments included information for staff about action to be taken to minimise these risks occurring.
- Where people had been assessed as being at risk of choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff had received training in fire safety.
- We saw records confirming the fire alarm system was being tested weekly and fire drills were regularly being carried out at the home. There were also systems to manage portable appliances, electrical, gas and water safety. Equipment such as hoists, bedrails and lifts were serviced and checked regularly to ensure they were functioning correctly and safe for use.

Using medicines safely

- Medicines were managed safely. A relative told us, "My loved one's medicines are always administered on time."
- Medicines including controlled drugs were stored securely. Peoples medicines were stored in locked cabinets in their bedrooms. Where medicines required refrigeration, we saw they were stored in a medicines fridge and daily medicines fridge and clinical room temperature monitoring was in place.
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording. Room temperature monitoring was in place and recordings were within the appropriate range. There was guidance in place for staff on when to offer people 'as required' medicines or pain relief.
- Medicine audits were carried out on a regular basis. We saw evidence that the outcomes from these audits

had been shared with staff and areas for improvement had been identified and acted upon.

- Training records confirmed that staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the clinical lead nurse.

Staffing and recruitment

- There were enough staff available to meet people's care and support needs. One person told us, "I am safe because there are enough staff here." A relative commented, "When I first visited, I was very surprised at the good number of staff in attendance." Staff attended call bells quickly. One person said, "If I press my bell they [staff] come very quickly."
- The registered manager told us that staffing levels were arranged according to the needs of people using the service. If people's needs changed additional staff cover was arranged.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.
- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Preventing and controlling infection

- The home was clean, free from odours and had infection control procedures in place.
- We saw hand wash and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring and investigating incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends. If any trends were identified they said they would take appropriate action to reduce the same things happening again. For example, where people had falls, their risk assessments were reviewed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed when they moved into the home. People's care records included referral information from the local authority and in some cases health care professionals. This information along with feedback from family members was used to assess people's health care and support needs and draw-up care plans and risk assessments.
- Nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] were being used to assess nutritional risk and the skin integrity waterlow score were being used to assess the risk of people developing pressure sores.
- One person told us, "They know how to look after me. They help me with everything. They are always ready to help."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training. They received regular supervision and an annual appraisal of their work performance to support them in their roles. One person told us, "I feel safe. It is because the staff are well trained."
- The registered manager told us that staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This included fire safety, basic first aid, food hygiene, dementia awareness, safeguarding adults, moving and handling, health and safety, infection control and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Nursing staff had completed training in clinical areas for example, wound care, catheter care and medicines.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed how people were being supported and cared for at lunchtime. The atmosphere in the dining area was relaxed and there was plenty of staff to assist people when required. Staff supported people by giving them time and encouragement to eat their lunch.
- Some people ate independently, some people required support and some people preferred or were supported to eat their meals in their rooms.
- Where people needed their food to be prepared differently due to medical conditions this was catered for. The chef told us they worked closely with staff and health care professionals when required to make sure

people could enjoy food and drinks that met their needs.

- One person told us, "The food is lovely." Another person said "The food is very good. Everything is very good." A relative commented, "The food is very, very, good. Everything is cooked from fresh."
- We noted that the kitchen was well maintained. The home had been awarded a Food Hygiene rating 5, the highest score possible, in June 2019.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. One person told us, "I have no problems with my care. If I need to see a doctor, he comes very quickly."
- We saw that people's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapist's [SALT] and occupational therapists [OT] and dietitians.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager demonstrated a good understanding of the MCA and DoLS.
- A visiting advocate told us the registered manager and staff had a very good understanding of MCA and DoLS. When they visited the appropriate documents were always made available to them.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection; we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

Adapting service, design, decoration to meet people's needs

- We observed that the décor in the communal areas of the home looked worn and required attention. The registered manager and deputy manager told us there was refurbishment plan to make the environment friendlier for people living with dementia. The work would begin in December 2019. They said they would be replacing flooring and improving lighting and signage to help people navigate their way around the home. There were also plans to add pictures and paintings that might help people reminisce with their past.
- People had access to the service via ramps where required and to a rear garden with seating areas for them to relax in.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives, where appropriate, had been consulted about the care and support they received. A relative told us, "I am involved in planning for my loved one's care. The care plan is reviewed regularly, and I have to? sign it off."
- We saw that care records were person centred and included people's views about how they wished to be supported.
- People and their relatives expressed positive views about the care provided by staff at the home. One person told us, "The staff are really kind." A relative told us, "The staff give my loved one 'one to one' attention. They all seem very caring and they are very respectful to the residents."

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included sections that referred to their cultural and religious needs and relationships there were important to them.
- The registered manager and staff told us religious services were held at the home every other week. Some people attended a local church with family members, and representatives of another faith visited the home to support people with their religious needs.
- The registered manager and activities coordinator told us the home celebrated people's different cultures. For example, celebrations were held for Diwali, Eid and Easter. The chef told us they cooked meals specifically for people which reflected their cultural backgrounds.
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "I am always treated with dignity and respect. They [staff] are lovely." Another person said "They [staff] certainly treat me with respect. They are very kind – we chat about life."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing as they went along, and by asking if they were happy to continue. They maintained people's independence as much as possible by supporting them to manage as many aspects of their own care as they could.
- Staff made sure information about the people was kept confidential at all times. We saw that information about people was stored in locked cabinets in a locked office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health care and support needs. For example, there was information for staff for supporting people with moving and positioning and with eating and drinking.
- People had oral health assessments and care plans in place. The assessments recorded people's daily routines and the support required from staff.
- Care plans contained information about people's likes and dislikes as well as their life stories. Relatives told us their loved one's care plans had been discussed with them to help establish their preferences in the way they received support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that met their needs. One person told us, "There is always a lot going on. The activities co-ordinator is lovely." Another person said, "The activities are fine. The activities coordinator visits me in my room if necessary." A relative commented, "The activities coordinator visits my loved one in their room and does hand exercises with them."
- Activities included arts and crafts, pampering sessions, bingo, board games and visiting entertainers such as singers. We observed the activities coordinator played games with people in the lounge and visited people in their rooms. We also saw staff engaged with people through games and conversation.
- Staff understood people's needs and they were able to describe people's care and support needs in detail. A member of staff told us how they supported a person that usually stayed in their room to engage in social activities and baking cakes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans.
- The registered manager told us where appropriate people had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages. We saw that information such as activity plans and menus included photographs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was displayed at the entrance and in communal areas in the home.
- People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. One person told us, "I have never had to raise any concerns." A relative commented, "The manager deals with any concerns quickly and effectively."
- We looked at the home's complaints and compliments folder. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. When necessary discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support

- Where people required support with care at the end of their lives we saw there were end of life care plans in place. People's next of kin were actively involved in planning care and expressing their wishes.
- The registered manager said they worked with the GP and the local hospice to provide people with end of life care and support when it was required.
- The home was participating in a local Project ECHO [Extension for Community Healthcare Outcomes]. A group of care homes were invited by the local hospice to form a community of practice and participate in an ongoing programme of development sessions. The aim of the project was to empower and support care home staff to provide individualised, skilled and effective end of life care for people.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- Staff spoke positively about the registered manager and deputy manager. They told us management support was always available for them out of hours when they needed it. One member of staff told us, "The registered manager is more than supportive, I can go to her at any time. The deputy manager is very good too. I can call them anytime for help they always answer the phone." Another member of staff said, "I like working here, the registered manager is approachable. Team work is good, we work together and sort things out."
- One person told us, "She [registered manager] is a very good manager. I am very happy." A relative commented, "The manager very approachable. The management is very friendly."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us for example, they regularly liaised with family members about any incidents, accidents or safeguarding concerns.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. Regular audits were carried out at the home to check on the quality of the service. We reviewed audits and saw they were up to date and actions were taken when necessary to ensure that care was provided in the right way.
- The provider undertook regular quality visits to the home to speak with people using the service, relatives and staff about the care being provided. During their last visit in October 2019 they also checked to see if the environment was safe and tested the fire alarm.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included people's care needs, cleaning and infection control, health and safety, activities and team work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us the aim of the home was to provide people with high quality person centred care. It was evident throughout the inspection that staff knew of the provider's values and we saw

they upheld these values when supporting people.

- Throughout the inspection we observed positive interactions between people using the service and staff. It was obvious that people appreciated the efforts of staff who supported them.
- One person told us, "This place is very well organised. They create a nice atmosphere." A relative commented, "You will find all the people are happy here. Overall, I am very happy."
- A member of staff told us, "Staff have a good understanding of people's needs. We get plenty of time to spend time with the residents. Staffing levels and team working is really good."
- The home received an award in July 2019 from a Mental Health charity in recognition of their ongoing commitment and dedication towards supporting people with mental health.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and their relative's views about the home through regular surveys. Feedback from people in the August 2019 survey was very positive. Following the survey, the registered manager had analysed people's feedback and produced an action plan. Action taken included improving on the person centeredness of people's care plans and making sure people's relatives were provided with care plan review dates in advance so they could attend.
- The home held residents and relative's meetings. Topics discussed included the residents and relatives survey, the next CQC visit, care planning, MCA and DoLS and refurbishing people's bedrooms.
- A member of staff told us there were regular daily handover meetings. These were attended by the registered manager or deputy manager, the nurse in charge, care staff, the chef and the activities coordinator where they discussed people's care and support needs for the day.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- The registered manager told us they attended provider forums to learn about and introduce best practice to the home. For example, following a presentation from the Clinical Commissioning Group relating to medicines wastage and errors they reviewed people's medicines with their GP.
- An officer from the local authority commissioning team told us they visited the home recently. They noted that people's care plans and risk assessments were good, appropriate referrals were being made to health professionals and medicines were well managed. Any suggestions they made had been taken on board by the registered manager and responded to in good time.