

Barchester Healthcare Homes Limited

Florence Court Care 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

About the service

Florence Court Care Home (hereafter referred to as Florence Court) is a residential home providing personal care to up to 75 people. The service provides support to older people, some of which live with a dementia. At the time of our inspection there were 20 people using the service. The home provides purpose-built accommodation over four floors providing a safe environment that meets people's physical and social care needs.

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

People told us they felt safe. Staff understood their role in identifying and reporting concerns of abuse or poor practice. Risks to people were assessed, monitored and reviewed regularly. Staff knew people well and provided safe care whilst respecting people's rights and freedoms. Staffing levels met people's assessed needs. Medicines were administered safely by trained staff who had their competencies regularly checked. Infection, prevention and control measures were in line with current best practice.

Staff had an induction, on-going training and support that enabled them to carry out their roles effectively. People's eating and drinking needs were understood and met by both the catering and care teams. People had access to healthcare and were involved in decisions about their wellbeing. The environment provided a range of spaces for both private and social time. Specialist equipment to aid people with bathing and moving and transferring was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described the staff team as kind and caring. Staff spoke positively about people and were knowledgeable about their life histories, people important to them and their lifestyle choices. People told us they felt involved in decisions about their care and day to day lives. Staff understood the importance of respecting people's privacy, dignity and independence.

Care was person centred and respected people's individuality. Staff were responsive to people's changing care needs. Social activities were varied, reflected people's interests, cultures and beliefs and included accessing the local community. People and their families felt confident to raise a complaint and felt listened to. People had an opportunity to talk about their end of life wishes. Staff worked in partnership with GP's and community nurses ensuring people's end of life needs were met.

The culture of the home was described as friendly, open and inclusive. People, their families and the staff team had opportunities to share their views and have a voice. Staff spoke positively about their work and were focused on providing person centred care to people living at Florence Court. Quality assurance processes were multi layered and effective at driving and sustaining improvement.

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

Rating at last inspection

This service was registered with us on 3 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Court Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Florence Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Florence Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

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 nine members of staff including the senior operations manager, registered manager, deputy, senior care workers, care workers, housekeeping, catering and maintenance staff. We also spoke with a community nurse who had experience of the service.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe and secure. Staff very good, nobody rushes me, everything is at my pace, (staff) very tolerant." Another told us, "Staff are very gentle, feel safe in their hands."
- People were cared for by staff that had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor care.
- Safeguarding and whistleblowing information had been shared with staff and displayed in public areas for people and visitors to the service.

Assessing risk, safety monitoring and management

- People had their individual risks assessed, monitored and reviewed. This included risks associated with falls, malnutrition and skin integrity. Staff were knowledgeable about people's risks and the actions needed to mitigate the risk of harm whilst respecting people's freedoms and choices.
- Staff had been trained in fire safety and attended regular practice fire drills. Fire safety equipment was regularly tested and serviced.
- People had personal emergency evacuation plans in place that provided essential information to emergency services should they need to be evacuated. This included mobility, communication and cognitive ability.

Staffing and recruitment

- People were supported by enough staff to meet their assessed needs. One person told us, "I feel there's enough staff to help me." A staff member explained, "Teamwork is really good and there are enough staff."
- Staff had been recruited safely. Records showed us that checks had included obtaining and verifying references, health questionnaires and checks with the Disclosure and Barring service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines stored, administered and disposed of safely. One person told us, "I've had some new meds and the carers explained them to me. I'm confident staff are skilled to sort my tablets."
- Some people had medicines that had been prescribed for as and when required. These medicines had protocols in place providing staff with information to ensure they were administered appropriately.
- When people had topical creams a body map had been completed which indicated to care staff where they needed to be applied.

- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were managed in accordance with current regulations.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the home was fully open to visitors.

Learning lessons when things go wrong

- The management team had oversight of accidents and incidents. Information was reviewed daily to ensure any actions needed had been taken. Information was used to analyse trends, review risk and identify learning.
- Records showed us that information about any accidents or incidents had been shared, where appropriate, with families.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices. A relative told us, "On admission staff were brilliant, they addressed everything."
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of any specialist equipment and liaising, when needed, with other professionals who knew the person such as community nurses.

Staff support: induction, training, skills and experience

- Staff received an induction and on-going training and support that enabled them to carry out their roles effectively.
- Training included subjects specific to people living at Florence Court such as dementia care and diabetes.
- Staff had opportunities for professional development which included extra responsibilities in 'champion' roles such as infection control. A staff member told us, "I'm being encouraged to consider a senior role and about to start my (level 3 diploma in health and social care)."

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

- People had their eating and drinking needs understood and met. This included known allergies, likes, dislikes and special dietary needs associated with health conditions.
- People and their families consistently spoke very positively about the quality of food. One person told us, "The food is very, very nice and you can order what you like."
- We observed people enjoying a home cooked well balanced meal and being provided with a range of meal options and places to eat. A relative told us, "If (name) not wanting the main meal they will do something else for (them). Loves the full English breakfast."
- We observed people being offered drinks and snacks throughout the day both in the lounges and their rooms.

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

- Staff worked collaboratively with health professionals ensuring positive outcomes for people. A community nurse provided an example, "We provide skin tear packs to the home. Staff can then cover a minor wound, keep it clean until a nurse pops in and dresses it."

- Records showed us people were supported to access healthcare such as opticians, chiropodists, diabetic services and dieticians.

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

- Florence Court was a new building designed specifically to meet the needs of people using the service. This included spa bathrooms that provided a calming environment, an accessible cinema, coffee shop and outdoor space on each of the four floors.
- People's personal space was reflective of their interests and hobbies and included personal items important to them.
- Some people lived with a dementia and signage around the building aided their orientation. This included photographs of the person or something important to them displayed on their room door.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were being met. Non-urgent DoLS applications had been submitted to the local authority and were awaiting assessment. At the time of our inspection there were no authorised DoLS in place.
- When people had been assessed as not able to make a specific decision a best interest decision had been made ensuring the least restrictive actions were taken. Decisions included input from family and/or health professionals who knew the person. Examples included administration of medicines, consent to photograph and consent for vaccinations.
- We observed staff seeking consent before providing any care or support, giving people time and respecting their choices. One person told us, "(Staff) always check I am happy before they do anything."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, their families and visiting professionals described staff as caring. One person told us, "(Staff) look after me very well indeed." Another said, "I don't feel rushed, (staff) very, very kind." A community nurse told us, "Everybody (staff) I come across are caring."
- Staff spoke positively about the people they supported demonstrating kindness and respect. One staff member explained, "I like coming to work and having time with the residents, talking with them. Even when they are upset you have time to talk." Another shared, "It's lovely here, it's like a family and that includes the residents."
- Staff knew people well and were aware of what was important to people, respected their individual past histories, beliefs and life choices.

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

- People were involved in decisions about their day to day lives. One person told us, "I make the decision about when I get up and go to bed, never a problem."
- Staff understood people's communication needs which meant they could support people to make decisions. We observed staff taking time with people, speaking at their level to gain eye contact and using visual prompts to aid decision making.
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected. We observed staff respecting people's personal space when they chose to have time alone or spend time privately with visitors. A community nurse told us, "Carers ensured (name) privacy and found us a private room for (clinical procedure)."
- Staff ensured people's dignity was respected. We observed staff talking privately to people when offering support with personal care; assisting people discreetly and at their pace.
- People were supported to maintain their independence. This included ensuring people had access to appropriate mobility aids and the use of technology such as call bells.
- Care and support plans were focused on maintaining a person's independence and clearly gave guidance to staff on what a person was able to achieve independently and where support was needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 had person centred care plans that were regularly reviewed and reflected their care and support needs and lifestyle choices. Staff knew people well, how they liked to receive care and spend their time.
- People were able to take part in a range of activities that reflected their interests, history, religious and cultural backgrounds. This included community links with people's faith groups and celebrations to reflect people's diverse cultures. One person told us, "I keep fairly busy. We have little do's, sing songs, minibus trips to local places."
- Regular trips into the local community had taken place. One person told us, "We went to Fort Nelson, not one for the ladies; a boy's day out." We observed people heading out to a local garden centre to enjoy the Christmas displays.
- Links had been made with a local nursery which had led to friendships between the children and people living at Florence Court.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support. If needed information could be provided in large print, picture format or a language other than English.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and had been shared with people and their families. Records showed us that complaints were investigated, and outcomes shared with the complainant. The complaints policy included details of how to appeal, including externally to the local government and social care ombudsman.
- Complaints had been used as an opportunity to reflect on practice and lessons learnt shared with the staff team.

End of life care and support

- People and their families had an opportunity to be involved in decisions about end of life care and sharing their last wishes. The registered manager told us, "We consider music, flowers, the dress they would like the person to wear."
- Records showed us that when 'do not attempt resuscitation' decisions had been taken these were in line with legal requirements.
- End of life care was provided alongside support from GP's and community nurses which ensured that anticipatory medicines and specialist clinical support was in place to support the person and care team.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the management of the service describing the culture as friendly, positive and focused on people. One staff member told us, "You're always able to share views, are listened to and taken seriously. If you mention something, perhaps a resident might need something, it happens."
- Staff we spoke with were confident in their roles and felt valued. A staff member said, "The culture is the best home I have worked at, the manager is very good at picking her staff. They are all amazing."
- Communication practices and information sharing ensured staff felt empowered to have a voice. One staff member told us, "Communication is really good as nobody is afraid to say their bit. Seniors attend a daily meeting and go back (to work area) and for a few minutes provide feedback about everything from new residents to activities planned; it really works."

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 registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records, and conversations with families demonstrated the duty of candour was met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records showed us that statutory notifications had been submitted appropriately to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance processes were robust and multi-layered. They included regular audits at a home and organisational level and quality assurance surveys. Data collected formed an action plan with clear information about accountability and completion. Quarterly quality reviews ensured completed actions had been sustained.
- Feedback from audits was shared with staff enabling learning. The registered manager told us this had included information on correct wearing of PPE and vaccination information to ensure staff were informed about how to protect their wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Information had been displayed in the foyer detailing 'You Said – We Did'. It listed ideas people had provided and actions taken. One example was more outings, and this had been put in place. The registered manager told us "Residents have requested bulbs planted on the balcony and we've been discussing where to put the Christmas tree and decorations."
- Staff meetings had been held regularly and staff felt able to share their views, ideas and learning. A staff newsletter provided information about the 'employer of the month' scheme, new staff and celebrations.
- Networking meetings took place and provided an opportunity for local stakeholders to come together and share skills and experience. This had included a dementia champion offering training to residents and their families and a hotel offering discounted accommodation for families visiting loved ones.
- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice.