Florence Lodge Healthcare Limited

Florence Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection visit took place on 7 and 9 October 2015 and was unannounced.

Florence Lodge is a care home service that does not provide nursing care. The home can accommodate up to 25 people. There are two lounges and a dining room and a garden for people to enjoy.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 24 June 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There were 25 people living there at the time of our inspection. People who lived at the home, relatives and friends told us people felt safe and secure with staff to

Summary of findings

support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found required checks had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We observed medication was being dispensed and administered in a safe manner. We observed the person responsible for administering medication dealt with one person at a time to minimise risks associated with this process. We discussed training and found any person responsible for administering medicines had received formal medication training to ensure they were confident and competent to give medication to people.

People were asked for their consent before care was provided. However, not all staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

People were able to participate in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked for their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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.

Risks to people were assessed and reviewed and staff understood how

to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Good

Is the service effective?
Staff received training and support for their roles.

Not all staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

People had access to healthcare services which meant their healthcare needs were met.

Requires improvement

Is the service caring?
The service was caring.

We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support they needed

Visitors were welcomed into the home at any time and people were supported to maintain relationships with friends and family offered refreshments.

Good

Is the service responsive?
The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities organised at the home.

A copy of the complaint's procedure was displayed in the home. No complaints had been received by the home in the past year.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Members of staff, people and visitors told us the registered manager was approachable and supportive.

There was a clear accountable management stucture which staff understood.

There were systems in place for assessing and monitoring the quality of the service provided.

Florence Lodge

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 was 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 that took place on 7 and 9 October 2015. The inspection was carried out by one inspector. We spoke with and met seven people living in the home and six relatives.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at four people's care and support records, an additional four people's care monitoring records and medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the assistant manager, two members of the care staff team, two kitchen staff and a member of the maintanence staff.

Good

Is the service safe?

Our findings

People using the service, their relatives and other visitors told us they felt safe. One person who used the service said, "I feel very safe here, I have never felt unsafe here." Another person told us, "I feel safe and secure here." A relative told us, "[person] has lived here for a few years now. I think they are well looked after and they are safe."

All staff members had been trained in safeguarding adults. We talked with staff about their knowledge and understanding of forms of abuse. They described the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with managers of the home and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process. Florence Lodge operated in in line with the requirements of Bournemouth and Poole Safeguarding Adults Policy and Procedures. A copy of this policy was in the office, which was easily accessible. There were also safeguarding posters on the walls of the communal areas of the home which people and others could access.

The provider had a 'whistle blowing' procedure to enable staff to share their concerns in a safe way. One member of staff we spoke with was not aware of this policy or what 'blowing the whistle' meant.

Risks to individuals were managed so that people were protected from harm. The risk assessments provided a clear action plan for staff on how to manage risks to people and how often they should be reviewed. Various risk assessments were in place and updated monthly including assessments for the use of bed rails, moving and handling, wheelchair use, nutritional needs, falls, pressure area management. Care plans were clearly linked to the risk assessments. For example, one person had been assessed as at risk of developing a pressure ulcer. There was a care plan in place to guide staff in supporting good skin integrity such as regular repositioning, using a pressure relieving cushion, skin monitoring and regular mattress checks.

We checked the recruitment records for one member of staff and saw that the application form recorded the names of two employment referees, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history. Prior to the person commencing work at the home, checks had been undertaken to ensure that they were suitable to work as a care worker, such as references, a Disclosure and Barring Service (DBS) first check and a DBS check. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. We saw that a thorough interview had taken place that was recorded on an interview form.

People had access to call bells that were in reach of them in both their bedrooms and communal areas of the home. All of the people we spoke with told us that staff responded to call bells promptly.

There were arrangements in place to deal with emergencies. We saw the provider had developed

contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire.

We saw the home was generally well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. Fire safety records indicated staff participated in fire evacuation drills, the last of which took place in July 2014. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us their fire safety training was refreshed annually.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The manager explained that the home had been risk assessed in 2010 and there were some measures in place to reduce the risk to people and others living in the home. This included running infrequently used taps. However we saw that the last test for Legionella had not taken place since 2010. During the inspection the manager arranged for a Legionella test to take place and told us that they would look at amalgamating some of the records to make the process easier for staff to follow. This was an area for improvement.

People told us they received their prescribed medicines on time. One person said, "The staff give me my medicines.

Good

Is the service safe?

They are good at it." We saw all medicines were kept securely. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. We looked at a selection of MAR. All of the records we looked at had been completed accurately. People who were prescribed PRN (as required) medicine had a clear care plan as to what the medicine was used for, how it was taken and the maximum dose. We discussed the use of PRN pain relief for those people who may not be able to tell staff that they were experiencing pain. The assistant manager told us that pain assessment tools were available and used by staff before administering medicines, however there were currently no people in the home who were not able to tell staff if they were in pain.

Some medicines required storage at a low temperature. The provider had a fridge to keep these

medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature. There were appropriate systems in place for the management of controlled drugs.

Staff who managed medicines had been competency assessed to ensure the safe management of medicines. This meant that people living at the home and the provider could be assured that staff had the necessary skills and knowledge to administer medicines safely.

Requires improvement

Is the service effective?

Our findings

People received care from staff who were appropriately trained. People told us staff had the right knowledge, skills and experience to meet their needs. One person said, "The staff are helpful in any way", while another person told us, "I think the staff do a good job here and I think they are well trained". A relative was complimentary about the positive attitude and competency shown by staff. The manager explained that he encouraged the professional development of all staff who worked at Florence Lodge. Most staff held a level two diploma in health and social care. Other staff had completed a level four diploma in health and social care. The manager explained that the home had a very low staff turnover which gave people a good continuity of care and stability.

Records showed it was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. Staff had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about the training they received.

All staff received regular supervision and an annual appraisal. We saw that supervisions also included a formal observation. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well-supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

On the day of the inspection we saw that people were encouraged to make decisions and that choices were explained to them clearly. Staff told us that they encouraged people to make choices such as meals, drinks, activities and what time to get up and go to bed. One person told us, "Its really good here. Its much better than the home I was living in before. The staff are well trained and really nice."

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals.

Staff we spoke with did not fully understand their responsibilities or the implications for people who lived at the home in regards to the MCA. We discussed this with the manager who explained that most people in the home had the capacity to consent to their care and treatment. However they acknowledged that some people may have lacked the capacity to make specific decisions about their care and treatment. The manager told us that they would review these people's care and support plans. Following the inspection the manager wrote to us and told us that they would attend a managers training course in January 2016.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager had not made any DoLS applications for people living at the home. We discussed this with them and they acknowledged that some people may not have had the capacity to make a decision about where they lived and consent to the arrangement. They told us that they would carry out a mental capacity assessment and if required complete a DoLS application to send to the relevant local authority. The DoLS was to ensure they resided in a place of safety and received care in their best interest. Following the inspection the manager wrote to us confirming that this process had been completed.

We recommend that staff at Florence Lodge undertake Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training.

During the inspection we toured the home. We saw that the home was clear from trip hazards. We saw that the dining and living rooms had been recently refurbished. A new 'wet room' was in the process of being built and the manager explained a further wet room would be completed shortly. There were also plans in place to build a new kitchen. We did note that parts of carpets in the entrance of the home had worn down to the bare threads and were starting to

Requires improvement

Is the service effective?

split. This meant they were slippery and posed a hazard to people and others in the home. Following the inspection the manager wrote to us confirming that new carpets for the communal area of the home had been ordered.

The home had a secure garden for people to access should they wish. However we saw that there was a build up of rubble at the side of the property which posed a risk to people living in the home. The manager made arrangements for this area to be made secure during our inspection.

There was some basic signage in the home however this could have been improved, in accordance with best practice guidance conducted by Sterling University. For example, there was no signage to the lounges, bedrooms, dining area or gardens to support people with a cognitive impairment to orientate themselves. This was an area for improvement.

The home had a menu cycle. We spoke with two members of the kitchen staff. They told us menus were changed in response to feedback from people living in the home. They told us this gave useful ideas on menus and also gave a very personal feel to what people preferred as their choices. They were able to tell us about most people's individual dietary needs and preferences. For example, how they catered for people with diabetes. They told us how they fortified food for people who were nutritionally at risk. However, there were no records kept about people's type of diet, likes/dislikes and allergies that were freely available for the kitchen staff to use when planning people's meals. For example, one person had an allergy to honey, however one of the kitchen staff was not aware of this. This put people at risk of inappropriate care or treatment. We discussed this with the manager and the kitchen staff who acknowledged this and new documentation was prepared and put in place during our inspection.

We observed part of the meal service in the dining room at lunchtime. The tables were nicely set with table cloths and napkins. We saw people were offered a choice of cold drinks, fruit squash or water with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. We observed staff gently encouraging and supporting people to eat where necessary. One person said, "The food is good, we get a choice." Another person told us, "The food is good, we are asked what we would like each day." A visitor told us, "The home is very accommodating, when I visit I am asked if I would like tea or coffee."

We looked at people's care plans, risk assessments had been carried out to check if people were at risk of malnutrition. The records showed that most people's weights were checked at monthly intervals depending on the degree of risk.

People were supported to maintain their health and had access to healthcare professionals when required. We saw records that showed various professionals such as the district nurse, chiropodist and GP visiting people in the home. One visitor told us that their relative was not feeling well and the home had contacted the GP who had seen them that morning. We spoke with a visiting District Nurse who told us that the home was proactive in sending them appropriate referrals. They also told us that the home followed their guidance well. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

Good

Is the service caring?

Our findings

People said they were supported by caring staff, everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff who supported them. One person told us, "The staff are all very nice, it's the same faces. The manager is very nice he is always about, he gets in very early most mornings and always says hello". Another person said, "They are very caring people. I come here frequently, the staff are lovely.

The manager and staff we spoke with knew people's care needs very well. They were able to tell us about things which were important to each person, their individual daily routines and preferences. We saw care plans contained a life history document which recorded historic and significant events in the life of the person who was receiving care at Florence Lodge.

People using the service chose where to spend their time. The manager explained that daily activities were provided to people in both groups and on a one to one basis in the home. During our inspection one member of staff was unwell and the activities coordinator was supporting people with their care needs. However people told us that there were activities available to them both inside and outside of the home. One person told us that they went twice a week to the day centre. Other people spent time in their rooms when they wanted privacy or spent time in the lounges when they wanted to be with other people.

All of the bedrooms in the home were for single occupancy. This meant that people were able to spend time in private if they wished to.

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in the presence of staff. Staff spoke to people in a respectful and warm manner and paid attention to ensure people's needs were met. For example, one member of staff recognised that one person was upset and sat and talked with them before assisting them to go for a walk. The atmosphere in the home remained pleasant and relaxed during both days of our inspection.

Staff respected people's privacy and dignity and interacted with them in a positive manner. We spoke with staff who told us ways in which they promoted people's privacy and dignity, such as ensuring doors were shut and curtains closed when assisting people with personal care and using towels to promote people's dignity.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "Yes my sister in law can come and see me whenever she likes". We observed other people's relatives visiting playing music and dancing with them. People's relatives and those that mattered to them could visit or go out into the community with them.

On the day of our inspection no one was receiving end of life care. The manager explained that the home encouraged people where appropriate to be involved in advanced wishes. We saw records of discussions of people's advanced wishes were documented. We saw feedback from a local GP who wrote, "Using GP/District nurses and the Macmillan Unit effectively has led to exemplary end of life care for residents at Florence Lodge".

Good

Is the service responsive?

Our findings

People felt that the staff were responsive to their needs and added that they received the care they needed. Comments received from people included, "It's a lovely home", and "I like this home it and the staff are great." One relative stated, "Mum's been here for a number of years now, we are very happy with the care."

People received personalised care that was responsive to their needs. People were assessed by a senior member of staff prior to being admitted to the home and were involved in planning their care. The care plans followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. The care plans were supported by risk assessments. Information in people's care files was personalised and gave an accurate picture of people's health needs but also their individual routines, likes and dislikes. This included their spiritual needs, their social contacts, preferred foods and activities. The care records were reviewed regularly and as people's needs changed these records were updated to reflect their current needs. People we spoke with were aware of their care records and told us that they had signed them.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture, pictures and ornaments from their previous home. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do.

People told us that a range of activities and social events were available to them that met their needs and preferences. The home employed an activities coordinator and people we spoke with told us about some of the activities that they were involved with.

Visitors to the service told us they were made to feel welcome and we saw that people were supported to maintain relationships with people important to them and participate in social activities and outings. The manager explained that family and friends visited the home on a regular basis.

The home had a complaints procedure which included the contact details for the Care Quality Commission. However it did not contain any details of the Local Government Ombudsman (LGO). The Local Government Ombudsman looks at complaints about adult social care providers. During our inspection the manager updated the home's complaints procedure to address this. People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, "Yes I have seen the complaints process. There is a form in my bedroom if I needed to use it. I have no complaints and have not had to complain." A visitor told us that they had no complaints about the care provided at the home.

People's needs were recognised and shared when they moved between services. The provider had documentation in place should a person move between services. For example, there was a hospital transfer sheet in place for each person in the home which gave hospital staff a clear understanding of the way in which they should be cared for.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in

the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by an assistant manager who was responsible for the overall day to day running of the home. Information received from the local authority prior to this inspection confirmed that there were no concerns about how the home was being managed.

Staff were clear about the aims of the service and shared the manager's vision of good quality care and supporting people to remain as independent as they could be. Staff had job descriptions and knew their roles. The manager told us that he saw the home like his extended family. He explained that he was very much committed to empowering and supporting staff with frequent training opportunities.

Staff told us that they told the manager about situations that concerned them, and were confident that they would be listened to and action would be taken. The effective running of the service was possible because of good communication between people and their families, staff and visiting professionals. Processes were in place such as handover meetings to share important information between staff.

People who lived at the home, staff and relatives told us how supportive the registered manager and assistant manager were. Comments included, "I am glad I came here, the manager is really nice too and I see him most days." Another person told us, "The manager is nice, kind and supportive and very approachable. The team keep us informed too."

Systems were in place to monitor and review accidents and incidents. We saw that this information was completed with an assessment of the incident. Accident and incident forms were made available to the provider so that they could assess the action taken by the registered manager. This ensured that accidents were reviewed to reduce the risk of reoccurrences of a similar nature.

The provider had a system in place whereby a quality assurance audits were completed by the manager. Medication audits were completed on a monthly basis. In addition we saw records of other audits that took place, such as monthly care plan audits, health and safety audits and infection control audits. Whilst these were in place to identify shortfalls in the service provided and seek improvement they had not identified all the issues identified during our inspection in relation to some of the records we looked at. This was an area for improvement.

The manager knew when notifications had to be sent to CQC. Notifications are information we receive from the service when significant events happened at the service, such as a serious injury to a person.

People told us they were encouraged to share their opinions in how the service was run. Resident meetings were held and relatives were also invited to attend. We looked at the minutes from the last resident meeting which was held in May 2015.

Regular staff meetings were held so that staff could discuss issues relevant to their role. We saw that the last staff meeting took place in May 2015 and included topics such as the Care Certificate, moving and handling and Diplomas in Health and Social Care.