

Care Futures

Florence House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Florence House Care Home is registered to provide personal care and accommodation for up to seven people who live with dementia type illnesses. On the day of our visit there were two people at the home.

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

Staff were kind and respectful towards people. However, we read two records completed by two staff that had been written in a disrespectful tone about the person. The tone conveyed a lack of respect about the person and a lack of understanding around how to properly support people with dementia type illnesses.

People continued to be supported by staff who knew how to keep them safe. Medicines were managed and given to people safely. Medicines policies and procedures were up to date and easily available for staff. Emergency procedures and contingency plans were in place. These help to keep people safe in an emergency. To further support people to stay safe, staff used personal protective equipment when supporting people with intimate care. Infection control guidance was in place and staff had completed training in this subject. Safe recruitment procedures continued to be in place. Staff were supported in their role with training and supervision.

People were supported by a staff team who were stable and had built up warm relationships with them and their relatives. They understood how to meet each person's individual needs and knew people's routines and preferences in their daily life.

Health and social care professionals worked with people at the home. People were well supported and their needs had been assessed. Care plans and risk assessments were in place to support staff to meet people's needs and keep them safe.

People were supported to receive care that met their needs. Care plans reflected this. People and families were involved in regularly reviewing and updating them with the staff.

A relative we spoke too had praise for the home. They said, "We are very pleased indeed, they seem very kind they treat him as an individual."

People enjoyed the food and their dietary needs were met. Care plans set out the ways to support people with these needs. People were supported by staff who understood how to support them to eat a healthy diet.

People took part in activities. People were encouraged to maintain contact with relatives and friends.

The overall quality of care and support was checked and monitored. This was undertaken through a range of audit systems. These identified areas for development and improvement. When these were picked up

swift action was taken to improve the care and service even further.

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.

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 (report published April 2017)

Why we inspected: This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Florence House

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

The inspection was carried out by one inspector

Service and service type

Florence House Residential Care 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met the two people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke by phone to a relative of a person living at the home.

We spoke to four staff, which included a manager from another service run by the provider. They assisted us with the inspection.

We reviewed a range of records. This included one person's care records and medicine 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.

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.

Assessing risk, safety monitoring and management

- People continued to be supported to be safe. Risks were reduced as staff understood how to reduce the risk of likely harm. For example, actions were put in place to support certain people who experienced regular falls.
- There were risk assessments in place reflecting people's unique needs. These gave guidance to staff to minimise or reduce risk and were reviewed regularly. For example, how to support certain people to stay safe when they left the home.
- Care plans contained explanations of the actions needed to support people to stay safe. For example, how to support certain people who had reduced mobility.
- Systems and checks were in place to check the safety of the environment and equipment. This included checks of fire safety equipment as well as safety checks on substances that may be hazardous to health.
- Staff received training around fire safety and how to reduce health and safety risks in the home and when out in the community with people.

Systems and processes to safeguard people from the risk of abuse

- People continued to be well supported to stay safe living at the home.
- Staff knew how to keep people safe from abuse and felt able to raise concerns with the registered manager.
- Staff had been on safeguarding training and there was an up to date whistleblowing policy. This meant staff were able to raise any concerns in the workplace if they had them.
- The registered manager sent in statutory notifications on time. These inform us of any events where people were placed at risk of harm.

Learning lessons when things go wrong

- Accidents and incidents were reviewed. This was to look for trends or patterns. For example, certain people's mood changed at different times of the day. How to support those people if they felt angry and agitated had been identified.
- There were systems in place to record accidents and incidents. This insured the service and care continued to be improved.

Staffing and recruitment

- Recruitment procedures continued to be safe. Pre-employment checks were always undertaken.
- There was a consistent staff team and low use of agency staff. This helped ensure consistent care for people at the home.

- People's needs were met by enough staff on duty for each shift during the day and night. The team knew people well and had a good understanding of individual needs and routines.

Using medicines safely

- People received support with their medicines from trained and competent staff.
- People received their medicines on time and staff explained what their medicines were for.
- Policies and guidance safe for management of medicines were available to staff. There was also up to date good practice on display in the office.
- There were systems being followed to ensure medicines were ordered, stored, administered and disposed of safely.

Preventing and controlling infection

- People were supported by staff who had kept the premises clean and hygienic.
- The premises were clean and free from any offensive odour.
- Infection control procedures were followed and staff had been on training about infection control.
- Staff used personal protective equipment (PPE) including disposable gloves and aprons.

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 and their families had been involved in the development and review of their care plan. A relative told us they felt involved in their family member's care and were happy staff understood their family member well.
- People's needs were assessed. This process looked at their mental health needs, the impact of their dementia type illness and physical and social needs prior to moving to the home. Staff worked closely with health and social care professionals in the development of these plans.
- The care plan we saw reflected people's needs, preferences and personal choices. This included guidance for staff to follow.

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

- People looked happy with their . They were offered choices at each mealtime.
- Staff were discrete when they encouraged certain people to eat their food.
- There were soft drinks available and people were offered tea and coffee throughout the day.
- Meals were cooked in a main kitchen on the same site as the home. The kitchen was part of one of the provider's other locations on the site. Meals were transported to the home in a specialised heated catering trolley.
- Catering staff had nutritional records to show if people had any specialist needs or dietary requirements. Staff had a good understanding of people's food and drink likes and dislikes
- There was information in care records setting out how to support people with their nutritional needs. For example, if people needed a diet of a certain texture.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported to undertake a range of training. They said this had given them the experience and competency to support people at the home.
- Staff spoke positively about the support from the registered manager and the training they did. They said they were encouraged to attend a range of training and learning opportunities.
- Staff completed an induction at the start of employment. This was to help them gain the right knowledge, skills and experience.

Staff working with other agencies to provide consistent, effective, timely care

- People went to see their GP and other healthcare professionals when required. The staff gave them support to get to appointments such as these.

- Records were kept for healthcare visits. This meant staff had access to information to support people with their health needs.
- Staff worked with external agencies and professionals including the commissioners of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- At the time of our inspection there were two people at the home under a DoLS application.
- The staff knew if people had been assessed as not having capacity to make specific decisions. If this was the case we saw systems were put in place. These were to ensure people kept maximum choice and were supported by staff in the least restrictive way.
- Staff had been trained about the MCA and DoLS. They were aware of the importance of always assuming a person has capacity to make decisions unless assessed otherwise.

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.

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

- We read two incident records completed by two different staff. The tone of both records was subjective and disrespectful to the person they had been written about. We brought this to the attention of a manager from one of the provider's other location on the site. The provider contacted us after the inspection and gave us full assurance they were addressing these shortfalls in both staff member's competency.
- Staff were seen to communicate with people in a caring and respectful way. For example, one staff member talked warmly about the squirrels in the garden and we saw people respond positively to them.
- Staff told us one way they ensured they always treated and supported people respectfully was always to use a calm approach with people.

We recommend the provider seeks out training and guidance about objective respectful recordkeeping and shares this with all the staff team.

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

- Staff told us how they offered people choices and supported them to express their views and be involved in making decisions about their care.
- People's specific communication needs were clearly documented, and guidance was in place for staff to meet these needs.

Respecting and promoting people's privacy, dignity and independence

- A relative told us how well the staff treated people. They said they were very pleased with the way their family member was being treated at the home.
- Staff supported people to choose what they wanted to wear and ensure clothes were right for the time of year and season.
- Staff knocked on bedroom doors and waited before entering people's rooms. Staff made sure when they were supporting people with personal care people's doors were closed to keep dignity.
- Staff spoke to people with respect using the person's preferred choice of name.
- The home had a courtyard and garden where people could walk safely. People used all the communal areas of the home and could have privacy when they wanted it.
- Each bedroom was a single room, and this gave people privacy. People could have their own key to their room.
- Rooms looked personalised with people's own possessions, photographs, paintings and personal items.

This helped to make rooms personal and homely to live in.

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

- Staff told us they knew people well and understood each person's needs. Relatives also said staff knew their family members well and their care needs.
- The staff told us in depth about people's life histories and families, as well as their care needs and how they liked their care to be delivered.
- Care plans were person centred and detailed about each person. They contained helpful and clear information about people. This meant their individual needs were met. For example, information about likes, dislikes and what was important to people.
- Assessments and care plans took account of people's protected characteristics. Information about people's preferences relating to culture, religion and sexuality was included. Staff told us many examples of how they supported people using the information in people's assessments.

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.

- There was large print signage in the home to help people find their way around. For example, bathrooms were very clearly marked. There were also different colours used along different parts of the home. This was again to make it easier for people to find their way around.
- People had been given information in a format they understood. This meant their communication needs were well met. For example, at lunchtime photo cards of meals were used to help people choose.
- Staff understood how people communicated and used sensitive methods when speaking with them.
- There was clear guidance on how best to communicate with each person recorded in their care plan. For example, some people were very confused and how to speak to them in ways they could understand had been explained.

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.

- The home had been decorated for Christmas. All the communal areas looked festive.
- People were well supported to develop and maintain relationships and to take part in activities.
- People went out on regular trips into the community with the staff. The day before our visit people had gone to a local garden centre. This had been a very positive event for both people.

Improving care quality in response to complaints or concerns

- People said they had no complaints or concerns about the service.
- The registered provider had a complaint policy and procedure available in different formats.
- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- The home had supported people on a number of occasions to receive End of life care (EoLC).
- On the day of our visit a relative came to the home whose family member had very recently been supported with EoLC at the home.

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 person-centred care.

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

- Staff felt the registered manager promoted a positive culture. This was felt by staff to be person-centred, open, and inclusive.
- Staff meetings were held for staff to make their views known. Staff told us they felt able and empowered to say how they felt about the home to the registered manager as well as the provider.
- The staff and management team had developed positive relationships with people they supported and their relatives.
- Staff told us how they valued their work and enjoyed working closely with people to achieve good outcomes in their daily life.
- The quality checking system being used was based on our five key questions we use when we inspect services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to check the quality of the service. For example, there were checks in place to make sure medicines were managed safely. Care Plan audits were completed regularly as well.
- A regular health and safety audit of the premises was completed. Records showed where needed maintenance and repair work was carried out.
- Checks on other areas were completed regularly. This included checks on the building, and cleanliness in the home. There were also regular spot checks carried out on staff which were used to 'drive up' improvements.
- The registered manager ensured notifications to the care quality commission (CQC) were completed. These were to inform us of certain events, in line with the requirements of their registration.

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 provider had a vision for the service. Staff told us this was to empower and enable people to live as independently as possible. Staff understood these values. This meant they provided people with the support they needed to live a fulfilling life.
- The registered manager understood their responsibilities and acted on the duty of candour
- The rating from the last inspection was on display in the home.

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

- Staff and relatives said the registered manager spoke to them daily and asked how they felt about the care and overall service at the home. Care plans included family members and people's responses. There were action plans developed when needed. For example around people's choices in their daily life.
- Staff told us there was excellent collaborative team work. They said, and we also saw how the registered manager worked with them each day.
- The staff said the registered manager always engaged the team when making decisions about the service. This was also confirmed in staff meetings records.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies and sought advice about people's care from health professionals. They also worked with health specialists to ensure people had the best help and support.
- The local pharmacy worked closely with the home and came recently and audited the systems for medicines management. Monthly medicines audit seen also showed low errors.
- People and staff told us, and records showed there were other health professionals involved in their care. We saw guidance in place written by other healthcare professionals.