

Lorven Housing Ltd

Florence Nursing Home

Inspection report

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Date of inspection visit:
26 August 2020

Date of publication:
07 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Florence Nursing Home is a care home accommodating up to 30 older people, some of whom may be living with dementia, in one adapted building. At the time of the inspection 20 people were using the service.

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

Some risks in relation to the premises were not always identified or safely managed. The provider's system to manage the quality and safety of the service was not consistently effective. Staff had received training, but they did not always have appropriate guidance to refer to on how to manage some possible risks in relation to Covid 19. Records of people's care were not always accurate and up to date.

The registered manager took swift action to address the issues we found with the premises and records. They told us they would take action to address other areas of concern found.

People's relatives told us they thought their family members were safe and well looked after. People were protected from abuse and neglect. There were enough staff to meet people's needs and medicines were managed safely. Risks in relation to people's health care were assessed and plans were in place to reduce risks.

We saw staff had received training on infection control, wore appropriate PPE and supported people to socially distance as far as possible. There was guidance displayed on how to manage visitors safely during the pandemic.

Staff received regular training and support to carry out their roles. 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. People's nutritional needs were supported, and they had access to appropriate advice from health professionals.

Relatives told us they were happy with the way the home was run. However, they told us they would like more communication from the home during the pandemic, when visits were limited.

The registered manager understood their responsibilities as registered manager. Staff told us they felt well supported and worked well as a team. The provider sought people's and their families views about the service, although meetings had not been held for some time due to the restrictions of the pandemic.

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 (5 December 2019).

Why we inspected.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about people's nursing care needs. A decision was made for us to inspect and examine those risks.

We inspected and found areas of concern had been acted on but there was a concern with some risks in relation to the premises, the provider's system to manage the quality and safety, and people's records. So, we widened the scope of the inspection to become a focused inspection which included the key questions of Safe, Effective and Well-Led.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make some improvements.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Florence Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to assessing some risks within the premises, and aspects of the systems to monitor and review the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Florence Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements on a specific concern we had about people's nursing care needs. It was widened to become a focused inspection to look at other issues we found.

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 visit was carried out by one inspector and a nurse specialist advisor. An Expert by Experience supported the inspection by making calls to relatives following the 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. A second inspector made calls to staff following the inspection.

Service and service type

Florence Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about the service.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and one relative during the inspection. We also spoke with a member of the house keeping team, a nurse, a team leader, a senior care worker and the registered manager.

We reviewed a range of records; this included six people's care records and medicines records. We looked at three staff files in relation to recruitment and a variety of records related to the management of the service, including the fire risk assessment and accident and incident forms.

After the inspection

Following the inspection, we spoke with four relatives by phone, two care workers and three nurses. We asked for a number of records to be sent to us for review including policies and procedures, training data and quality assurance records. We continued to seek clarification from the provider to validate the evidence found.

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 now deteriorated to 'Requires Improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risks to people were not always assessed, or, where they had been assessed there were not always effective risk management plans in place. There were no radiator covers on some radiators in the communal areas and ground floor bedrooms. This posed a potential risk of scalding. This risk had not been identified or assessed.
- Window restrictors were not fitted to all windows; while some of these windows were locked, a large landing window was open during the inspection, and it might be possible for someone to climb out through it, this risk had not been identified or assessed.
- The front staircase was not gated in line with the provider's risk assessment dated 16 October 2018 which assessed that all staircases would be gated to prevent possible risks from falls.
- Where oxygen was in use, there was no warning sign on the room door to alert the fire service and visitors to the possible risk this posed.

We found no evidence that people had been harmed however, these risks had not been safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider took prompt action to address the concerns we raised. Following the inspection, radiator covers were ordered, a stair gate was fitted to the staircase and a window restrictor fitted to the window identified.
- The inspection was prompted due to concerns received about possible risks in relation to people's nursing and healthcare needs. We found people's fluid charts and turning charts were appropriately completed and their health was regularly monitored.
- Health risks such as pressure areas, wound care and falls were identified and assessed. There were plans to manage health conditions such as diabetes and the need for oxygen therapy. Relatives told us they were happy with the care their family member received. One relative said, "[My family member] is well looked after, they like the carers and gets on with them."
- Other risks in relation to the premises were assessed and identified. The provider and registered manager had acted to address a fire safety notice from 2019 and action arising from a fire risk assessment. A legionella risk assessment was being completed on the day of the inspection. Water temperatures were regularly monitored and risks in relation to equipment were managed through internal checks and servicing.

Preventing and controlling infection

- Arrangements to reduce infection control risk were not always sufficiently robust. We were not fully assured that the provider would admit people safely to the service. The registered manager told us any new admission to the home would be isolated for 7 days rather than the 14 days advised in government guidance. This had not placed people at risk as there had been no admission to the home since May 2020 but there was a possible risk if someone was admitted.
- We were not assured that the provider's infection prevention and control policy was up to date, as it did not include guidance for staff in relation to Covid -19. Staff were observed to be wearing appropriate PPE. However, there was a variety of other guidance for staff to refer to some of which was outdated which could lead to some confusion about changes made to guidance to reduce infection risk.
- The registered manager had not completed individual risk assessments for more vulnerable staff to mitigate possible risks in line with guidance from the health and safety executive. The registered manager was also unaware of how to access additional Covid-19 tests for staff should these be required. We were not assured that staff had sufficient up to date guidance to refer to in relation to Covid-19

We have signposted the provider to resources to develop their approach.

- There were procedures displayed to reduce risk from any visitors to the home spreading infection at the entrance to the premises. There were arrangements in place for relatives to book visits with their loved ones whilst socially distancing.
- Visitors confirmed they were temperature checked and required to wash their hands and wear face masks when they entered the home. A relative remarked, "If you visit you see them in their own rooms or garden and wear aprons and masks and use the hand sanitizer. You used to see them in the big lounge which has stopped now. They also check your temperature when you visit."
- The service was clean and free from malodour, and the laundry room appeared organised with systems to separate clean and dirty clothes. The housekeeper told us additional cleaning measures were in place such as more frequent cleaning of door handles and hand rails.
- People had individual risk assessments for Covid 19 which included their identified health risks and what action to take if they contracted Covid 19.
- Social distancing rules were compiled with. For example, people were sitting socially distant in the lounge while they engaged with staff. One staff member said, "I follow social distancing, wiping/cleaning all surfaces with antibacterial wipes, use alcohol gel for the hands."
- Staff told us had received training on infection control and specific training relating to COVID 19 and the use of PPE.

Learning lessons when things go wrong

- The oversight of accidents and incidents, to identify learning, required some improvement to work effectively. Accident and incident reports had not all been signed off by the registered manager or a senior staff member to evidence they had considered them for any needed action. The registered manager told us they used a spreadsheet to maintain an overview of accidents and incidents. However, this did not record the location, nature of incident or staff on duty to help identify possible patterns, or the actions taken to address possible risk and identify learning to share with staff.
- We found the home had taken action to address concerns identified during safeguarding investigations. For example, we found where one person had managed to leave the building unnoticed, action had been taken to reduce the risk of this reoccurring. The registered manager told us she shared learning about safeguarding at staff meetings and with the registered manager of a sister service.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse. People and their relatives told us they felt safe living at the home. One relative said, "I think they are keeping [my family member] totally safe by checking on them and really taking care to see they are okay." Another relative commented, "There is always someone in the lounge with the people, it wasn't like that at the last home. I know people are looking out for them."
- Staff were aware of the types of abuse that could occur and what action they might need to take to keep people safe. Staff were also aware of the provider's whistle blowing procedure and told us how they would report any concerns.

Staffing and recruitment

- We observed there were enough staff to safely meet people's needs throughout the day. Relatives confirmed this was the case when they visited. One relative remarked, "There always seem to be enough staff there when we visit. [My family member] can't use the call bell so she has to call out and the staff go and check on her regularly."
- The registered manager told us they used a dependency tool to help determine staffing levels and a copy was sent to us after the inspection. The number of staff on duty reflected the staff rota. We observed staff to be on hand and available to support people promptly, without rushing, throughout our inspection.
- Safe recruitment procedures were in place. Staff records contained confirmation of identity checks identification and details of their employment histories. The provider carried out criminal records checks and sought references from previous employers to ensure new staff were suitable for the roles they had applied for.

Using medicines safely

- Medicines were safely managed. People's medicines were securely and safely stored. Medicines were managed by staff who had received relevant training and who underwent annual assessments of their competency. Relatives told us they thought their family members' medicines were well managed.
- People received their medicines as prescribed. People had medicine administration records (MARs) which included a copy of their photograph and details of any known allergies, to help reduce the risks associated with medicines administration. There was guidance for staff on when to consider offering people any medicines they had been prescribed to be taken 'when required'.
- Where medicines were administered covertly in people's best interests', appropriate decision-making process were in place to assess and manage any risk.

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.

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.

- Staff worked within the guidelines of the MCA. We were assured that staff had followed MCA Code of practice and best interest decisions in relation to obtaining consent for testing for Covid-19 and for a change of GP. However, the assessments and best interest decisions had not been recorded to ensure accurate, contemporaneous records of people's care were maintained.
- People's care plans did include records of mental capacity assessments having been conducted and best interests' decisions made for more significant decisions, such as the use of bed rails.
- Where the service had applied for authorised applications to deprive people of their liberty for their protection; we found these were monitored and kept under review.
- People were not always able to express their views about this aspect of their care, but we observed staff asking people for their consent when assisting them during our inspection.
- Staff received training on MCA and DoLS. Staff understood the need to seek consent from people when offering them support or care. A relative commented, "They always tell Mum what they are going to do and check she is okay with it."

Staff support: induction, training, skills and experience

- We saw a range of appropriate training was provided for care staff and clinical training for nurses. However, there was no system to ensure nurses' clinical training was evidenced through records of certificates or competency checks to assure the provider of their competence in clinical areas of care.
- Staff had received infection control training and told us they had been trained how to use PPE appropriately. Staff told us and records confirmed supervision took place on a regular basis and supported them in their roles. New staff received an induction in line with the Care Certificate. This is the benchmark for staff new to health and social care.
- Relatives said they thought staff were competent to deliver care. One relative remarked, "They take their time with [my family member] and seem to know what they are doing."

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

- People's needs were assessed before they moved into the home to help determine whether the service would be suitable for them. These assessments were used to develop people's care plans which considered people's mental and physical well-being, as well as their need for social support.
- Staff used nationally recognised assessment tools for areas of health needs to help identify whether people were at increased risk.

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

- People were supported to ensure their nutritional needs were met. Relatives told us they thought their family members were supported with their nutritional needs. One relative commented, "[My family member] is on a soft diet now but they are making sure they get the right nutrients. They struggle to swallow so needs support to eat. I have seen them take their time with them. They chat to them constantly and they are very patient."
- We observed the lunch time dining experience and saw that people were offered a choice of food and people's cultural needs and any allergies were also considered. Care staff and catering staff had information about people's preferences and dietary needs and guidance from health professionals where needed. We saw the food provided followed these guidelines.

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

- People had access to a range of healthcare services when needed; for example, the GP, dietician, mental health team and optician. Due to the pandemic, this was mostly done on line or through phone calls to staff.
- Staff monitored people's health and knew to report any changes in their conditions to the nurse or registered manager. Records showed that appropriate referrals were made to health and social care services where required.
- Staff worked to ensure people received consistent support when moving between different services. They ensured information relevant to people's care accompanied them when they attended appointments or were admitted to hospital.

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

- The home had been adapted to meet people's needs. There were handrails to aid people whilst moving around the home. People had access to the home via ramps where required and to a rear garden with seating areas for them to relax in.
- At the last inspection on 18 November 2019, we had observed the décor in the communal areas of the home looked worn and required attention. The registered manager had told us there was a refurbishment plan to make the environment friendlier for people living with dementia., including the use of additional lighting and signage to aid orientation.

- At this inspection we received some mixed comments about the décor at the home. Some relatives told us they had seen some improvements. Other relatives said that the bedrooms needed updating. One relative remarked, "The bedrooms all need improving."
- We observed some signage was in place to help orientate people and a bathroom had been renovated; but some bedrooms needed refurbishing. The registered manager showed us their maintenance plan which indicated work had been undertaken on the flooring in communal areas and that some bedrooms had been identified as requiring redecoration. They told us there had been plans to start work on the bedrooms, but the pandemic had delayed this. We will check on progress with this at our next inspection.

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 now deteriorated to 'Requires improvement'.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to manage risk and monitor the quality and safety of the service were not robust. During the inspection, we found the COVID-19 business risk assessment was not sufficiently robust and referred to the use of different masks than those worn by staff. We were sent other risk assessments and guidance available for staff but these were mostly out of date and not always in line with the latest guidance. There was a risk that staff would refer to and use out of date guidance.
- The infection control policy had not been updated to fully guide staff on new admissions and risk assessments had not been completed for vulnerable staff.
- MCA assessments and best interest decisions had not been recorded to ensure accurate, contemporaneous records of people's care were maintained in relation to obtaining consent for testing for Covid-19 and for a change of GP.
- The provider's systems health and safety checks had not identified some risks in relation to the premises. There were no recorded checks on window restrictors or radiators to verify that these risks were monitored.

We found no evidence that people had been harmed however, systems to manage and monitor the quality and safety of the service had not been effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action and sent us completed records in relation to the MCA, some individual staff risk assessments and best interest decisions for Covid-19 testing and change of GP following the inspection.
- The registered manager understood their role and had submitted appropriate notifications to CQC when required.
- There were some systems to monitor and audit the quality and safety of the service. For example, medicines, cleaning and infection control audits were carried out. There were audits of equipment and an external health and safety report completed in 2019. The provider visited and completed spot checks of the service being provided.

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

characteristics

- Most relatives said while they had been supported to have phone/video calls with their family members, they had not received much communication from the home during the pandemic. This required some improvement to ensure relatives were confident they had an up to date picture while there were restrictions on visiting. A relative remarked, "During this time we haven't really had much information from the home. We have had a couple of notices about COVID but we weren't offered regular phone call updates."
- People and their families views about the service were usually sought through a range of measures such as resident and relatives' meetings and questionnaires. Due to the restrictions on visiting, relatives' meetings had not been held. The provider had sent out questionnaires recently to relatives of people living at the service, asking for their feedback, which had been positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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 was open and receptive to the feedback during the inspection. Where they were able to rectify concerns quickly, they did so and sent us photographs following the inspection where they had completed actions we identified.
- The registered manager told us they understood the duty of candour regulation and recognised the importance of being open and honest with people and their families.
- Relatives told us they were happy with the way the home was managed. One relative told us, "I would recommend the home, it is always nice and I don't have any problems with it."
- Staff told us they felt well supported by the registered manager, senior staff and the provider. We saw the provider had visited the service during the pandemic to provide reassurance to staff and understand any anxieties.
- The provider had acknowledged the role and contribution of staff in protecting people during the pandemic, for example, by issuing certificates of recognition.
- Staff meetings were held to ensure staff were kept informed about any changes. There was a system of regular handovers between staff shifts to ensure any changes in people's needs were identified and managed safely.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to meet people's needs. For example, the registered manager told us how they worked closely with the mental health team. We saw detailed care plans and guidance for staff in relation to people's mental health needs and behaviours.
- The registered manager had worked with the local authority and other partners in relation to addressing safeguarding concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always identified, assessed or managed. Regulation 12 (1) (2) (a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to manage the quality and safety of the service were not always effectively operated. Regulation 17 (1)(2)(a)(b)(c)