

# Ashingdon Hall Care Limited

# Florence House

## Inspection report

19 Ailsa Road  
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Essex  
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Tel: 01702437989

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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 offers personal care and support for up to a maximum of nine adults who have a mental health condition.

Florence House is staffed 24 hours a day, with a minimum of two staff on duty during the day and staff awake at night.

People's experience of using this service:

- People at this service were well supported by dedicated staff who knew them well. People and staff had positive relationships that were based upon mutual respect.
- People using the service were relaxed with staff. Staff were appropriately trained. Staff interaction with people had a positive effect on their well-being.
- People's feedback was consistently positive about the support and said there were sufficient staff. One person told us, "Yes it is supportive living here. Staff arranged a visit for me once a week. The person gets me to think positively."
- People were supported to maintain good physical and mental health. People were enabled to access healthcare services and to take their medicines regularly.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were enabled to be as independent as they could be within the service. People were supported to move on and out of the service to less dependent service provisions when the time was right for them. The service staff worked well with other agencies to make this possible.
- The registered manager was well regarded by people and staff. They were responsive to any matters brought to their attention. Management had good oversight and monitored the service well. This included seeking feedback from people and staff.

Rating at last inspection: We rated Florence House as good and published our report on 15 June 2016.

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

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector conducted the inspection visit.

#### Service and service type:

Florence House is a supported living type service. CQC regulates the care and support provided and not the environment. People had their own separate license agreements relating to rent of their rooms. Florence House was a house of multiple occupancy (nine people) where people had their own bedrooms and access to bathrooms, but shared the lounge, kitchen and garden. People came together during the day for one shared meal, agreed by people and generally prepared by staff.

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:

The inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met people who used the service and spoke in more detail with five people. We spent time observing

staff interacting with people, especially at lunchtime.

We spoke with three staff and the registered manager. We looked at documentation relating to three people who used the service and information relating to the management of the service. We reviewed medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People consistently told us they felt safe at the service. One person told us, "I feel safe. Oh yes to that." Another person said, "I feel safe and I can ask the staff anything."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the service and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments in place were very specific to the person in question. People had dynamic assessments for instance one person had an assessment of risk relating to excessive use of water and electrical equipment. Another example being guidance for staff if a person did not return to the premises when expected. This was kept under review with the person.
- Where people needed equipment to aid them to walk this had been assessed and provided by appropriate health staff.

Staffing and recruitment

- All people and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long if they needed support. One person told us, "The support I get is very reassuring because it's helpful."
- Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs. There were no staff vacancies. Staff sickness levels were very low.
- The service had a recruitment policy and process in place that they followed.

Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines. One person told us, "I get support to order my medicines."

### Learning lessons when things go wrong

- Management were keen to develop and learn from events. An example being medicines audits were revised. This eliminated gaps on medicine records. They welcomed any advice and support from external agencies.
- Accidents and incidents were appropriately recorded and actions taken to prevent similar occurrences.

# 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

Good:  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 of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff applied their learning in line with best practice, which led to positive outcomes for people and supported them to live a life of their choosing.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and performed effectively. Staff were supported through induction that included shadow shifts with the registered manager and competent staff.
- Staff said that the training completed was of good quality. Training covered various mental health conditions that were relevant to support the current people living at Florence House. One staff member said, "The training is thorough and informative."
- Staff told us that they were appropriately supported by managers and that they were available at any time should they need guidance or support.

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

- People were supported to have a balanced diet. The main meal of the day was at lunchtime and was decided upon by people using the service. One person explained, "We decide at our meetings what is going to be on the menu. Our other meals we shop for ourselves and prepare for ourselves."

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

- The service worked well with a host of other agencies to ensure people's needs were met. This included specialist health clinics, mental health specialists and housing bodies to enable people to move on from the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives of their choosing. An example being that one person had been supported to lose a significant amount of weight that had enabled them to walk again. The service had adopted a rescue dog and walking the dog had both physical and wellbeing benefits for people at the service.
- Staff had also attended a special clinic to receive training so that they could support a person to manage a condition. Treatment and support has been so successful that they had now recovered and no longer have the condition. One person told us, "On the medical side of things I feel the staff are highly trained here and that is reassuring. I'm registered with the local surgery. The GP and nurses are helpful there."



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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had a good understanding of this legislation and had applied for a Deprivation of Liberty Safeguard (DoLS) in the case of one person to explore if they could be safeguarded. This was declined. No one at the service was subjected to a DoLS. No one was deprived of their liberty.
- One person agreed to a sensor being placed on a door when they were unwell to alert staff to them leaving the building. This enabled staff to take action to keep them safe if they did not return.
- The registered manager was aware of the court of protection and had applied to them to safeguard one person in relation to decision making.

# 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

Good:  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 were treated well and appropriately supported. One person told us, "The staff are very kind, especially the manager."
- Feedback from people said staff were kind and caring towards them. People benefitted from mutually respectful relationships based upon trust and respect for people's differences.

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

- People were regularly asked for their views on their care and support. People told us about the house meetings that everyone was able to participate in.
- People were fully involved in all aspects of their support and were aware of their plans in place. They confirmed they were consulted and able to direct and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. Peoples private rooms were respected by all. Staff knocked and waited to be invited in. Staff were keen to tell us how to respect the privacy of one person in particular as this was of great importance to them.
- People were supported to remain independent with their daily living skills. One person told us how they liked to cook their own main meal and how important that was to them. Another person explained how staff supported them to access local shops of their choice to do their weekly shop.
- People were actively encouraged to move on to more independent living and were supported when the time was right.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live independent lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. Records confirmed that people were involved with the review of their care plans.
- Staff confirmed that care plans in place reflected people's current needs. People had given consent to the care and support that had been arranged.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. Records were kept of complaints and concerns received and responses to these, that included an apology if appropriate. Anyone was able to raise concerns and complaints forms were available in the hall way for people or visitors to access.
- We saw evidence that complaints received were taken seriously to improve the service where possible and records of actions taken were in place.

End of life care and support

- The service had not supported anyone with end of life care at this time.

# 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ People told us that the registered manager was visible and known to them and very approachable. We saw them to be kind, caring and that they knew everyone and their circumstances very well. One person at the service said, "The manager is the best we have ever had."
- □ People were provided with truly person centred individualised care that met their expressed needs. People were keen to tell us of the quality of care and support provided.
- □ Staff consistently told us of the positive registered manager in place who was open and transparent and available to them when needed. Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.
- □ The culture of the service was based upon respect and focused on ensuring people received individualised support. It was evident staff knew people well and put these values into practice. One staff member said how happy they were to work at the service.

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

- □ People were clear about their roles within the organisation and there was an appropriate structure for the size of service.
- □ There were systems in place to monitor the service provided. This included feedback from people that used the service and staff. Feedback results had been compiled into accessible graphs to display information and make it easier to understand for people.
- □ Oversight of the service was ongoing and had developed since the last inspection. There were systems in place to monitor the quality of the service with regular audits of medicines in place. There had been no significant incidents relating to medicines management.
- □ Other systems in place included monitoring of incidents. These were of a minimum. Appropriate actions were in place.
- □ The registered manager was keen to learn from events. They had reflected upon a recent complaint made about the service and therefore had briefed staff and developed strategies to effectively support people at the service.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- □ The registered manager had good links with the local community, other health and social care professionals and the local GP service.

- The service regularly sought the views of people through care plan reviews and through regular surveys. The feedback received has been positive and therefore confirms that the service provided is appropriate for people's needs.