

Heathcotes Care Limited

Blackburn (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

Blackburn (Florence House) is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 13 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People's independence was promoted, and staff encouraged people to participate in their care decisions. People's care plans were person centred and reviewed regularly. Risks associated with people's care were assessed to identify how their care could be provided safely and were reflective of the individual's needs. Staff supported people to take part in meaningful activities and supported people to go on holidays and outings. The service had sufficient staffing to meet peoples' needs and the same agency workers were used to maintain consistency. The service was clean and rooms were personalised to individual needs. We observed wardrobes needed securing to keep people safe and this was done following the inspection. The environment was being maintained in line with health and safety expectations and some updates to the décor was being planned by registered manager.

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.

Right care

People received supportive care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs. People had access to health care professionals when they needed them. Medicines were not always recorded accurately; records contained gaps and medication records were not being checked to ensure the information was accurate. Following our inspection, the provider shared additional evidence to demonstrate medication recording practice had been improved and addressed.

Right culture

People received good quality care, support and treatment because staff were trained in areas related to their needs and staff received regular supervision from support leaders. Recent audits for medication were not effective, we made a recommendation about this. Systems were in place to monitor and learn from trends and themes in the service. Staff provided positive feedback on the management team, although some staff felt communication around changes in the service could be improved. Families were happy with

the support being provided and described the positive outcomes people had achieved. Positive feedback on partnership working was provided by professionals.

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 (published 14 September 2018).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, activities, infection control, staff engagement and management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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

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

Enforcement and Recommendations

We have made a recommendation in relation to systems and oversight of the service at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blackburn (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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. We completed an unannounced visit to the service in the evening on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, concerns raised to the CQC, investigations, action plans and statutory notifications which the provider is required to send to us by law. We also sought feedback from professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 family members. We spoke with 11 staff members. These included 5 support workers, 2 senior support worker, 2 operations directors, the deputy manager and the registered manager. We obtained feedback from 4 professionals.

We looked at 2 people's care records, associated documents, and medicines related documentation. We also looked at records relating to the operation and management of the service. We undertook a tour of the building, observed medicines management practices and their storage, and completed observations of support provided in the communal areas.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medications safely. However, records were not always accurate. Some people's medication was prepacked by the pharmacy in medication trays and the pharmacy produced a printed Medication Administration Records (MAR). These documents were not always accurate. This had not been identified and addressed with the pharmacy when medications were booked in. For example, the name of some medications did not match the brand name recorded on the MAR charts and one person's allergy status was not correct on the MAR chart, although care records highlighted the allergy. The registered manager gave immediate assurances these issues had been addressed with the pharmacy and documents had been amended.
- There were some gaps were noted in the MAR charts with no explanation offered. We did not observe any evidence of medications being administered incorrectly. We reviewed several medications, and stock counts matched the expected number of medications available which would suggest this was a recording issue and no harm was identified. We made a recommendation around improving oversight of records and procedures in the well led section of the report.
- As and when medication had protocols in place. These documents provided clear directions on why the medication had been prescribed and what intervention to use prior to administering. The provider appeared to be following the STOMP (Stop the Over Medication of People with a learning disability, autism or both) guidance and promoting therapeutic interventions.
- Medication was being stored correctly and a controlled drug register was in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and policies were in place to record and report safeguarding concerns. People and families told us they felt safe in the service. When asked, people said, "Yes of course, I love living here" and, "They talk nicely to me [care staff], I feel safe." Families told us, "Yes definitely - I'm extremely happy, all the family are very happy with it [the service]."
- Staff were aware of how to recognise and report safeguarding concerns. Policies and procedures for safeguarding and whistleblowing were in place and a dedicated whistleblowing line was available to staff.
- Accidents and incidents were being recorded and analysed for trends and themes. It was noted that the service was auditing the reporting documentation and addressing with staff when more details were needed. The audits also looked to see that plans were being followed and confirmed physical or medication interventions were being used as a last resort.
- Evidence of learning from incidents and safeguarding concerns were noted.

Assessing risk, safety monitoring and management

- Risks were effectively assessed and managed. Individual risk assessments were in place and reviewed. The assessments were person centred.

- Health risk assessments were in place for medical conditions and provided detailed information on how to manage people's conditions.
- Environmental checks and certificates were being completed in line with health and safety expectations. Equipment and safety features to reduce risk of injury to people were in place, such as window restrictors, window protectors and radiators cover. We did observe wardrobes required securing to the walls to reduce the risk of injury. The registered manager confirmed wardrobes were now secure following the inspection.

Staffing and recruitment

- The service was staffed at safe levels. The registered manager explained staff levels were based on commissioned hours and background support. Rotas demonstrated the service was staffing at the level described and staff hours had been increased following a new admission to the service.
- Agency was being used regularly to cover staff shortages and rotas showed the same agency members were utilised where possible, to ensure consistency. The registered manager confirmed recruitment was ongoing.
- Staff told us there was enough staff on duty and the service was using consistent agency. They said, "shifts are always covered, if short we use agency but always the same ones" and, "When shorted staffed, the manager will often use other agencies."
- Staff were recruited safely. Appropriate checks were being completed prior to employment. This included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

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

Visiting in care homes

- People were supported to have visitors in line with national guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were being assessed. Pre-admission documents were being completed. These assessments considered whether people's needs could be met alongside their likely compatibility with other people living in the home.
- Care plans were in place and covered a broad range of needs. The care plans were reviewed regularly and contained up to date information.
- People told us they had choices around their care and routines. When asked if they have choices they said, "Yeah, I don't go to bed until half 11" and, "I can go to bed when I want and get up when I want."

Staff support: induction, training, skills and experience

- Staff received regular training. The training matrix showed a good level of compliance and staff who were due refreshers had been booked on the relevant courses. Training covered mandatory courses as well as service specific areas. Positive behavioural support training was being provided to all staff through a recognised programme.
- An induction process was in place and new staff completed training prior to starting at the service and spent time shadowing other care workers.
- Staff felt they had enough training and told us they received regular supervisions.

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

- People were supported to have their nutritional needs met. People told us they liked their meals, they said "I like the dinners. I don't help [cooking] as I don't want to" and, "Yeah, very good [food quality], they always give you a lot of it."
- The kitchen space was clean and maintained. The registered manager told us people planned meals for the household and a menu plan was on display.
- Dietary needs, sensitivities and preferences were being care planned and diet and fluid intake was being recorded. The registered manager had a weight management record in place and was monitoring peoples' weights. Two people had lost weight recently through support around healthy eating and choices.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- Staff were working with agencies to support people. Referrals were seen to health professionals around people's physical and mental health, and people were supported to have access to regular health checks.
- Heath passports were in place and up to date.

- The property had been adapted to support people with their needs. The garden had a ramped access and sensory boards were available which had been made by staff. People were supported to have a different colour bedroom doors and rooms were personalised to peoples' individual choices and sensory needs. Some décor in the home required updating and the registered manager explained this work is due to be completed.
- One professional commented on the difficulties of the environment offering more quiet spaces for people. They said, "During my experience of Florence House there were times during my visits that the environmental lay out could escalate incident and behaviours especially the noise levels for the service user I visited." At the time of the inspection, two lounges were observed to be used less by people in the service and potentially may offer a quieter space.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- A DoLS tracker was being used. This was recording when DoLS were due to be renewed and whether conditions were in place.
- Referrals to advocacy had been made and several people had an independent advocate.
- MCA and best interest documents were being completed. On the documents viewed, limited involvement outside of the service was seen when reaching best interest decisions. The registered manager explained they were working with professionals and families (where appropriate) to engage them in this process.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was being respected. Certain areas of the home had been made more private to support people who struggle with tolerating clothing due to their needs.
- Training was being provided around dignity, person centred care and communication.
- Families were positive around the support provided by carers. Families told us, "They [staff] are unsung heroes. They are absolute stars, I cannot praise them enough. I want to give them good feedback, because they deserve it" and, "we see the staff [during visits], they are brilliant."
- Positive feedback was given from professionals around staff promoting independence. They told us, 'I believe that the staff consistently and actively work in the service users best interests to achieve the best outcomes for them. Service users are empowered to use their own abilities and skills.'
- Staff were observed engaging with people during the inspection. The interaction was caring and people appeared settled and comfortable.

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

- People were being supported to express their view around their care. Pictures and easy read documents were being used to aid discussions.
- People told us staff listened to them and acted on what they said, "Oh yeah and they've got a lot of patience."
- Families told us staff communicated any changes and involved them in decisions. They said, "whatever they do they always ring me to ask my opinion" and, "I get constant feedback about the good stuff and the bad stuff too. Most of my interaction is by phone, the staff are very good at communicating and the way they talk about [person], they know [them] well. They know what works for [person], they have affection and a relationship with [them]. They have put a care plan in place which they tell me all about."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving personalised care. Care plans were personalised to individual needs and had considered people's routines and choices.
- Families and professionals provided examples of how people's individual needs were being considered. For example, when identifying a suitable bedroom for one person upon entering the service, they considered the person's sensory and social needs to find the best room. Professionals told us, 'I have observed active delivery of care and support which I believe is very person centred. Staff know the service users well and are able to offer reassurance and to those who cannot communicate needs, staff are able to predict needs.'

Meeting people's communication needs

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

- A variety of communication methods was being used in the home to aid communication. This included easy read documents and talking tiles.
- Communication care plans were in place and provided personalised guidance around how to communicate with people.

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

- Activities were taking place in the service and the local community. People were being supported to access the community on a regular basis and a number of people attended a local group in the evening.
- People were supported to maintain relationships with family and friends. Families told us people were engaged in meaningful activities. They said, "Yeah [person] loves going shopping, [they] never went shopping ever before, now [they] go most days with the staff walking. It's getting [them] out and getting [person] to buy [their] own things. [They] love going out, [person] loves disco dancing on a Wednesday night, and [they] go bingo on a Thursday night. [Person] is always doing something" and, " [Person] went on a lovely holiday to a beautiful place. They take [person] for outings, they are trying their best to give [them] a quality of life"
- People were supported to go on holidays. Some people had expressed a wish to go abroad and the deputy manager explained that they were working with people to develop their confidence and safety in the

community and build towards this goal.

Improving care quality in response to complaints or concerns

- A complaints policy and system for recording complaints was in place. Complaints were being recorded and responses were provided in a timely manner. Lessons learnt from complaints was being documented to evidence learning.
- People were being asked if they had complaints about their care through feedback forms. Families told us they knew how to complain however they had not needed to. They said, "No complaints whatsoever, or concerns" and "I have no complaints."

End of life care and support

- No one was at end of life at the time of the inspection. Training was offered around end of life care to staff.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Governance systems and processes were in place however they were not always effective. For example, systems and policy guidance were in place for booking in medicines. As discussed in safe, mistakes on the MAR charts had not been identified and rectified when medicines were received from the pharmacy.
- Medication audits were generally being completed weekly, although small delays were noted between recent audits. The audits viewed had not picked up the issues identified during the inspection around medication recording.

We recommend the provider ensure systems were being followed and effective oversight and good governance of the service.

Following the inspection, the registered manager confirmed all issues identified had been addressed.

- A quality assurance document was in place. This was being used to look across the service for trends and themes. The document captured any identified learning within the different key areas. For example, when considering trends and themes around incidents, the registered manager had identified a theme around improving incident reporting documents and had raised this with staff.
- The provider maintained regular oversight of the service. Monthly regional management reviews and regular internal audits were taking place. The service had recently had an internal audit which identified areas of improvement. An action plan had been created and the registered manager was able to evidence progress.
- Meetings were occurring with other managers within the provider group. These meetings were used to share knowledge across the sites and share good practice as well as offer peer support to the registered manager.

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

- People were supported to achieve good outcomes. Families told us people were experiencing improved quality of life. They said, "[person] has come on so much since being at Florence. [Person's] manners are better, [their] communication is better. I used to go four or five times a week at [person's] other place, now we only go once a week, [person] never asks for more visits now, [they're] thrilled, just thrilled" and, "[person] went to [several] different places before ending up at Florence House. Of all those places, [person] is most happy at Florence House and I am the most happy."

- Staff provided positive feedback on the management team and the home. They said, "I would like to tell you that my manager is so helpful and supportive in my role and looks after my well-being. She goes the extra mile to support all staff when in need" and, "The culture is very good. It's a friendly culture, everyone is looking after everyone. I feel that staff get on well with each other. This is really important."
- Families told us they were aware of the registered manager and deputy. They said, "she's [registered manager] very approachable."

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 aware of duty of candour responsibilities. A duty of candour policy was in place. The registered manager was making referrals to the local authority and completing notifications to the CQC when required.
- Professionals told us the registered manager was making prompt referrals when concerns occurred. They said, 'The service has been responsive to requests from [name of the team] and are very good in ensuring safeguarding alerts are sent.'
- The registered manager and deputy were transparent and open during the inspection and were responsive to addressing areas of improvement.

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

- People, families and staff views were being sought. Most staff told us the registered manager was supportive and listened. Some staff identified communication could be improved in certain areas. When asked if the registered manager communicates changes, they said, "regarding care plans yes but as for other stuff no."
- Evidence was seen of people, families, staff and professional views being sought through questionnaires. Responses were limited, however the information was being analysed and actions identified through a 'you said, we did'.
- Visiting professionals confirmed the service worked in partnership to proactively support people. They said, "The managers have always been 'open' with [name of team]. Safeguarding colleagues have also spoken well of the responses and co-operation from Florence House", and "The staff are actively responsive to the diversity of the service users. The management team have always shared relevant information with me when it has been required as part of my role."
- Staff told us regular meetings were taking place and minutes were viewed. The registered manager explained how individual discussions on changes took place with families and people due to the size of the service and the needs of the people.