Floron Residential Home

Floron Residential Home for the Elderly

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 June 2015 and was unannounced. We last inspected this service in February 2014, at which we found they were compliant with all the regulations we looked at.

Floron Residential Home for the Elderly is a 16 bedded care home for older people. It is registered to provide accommodation and support with personal care. At the time of our inspection 15 people were using the service, some of whom lived with dementia.

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

Summary of findings

Medicines were not always safely managed. You can see what action we have asked the provider to take at the end of this report.

People told us they felt safe using the service. Staff understood their responsibility with regard to safeguarding adults. Risk assessments were in place. There were enough staff working at the service to meet people's needs. Robust staff recruitment procedures were in place.

Staff were supported by the service to develop relevant skills and knowledge. People were able to make choices about their care and the service acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. People were supported to eat and drink sufficient amounts and were provided with a choice of food. People's health care needs were met and they had access to health care professionals.

People told us they were supported in a caring manner and that they were treated with respect. Staff had a good understanding of how to promote people's dignity, privacy, choice and independence.

People told us they were happy with the care and support provided. The service assessed people's needs and care plans were in place about how to meet needs. Staff were knowledgeable about people's individual needs. The service had a complaints procedure in place.

People, relatives and staff told us they found the registered manager to be approachable and helpful. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. There was not always accurate record keeping with regard to medicines. Medicines were however stored securely.

The service had safeguarding procedures in place which staff understood and were knowledgeable about.

Risk assessments were in place which included information about managing and reducing risks, including those associated with behaviours that challenged the service.

There were enough staff working to meet people's needs. Robust staff recruitment procedures were in place which included carrying out various checks on staff.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings. New staff completed an induction.

People were able to consent to care. The home followed the principles of the Mental Capacity Act 2005 and DoLS.

People told us they liked the food. We saw people were supported to eat and drink sufficient amounts and that people a choice over what they ate.

The service met people's health needs. People were supported to access health care professionals as appropriate.

Is the service caring?

Good

The service was caring. People said staff supported them in a caring manner. We observed staff interacted with people in a kind and sensitive way.

Staff had a good understanding of how to promote people's dignity, choice, privacy and independence.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and reviewed over time. Care plans provided information about how to meet people's needs. Staff had a good understanding of how to support individuals.

People were aware of how to raise concerns and the service had a complaints procedure in place.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place and clear lines of accountability. Staff and people that used the service said they found the registered manger to be helpful and approachable.

Summary of findings

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

Floron Residential Home for the Elderly

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included previous inspection reports, details of its registration and any notifications they had sent us. We also contacted the relevant local authority that had responsibility for commissioning care from the service. They did not express any concerns about Floron Residential Home for the Elderly.

During our inspection we spoke with six people that used the service and two relatives. We spoke with eight staff. This included the registered manager, two administrators, the cook, two support workers and the two assistant managers that also worked shifts as care staff. We observed how care was provided and how staff interacted with people that used the service. We looked at various documentation including five sets of care records relating to people, records of medicines, various audits and quality control systems and policies and procedures. We examined five sets of staff recruitment, training and supervision records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. A relative told us, "They are excellent here. I can't fault the care they give her. I have never been worried about her safety when I've left her at the end of a visit. She is safe and well cared for." Another relative said, "She [person using the service] is absolutely safe here."

The service did not have accurate records of the amounts of medicines held in stock. Most of the medicines were in blister packs. We checked these and found they contained the correct amounts of medicines. However, this was not the case for medicines that were stored in their original packaging. We checked four lots of medicines in their original packaging. In two of these there was no record of how many of the tablets should have been in stock and for a third there was a discrepancy between how many tablets were in stock and the amount recorded as being in stock. Poor record keeping with regard to medicines increases the likelihood of errors being made with the administration of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored in a designated and locked medicines cabinet and in a separate designated and locked controlled drugs cabinet. Both of which were securely fastened to a wall. We found that accurate records and checks were made of controlled drug.

Staff told us and records confirmed that they received training before they were able to administer medicines. This included an assessment of their competence to administer medicines carried out by a senior staff member at the service.

The service had a policy about safeguarding people from the risk of abuse. There was also a whistleblowing procedure in place which made clear that staff were able to report issues of concern to outside agencies if they believed that was appropriate. Staff and management had a good understanding of safeguarding issues. Staff knew of the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. The registered manager told us there had not been any allegations of abuse since our last inspection.

Systems were in place to protect people from the risk of financial abuse. The administrator told us that the service did not have responsibility for managing people's finances. This was either done by family members of the local authority after a court of protection order had been made. The service did however hold money on behalf of people. This was stored securely and records and receipts were kept of any monies spent on behalf of people. We checked monies held on behalf of people and found the amounts held in the service tallied with the amounts recorded.

We found that risk assessments were in place for people. These included information about how to manage and reduce risks. We observed staff following risk assessments during the course of our inspection. For example, the risk assessment for one person said they were at risk of falls and we saw staff followed the actions in the assessment to reduce this risk and help ensure the person was safe.

Risk assessments were in place to support people who exhibited behaviours that challenged the service. Staff had a good understanding of how to support people and how they could de-escalate situations. They told us they spoke calmly to people, gave them space and time to calm down and sought to divert them for instance by offering a cup of tea or going for a walk in the garden. We observed one staff member helping a person that was becoming agitated. The staff talked with them in a gentle and reassuring manner and we saw the person soon became more settled.

During the day the service operated with three care staff and two care staff a night. In addition the service employed designated cleaning, cooking and administrative staff. Staff told us they thought there were enough staff working at the service to meet people's needs. They said they had enough time to carry out all their duties. We observed that staff appeared to be able to work in an unhurried manner during our visit and responded to the needs of people in a prompt manner. For example, when an emergency call buzzer went off staff responded to it almost immediately. We were told that if a staff member has to cancel a shift alternative staff cover was arranged so that the service was not short staffed.

The service had robust staff recruitment and selection procedures in place. Staff told us and records confirmed that the service carried out checks on them before they began working at the service. These checks included references, proof of identification and criminal records checks. This was to help ensure staff were suitable to work in a care setting.

Good

Is the service effective?

Our findings

People told us they were happy with the service. One person said, "It's a lovely place, I like it all. I like helping to lay the tables for meals."

On commencing work at the service staff undertook an induction program. This included shadowing experienced staff to learn how to support individual people. Staff also completed the Skills for Care Common Induction Standards and we saw completed workbooks which confirmed this. Staff told us and records confirmed that they received regular training to help develop their skills and knowledge. This included moving and handling, safeguarding people, first aid awareness, dementia awareness, understanding diabetes and end of life care. Some care staff had also completed NVQ's in Health and Social Care

Staff told us and records confirmed that they had one to one supervision with a senior staff member every one to two months. We saw topics discussed during supervision included training needs and areas of personal development. For example, the record of one supervision discussed how the staff member could improve their report writing.

The service had made a Deprivation of Liberty Safeguards (DoLS) application for five people which had all been authorised by the local authority. We saw the service had followed the correct procedure with these applications and that they had notified the Care Quality Commission. We saw that where DoLS authorisations were in place these sought to deprive people of their liberty in the least restrictive manner. For example, one person was at risk when alone in the community but the DoLS assessment stated staff should support the person to access the community. We saw during our visit that this was the case and the person was away from the service for several hours with the support of staff.

Staff had a good understanding of the Mental Capacity Act 2005 and DoLS. Staff explained that people using the service were able to make choices about their day to day lives. They gave examples of how they supported people with limited communication to make choices such as showing them two pairs of shoes to choose from. We saw that mental capacity assessments and best interest meetings had been carried out appropriately. For example, one person refused their medicines. A mental capacity assessment found they lacked the capacity to make an informed choice about this and a best interest meeting involving their GP agreed that their medicines should be administered covertly. Staff explained how other people had had best interest meetings about their end of life care which had involved their families.

People were very complimentary about the food. One relative said, "The food is absolutely beautiful." Another told us, "its proper home cooked meals."

The registered manager said the service monitored people's weight by checking it monthly. Records confirmed this. If there were significant changes they contacted the person's GP. Where people were seen to be at risk of malnutrition risk assessments were in place about this. One person was on a pureed diet due to swallowing difficulties. We saw the service had worked with the speech and language therapy team who had provided guidance on how to support the person to eat and drink in a safe manner. Staff were aware of the guidance and we saw that it was followed during the course of our visit. We saw where people needed support to eat this was done in a relaxed manner by staff, going at the pace that suited the person and remaining with them until they finished their meal.

Care plans did not contain much information about people's food likes and dislikes. We discussed this with the registered manager who said they would address this issue. We saw care plans did include information about people's dietary requirements linked to religion and culture and cooking staff were aware of these requirements.

Menus were discussed with people during residents meetings and we saw on the day of our visit that people were offered choices about what they ate. Food appeared appetising and nutritious and we saw the main meal was prepared using fresh ingredients.

The service met people's health care needs. Everybody was registered with a GP and people had access to other health care professionals as appropriate. This included opticians, physiotherapists and speech and language therapists. One person had a pressure ulcer and this was being treated by the district nurse. The service was pro-active in making appointments for people for example with the breast care clinic. Records included details of what appointments were for and of any follow up action necessary.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "Nothing troubles me here, they're [staff] lovely people." A relative told us, "Every one of the staff are lovely. It was the caring of the staff helped to bring her round, they gave her meals and medication on time. They brought her round to wellness." Another relative said, "I don't see any nastiness, they laugh with her and they try to make all the residents happy. I couldn't ask for anything better for her."

Staff supported people to be independent. For example, a member of care staff explained how they supported one person with their personal care, telling us they were able to wash their hands and face themselves so the staff member did not do this for them.

Staff told us how they supported people to consent to their care and respected their privacy. For example one staff member told us they knocked and waited for an answer before entering bedrooms then made sure all doors and curtains were closed whilst providing support with personal care. We observed that staff did knock on doors before entering bedrooms during our visit. Staff said they talked to the person as they went along, explaining what they were going to do next and asking for the person's consent. Bathroom and toilet doors had locks fitted which included an emergency override device. This promoted people's privacy and safety as they were able to lock the door safe in the knowledge that staff could gain access in an emergency situation.

We looked at people's bedrooms with their consent. We found these had been personalised to reflect people's personal tastes. For example, with family photographs and their own possessions. Five of the bedrooms where shared rooms. The registered manager told us people were made aware of this before they moved in to a shared room and people confirmed this and that they were happy in a shared bedroom. We saw screens were in shared bedrooms to promote people's privacy. However, we noted that in some shared rooms it was not possible to tell which toiletries belonged to which person. The assistant manager told us toiletries were supposed to have the person's name on them and said they would address this issue.

The registered manager told us people were involved with the daily routines in the home. For example, with setting the table, folding laundry and drying dishes. This helped people to retain their independence and also made the service feel more like a home for people as they were able to participate in familiar tasks they attended to in the past. People were encouraged to talk about their past lives and events. People and staff used a computer to find out about places and people from their past. The registered manager told us their main priority for the next six months was to get staff to spend more one to one time with people meeting their personalised needs. They said they had re-arranged the rota to make this more manageable.

We saw that staff interacted with people in a kind and caring manner and people were relaxed and at ease with staff. Staff understood the people they cared for. They told us this was because they had taken the time to get to know people as individuals and what was important to them. Staff supported people to communicate through the use of objects of reference. For example, one person had hearing difficulties so staff showed him either tea or coffee so he could let them know which one they wanted.

Good

Is the service responsive?

Our findings

People and their relatives told us they knew how to raise any concerns they had. One relative said, “Any query I have about my mum I always get a response if I phone up. I never feel I’m a nuisance. Senior Carers pass messages on to the manager.”

After receiving an initial referral a senior member of the staff team met with the person to carry out an assessment of their needs. This was to determine if the service was able to meet those needs. The assessment included speaking with relatives where appropriate and sourcing information from other agencies who had been involved in the person’s care. This was to get a full picture of the person and their needs. People initially moved in to the service on a six week trial basis. After this a placement review meeting was held to determine if it was a suitable placement or not.

Care plans are developed by staff with the involvement of the person and their relatives where appropriate. Staff were expected to read people’s care plans before they supported them and they demonstrated a good understanding of their contents. Care plans were reviewed each month so that the service was able to respond to people’s needs as they changed over time. Care plans covered communication, physical and emotional wellbeing, oral health, foot health and sleeping. However, some care plans contained only basic information about supporting people with personal care. They set out the elements of personal care the person needed support with such as dressing, washing and using the toilet but did not provide information about how this was to be done for each person in a personalised manner. We discussed this with the registered manager who said they would review these elements of care plans. It was positively noted that staff had a good understanding of people’s needs and how to meet them in a personalised manner. For example, staff were knowledgeable about how each person preferred to be supported with their personal care and what elements of it they could manage themselves.

People were supported to take part in various activities. For example, the care plan for one person set out the things they enjoyed doing which included reading newspapers and reminiscing with staff about their past life. We saw staff facilitated both of these things during our visit. We also saw some group activities including exercises and games with a ball. Minutes from a residents meeting showed people had expressed an interest in voting in the recent general election. The registered manager told us people had been supported to visit the polling station in the minibus owned by the provider. On a weekly basis a dog is brought to the service and people told us they enjoyed playing with the dog. The service had a weekly arts and craft session and examples of artworks made during these sessions were on display within the service. The service also ran baking sessions for people. The service supported people with needs around religion. Representatives of various religions visited the home regularly and people were supported to visit places of worship.

The provider had a complaints procedure and a copy of this was on display within the communal area of the service. The procedure included timescales for responding to any complaints received. However, it had incorrect details of who people could complain to if they were not satisfied with the response from the provider. We discussed this with the registered manager who said they would amend the procedure accordingly. The registered manager told us no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

People said they found the registered manager was helpful and listened to them. A relative told us, "You do feel they are listening and any problems they sort them out." Another relative said, "The manager does listen, I'm here weekly and feel I can voice a problem if necessary."

The service had a registered manager in place. They were supported by two assistant managers and two administrators. Staff were aware of lines of accountability within the service. We observed that staff were relaxed speaking with the registered manager and were able to raise issues with her throughout the course of the inspection.

Staff told us they found the manager to be supportive and that they had fostered a positive working atmosphere in the home. One staff member said, "It is a lovely caring home and I believe our residents are very happy here." Another staff member said of the staff team, "Everybody is supportive." The same staff member said of the registered manager, "She is very good, very supportive. Any issues she deals with. She is very approachable, you can approach her anytime. She is always guiding me and supporting me." Staff told us the service had an on-call system which meant they were able to access support and advice from management at times when there were no managers working at the service.

The service had various quality assurance and monitoring systems in place. They had an annual plan of quality self-assessment. This set out what quality assurance checks were to be done and when so the service was able to monitor that appropriate checks had been carried out. For example, it showed that care plans were to be updated monthly and we saw that this was done. It also stated that the service was to carry out quarterly health and safety monitoring checks and these had been completed. They checked various elements within the home such as infection control, fire exits and the use of protective clothing to help ensure people were safe.

An annual survey was carried out to seek the views of people that used the service, their relatives and staff. The most recent survey was carried out in October 2014. Completed surveys contained positive responses. For example, one person said, "Of course I do" in response to questions about if they were able to choose what time they got up and went to bed. A staff member wrote on their survey, "There is good communication between staff and management."

We saw that accidents and incidents were recorded and these were analysed and reviewed to see if there were any patterns could be identified to help reduce the risk of similar accidents recurring.

The service had monthly staff meetings. Staff said they found these to be helpful and gave them the opportunity to discuss individual people and share ideas for good practice. Records showed a recent staff meeting had included a discussion about how to promote dignity in care.

The senior staff group including the registered manager met every two months. These meetings focussed on driving improvements and dealing with any issues that needed to be addressed. For example, a recent meeting discussed how best to support a person that had recently had a number of falls and what could be done to provide safer care for that person. Records showed these meetings also included discussions about issues of relevance to the service such as the introduction of the new Care Certificate, the new Care Quality Commission inspection process and reports from the local authority monitoring and contract team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 People who use services were not protected against the risks associated with poor record keeping with regard to medicines. Regulation 12 (1) (2) (g)