

# Pilgrims' Friend Society Florence House

## Inspection report

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Date of inspection visit:  
13 February 2018

Date of publication:  
14 March 2018

### 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

The Florence House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Florence House accommodates 21 people in one adapted building over two floors. There were 15 people using this service at the time of this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This unannounced comprehensive inspection took place on the 13 February 2018.

There was 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.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

The environment was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were looked after by staff who were trained and supported to do their job.

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 had access to healthcare professionals and their healthcare needs had been met. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

People were supported to eat and drink sufficient amounts of food and drink.

Staff knew people they supported and provided a personalised service in a caring way. This was confirmed by talking with people who lived at the service and relatives.

Care plans were organised and had identified care and support people required. We found by conversations with staff they had a good understanding of protecting and respecting people's human rights.

People participated in a range of activities within the service or in the community and received the support they needed to help them to do this. The support included staff assisting people to meet their cultural and religious needs.

People were involved in the running of the service. Regular meetings were held for the people and their relatives so that they could discuss any issues or make recommendations for improvements to how the service was run.

There was a process in place so that people's concerns and complaints were listened to and were acted upon. Information available with regards to support from an external advocate should this be required by them.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Florence House

## 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.

This inspection took place on 13 February 2018 and was unannounced. The inspection was undertaken by one 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 the provider completed a 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people living at the service who were able to give us their views verbally of the care and support they received. We also spoke with three visiting relatives. We also observed staff interaction throughout the inspection.

We spoke with five staff, the registered manager, the activity co-ordinator and three care workers.

We looked at care documentation for four people living at Florence House, medicines records, three staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People who lived at Florence House told us they felt safe and secure in the care of the staff team. We only received positive comments. One person said, "I keep my room door open and the staff wave or say 'hello' when they go by. I feel really safe down here, staff look after me, they know what I need and like." Another said, "I know I'm safe here, like being at home, everyone knows each other. The staff are so friendly." A third person said, "...It's [the service] in a lovely part of town and much safer than where I used to live."

Policies and procedures were in place to minimise the potential risk of harm or unsafe care. Staff had received safeguarding training. They were able to explain what they would do if they saw or heard about people being harmed. Staff were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

Care plans had risk assessments to identify potential risk of accidents and harm to staff and people in their care. Guidance included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. Equipment was also used to support people to stay safe, for example through the use of walking frames or wheelchairs. They had been regularly reviewed and updated as required.

A record was kept for accident and incidents. The registered manager monitored these for any trends and patterns. Documents we looked at were completed and had information related to lessons learnt from any incidents was discussed with staff. For example, where a person had a number of falls they had a medicine review. This meant the service monitored and kept people as safe as possible and learn from any incidents that may happen.

Appropriate recruitment checks remained in place to ensure that suitable staff were employed. Information received prior to a person starting employment included a criminal record check (DBS), checks of qualifications, identity and references.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide care people needed. One staff member said, "We have enough staff around to support residents as well as spend time sitting and chatting with them."

People's medicines continued to be managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate and tallied with the records. Audits were in place to ensure medicines were managed safely. Staff received training and regular competency assessments to administer medicines. People had regular medicine reviews undertaken by the GP. This ensured medicines they were taking were still appropriate for their needs. One person told us, "They [staff] bring my tablets; I don't know what they're all for now though." Another person said, "I get my tablets three times a day, they tell me what they are but I forget, it's nice not to have to worry about taking the wrong thing."

Staff had received infection control training and understood their responsibilities in relation to infection

control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available. We observed these being used by staff undertaking their duties. This meant staff were protecting people who lived in the service and themselves from potential infection when delivering personal care and undertaking cleaning duties.

# Is the service effective?

## Our findings

Staff were knowledgeable and aware of people's needs and support. A relative told us, "We know [family member] is a bit confused but when they arrived the staff were lovely and spent a lot of time talking to us to get to know them, their likes and dislikes and when they like to go to bed, what they like for breakfast. They have settled in really well."

The registered manager maintained a record of each staff member's annual training requirements and continued to organise a range of courses to meet their needs. Courses include safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills and medicines. Staff spoke positively about access to training and support to develop skills from the organisation.

Prior to admission to Florence House the registered manager completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. There was evidence staff discussed their needs and support with each person and obtained their written consent. One relative told us, "When we came, staff sat and talked with [family member] and us to find out what care they wanted and what support they needed. The staff are always looking at ways to ensure [family member] maintains as much independence as possible."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs continued to be monitored and discussed with the person or relatives as part of the care planning process. Care records confirmed visits to and from healthcare professionals such as the GP had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Staff and the registered manager worked with external healthcare professionals in meeting people's changing needs. For example, seeking medical advice on identifying initial health needs. They had a system in place that included the person's brief medical history, medication and general information should a person require a visit to hospital. The GP we spoke with was very complimentary about the care and said that staff are proactive in seeking advice in regards to people's health.

We observed lunch in the dining room. People were given their preferred choice of meal and different portion sizes should they request that, or it was written in their care plans. One person who lived at the service said, "They do it just right I don't like being over faced [with a large meal]." The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal.



People only made positive comments about the quality of meals and food provided. They included, "I love it here, meals cooked for me, nice choice of food. I can have a drink when I want it and home-made biscuits!" Another person said, "[Cook] makes lovely cakes and puddings." A third person told us, "They [staff] come and show me what's on the menu for the next day." One person was struggling with their meal, so we saw a member of staff then sat with them and supported them to eat carefully. The highlight of lunch was the pancakes that people ate as it was 'shrove Tuesday' there was a variety of toppings for people to choose from.

Staff had information about people's dietary needs and these were being accommodated. These included people's cultural and health needs. People's food and fluid intake were monitored as appropriate and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken and advice from a dietician had been sought. .

The building had a continual programme of re-decoration. Although there was no difference in colour and signage to direct people to different areas of the service. This would help assist people in finding their way around. We discussed how the importance of clear signage to support people with additional orientation needs or cognitive impairment with the registered manager. The registered manager agreed and said they would discuss this issue with the registered provider. We saw that wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

## Is the service caring?

### Our findings

People who lived at Florence House told us they were content and happy with support from staff. One person told us, "It's like being part of a large family, staff are kind and spend time talking to me and taking a real interest in me and my family. I have one daughter living [abroad] and another drops in regularly to see me." Another comment was, "All the staff make me feel part of a community, and I can call them whenever I need something." A relative said, "Staff are wonderful with [family member]. They treat them so well."

Our observations during the day between staff and people showed positive interactions. People we spoke with told us staff had time to sit and talk with them. A staff member said, "We are encouraged to spend time with people. This is a small home so we do get to know one another very well."

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. One staff member said, "We encourage people where possible to do what they can for themselves." One person told us, "The staff always get you to do as much as you can for yourself. If you need any help they are there for you. The staff are wonderful." Staff understood the importance of respecting each person as an individual. They all told us that they worked in people's homes and that the people at Florence House were just like members of their own family.

Staff treated people with dignity and respect. We observed during the inspection staff knocking on bedroom doors and waiting for an answer prior to entering people's bedrooms.

People told us they had been involved in planning and making decisions about their care, treatment and support. For example, we saw evidence in people's care plans that they were involved in discussions about their care.

We spoke with the registered manager and the staff about the ethos and culture at the service. A staff member said, "We have a Christian ethos and everyone is treated the same way with compassion and care. Although they don't have to be a Christian to live here. I love it here and we are one big happy family." During the inspection we had discussions with people who lived at the service and they confirmed this.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

## Is the service responsive?

### Our findings

People we spoke with who lived at the service were positive about the way they were treated. One relative said, "They [staff] respond quickly to situations especially if [family member] is not well."

Care plans of people who lived at Florence House were reflective of people's support needs. They had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in their care records.

Feedback from people we spoke with in regards to activities were positive. For example, one person said, "I love the prayers every morning. It means so much to me." Another person said, "I love the quizzes it keeps my mind active." We spoke with a volunteer who said they had volunteered at Florence House for many years, leading the prayer group and helping with the tea trolley. They also told us, "Staff don't hurry residents, they treat them with respect. Many residents have a strong faith and are supported by visitors from local churches." Other activities that people took part in included, hand massage, films, board games and quizzes.

People's end of life wishes had been recorded so staff were aware of these. Documentation and knowledge of end of life care provided by the registered manager and staff would ensure people remained in the service where possible as they headed towards end of life care. The registered manager told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. Visitors from the local churches were an important part of the lives of many people who lived at Florence House. On the day of the inspection a memorial service took place where it gave people the opportunity to say something about the person and celebrate the life they had lived.

The registered manager had a complaints procedure which was on display in the entrance of the service. One person told us about an issue they had had but then told us, "My [family member spoke with the [registered] manager and it was resolved very quickly and I was much happier, there was no animosity at all." Another person said, "Never had to complain so far but I would know what the process was. I know the drill to complain but never had to." The registered manager told us she would always respond to concerns raised immediately to prevent them developing into a formal complaint.

## Is the service well-led?

### Our findings

People and their relatives told us the management team worked jointly with them in the running of the service. Several people told us that there were regular monthly meetings with the registered manager where they could discuss issues such as outings and meals. People we spoke with spoke enthusiastically about the registered manager's engagement. They were very complementary saying that [name of registered manager] was very approachable and could solve all their problems.

A registered manager was 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.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

The registered manager demonstrated an awareness of each person who lived at the service background and health requirements. We observed during the day of the inspection they understood how best to approach and support people with kindness and understanding.

The registered manager conducted audits to assess the quality of the service provided. For example regular audits had been completed such as, medication, care planning and the environment. There was an ongoing maintenance plan. This ensured the service was continually monitored to improve standards and keep people safe.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

The registered manager held staff/resident meetings and obtained feedback from staff, people who lived at Florence House and relatives. The ensured people were able to discuss any issues or raise any concerns that may need attention and also to improve the service. One relative said, "I have had meetings with the manager and they are always trying to improve."

The service had on display in the reception area of the service their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.