

Aps Care Ltd

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: Florence House provides accommodation, nursing and personal care for up to 27 people living with a mental health condition who require 24 hour support and care. At the time of our visit 24 people were using the service.

What life is like for people using this service:

- People who live at Florence House have their needs met by sufficient numbers of suitably trained staff. Staff were kind and caring towards people and knew them as individuals.
- The environment was comfortable and safe. People had input into how their home looked. People were supported to remain engaged and had appropriate access to meaningful activity.
- People were offered a choice of good quality, nutritional meals. People were provided with appropriate support to make positive choices and reduce the risk of dehydration or malnutrition.
- People received the support they required at the end of their life. Improvements were required to end of life care planning in line with best practice guidance.
- Some improvements were required to implement a consistent care planning format and address conflicting information in some care records.
- The registered manager was receptive to our feedback and told us what action they would take to improve care planning and risk assessment.
- Despite the shortfalls we identified, staff knew about reducing risks to people and people were provided with the care they required. This was confirmed by comments from external healthcare professionals.
- The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals.
- People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection: Good (report published 25 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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.

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:

This inspection was carried out 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. This expert by experience had experience in mental health services.

Service and service type:

Florence House is a care home for people living with a mental health condition. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and one relative to ask about their

experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, a director from the provider's organisation, three care staff, a care coordinator and four external health professionals. We looked at five records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe living in the service. One said, "I feel safe living here. I would feel comfortable speaking to the staff if I felt unsafe." Another person told us, "I feel safe here, the staff are very good and the building is secure." One other person commented, "I'm safe. It's both the staff and the security of the building that makes me feel safe."
- ☐ Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

- ☐ There were risk assessments in place for people using the service. However, some risk assessments were very similar and for one person they conflicted. Measures were in place to instruct staff on how to reduce risks where these were identified. However, a clearer format was required to make it easier for staff to access this information. Despite this, staff we spoke with demonstrated a knowledge of the risks to specific individuals and how these could be managed.
- ☐ Risk assessments relating to the environment were in place. This included evacuation plans. Equipment such as fire, hoists and water quality were regularly tested for safety. Where actions were identified the service clearly documented the action taken and the timescale for this.

Staffing and recruitment

- ☐ People told us they felt there were enough staff to meet their needs. One said, "There are enough staff on duty day and night." Another person told us, "There's enough staff here to look after me." Staff told us there were enough staff to respond to people's needs. This confirmed our observations.
- ☐ The registered manager carried out dependency tools to establish how many staff were required to meet people's physical, social and emotional needs.
- ☐ The registered manager also ensured there were enough staff available to meet people's preferences, specifically people's requests to go for a cigarette. We saw that people's requests were accommodated promptly by staff.
- ☐ Recruitment procedures were safe.

Using medicines safely

- ☐ People told us they were supported appropriately with their medicines. One said, "Staff make sure my medication is given at the right times every day." Another person commented, "Staff get me my medicine

three times a day, always."

- ☐ Medicines were safely stored, managed and administered. There were robust systems in place to ensure medicines were administered in line with the instructions of the prescriber.
- ☐ Staff were trained and deemed competent before they administered medicines.

Preventing and controlling infection

- ☐ The service was clean throughout. People said their home was clean. One told us, "It is especially clean." Another person said, "It's very clean and staff will clean my room for me."
- ☐ Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people.

Learning lessons when things go wrong

- ☐ Accidents were appropriately recorded. These were monitored closely for trends and thorough investigations were carried out with actions put into place to reduce the risk of these reoccurring.

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

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 were comprehensively assessed before they came to live at the service. These assessments were reviewed regularly to ensure any necessary changes to people's care were identified.
- ☐ The majority of care records reflected best practice guidance. However, some, such as those for pressure care, required further development in line with National Institute for Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- ☐ Staff were suitably trained, skilled and knowledgeable for the role. Staff were positive about the quality and range of the training they received. Senior staff monitored the competency of staff to ensure training was effective.
- ☐ Staff told us they felt well supported and were encouraged to develop in their role. They told us that they were asked about other qualifications or training courses they would like to take at annual appraisals.

Eating, drinking and a balanced diet

- ☐ People told us the food they were provided with was good quality and they had a choice of meals according to their preferences. One said, "The food is good and there is enough choices on the menu." Another person told us, "I tell them what I want and they will cook it for me."
- ☐ We observed that the meal time was positive and people were provided with support where required.

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

- ☐ People said they received support to make and attend appointments with other healthcare professionals if they required it. One person told us, "Staff will make me appointments to see them and will come with me to the appointments."
- ☐ We spoke with four healthcare professionals during our visit. Three were mental health professionals and one was a district nurse.
- ☐ All four of these professionals were very positive about the service and the way they engaged with external health services. One said, "The staff seem very receptive, they take on board all our advice and put it into action." Another told us, "All the staff work very well with us. They raise concerns promptly so we can intervene and provide support to people at an early stage."

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

- ☐ The décor of the service was pleasant. People had input into the way their home looked.
- ☐ Plans were in place for the coming year to make significant investment into redecorating bedrooms and communal areas. People were being consulted about this.

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

- ☐ The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- ☐ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ People's capacity to make decisions was assessed. Care records made clear what decisions people could make independently and what they required support with.
- ☐ People had been supported to have advocates if they wished, and the service ensured their advocates were involved in discussions about people's care.
- ☐ The manager understood their responsibilities and had made applications for DoLS to the authorising authority where appropriate.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ All the people we spoke with told us that staff were kind and caring towards them. One said, "Staff treat me respectfully." Another person told us, "All the staff are really friendly and nice." We observed that staff treated people with kindness, understanding and compassion.
- ☐ Four healthcare professionals told us staff were kind to people. One said, "All the interactions I've witnessed have been really positive." Another told us, "The staff are really kind and friendly, they get on well with people."
- ☐ It was clear from our observations and discussions with staff that they knew people well and had taken time to get to know them as individuals. One person said, "Staff know what I like and don't like. They know me pretty well."
- ☐ A healthcare professional said, "Staff seem to know people well and can tell us specific details about them. They quickly recognise the signs of people becoming unwell."

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

- ☐ Improvements were required to better evidence the input people and their representatives had in the planning of their care. Some people we spoke with did not display an awareness of information recorded about them, such as care plans.
- ☐ The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

Respecting and promoting people's privacy, dignity and independence.

- ☐ There were life histories in place for people so staff could better understand their past and how that could influence the support they may require.
- ☐ Staff supported people to be as independent as possible. A healthcare professional told us, "They do focus on recovery and enabling people to go onto more independent living. We meet regularly to look at moving people onto more independent services. They promote independence here."
- ☐ Staff treated people with dignity and respect. Discussions about people's needs were discreet and staff respected people's privacy. One person said, "I get enough privacy." A healthcare professional told us, "Staff appear respectful. One accompanied us to visit [person] and they knocked on the door and waited for [person] to answer before we entered."

Is the service responsive?

Our findings

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

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

- ☐ Whilst people's care plans did include some of their preferences, some improvements could be made to further personalise these and avoid generic statements.
- ☐ The service provided people with a range of meaningful activities, including regular trips. One person told us, "I look forward to the day trips when the weather is a bit better." Another person said, "I get to follow my interests. Staff know I like potting plants."
- ☐ The service employed a member of activities staff to support people with meaningful activities on a group or one to one basis. New games had recently been purchased and we saw people enjoying these.
- ☐ People had asked to make Easter bonnets and one person showed us what they had made. Outside entertainers visited the service and a singer was present during our visit. People were very positive about this activity.

End of life care and support

- ☐ End of life care planning was in place. However, this could be expanded upon to ensure it reflected best practice guidance such as the Gold Standards Framework for end of life care.
- ☐ The service was working well with external healthcare professionals to support one person who was coming to the end of their life. This meant they were able to remain in their home rather than go to hospital, which would be against their wishes.

Improving care quality in response to complaints or concerns

- ☐ There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "I would speak to staff or the management." Another person said, "I would feel okay to talk to the manager if I had a complaint." A healthcare professional told us, "I just saw [person] and they told me they have no complaints at all about the care they receive."
- ☐ Records demonstrated that complaints were investigated and responded to appropriately. Actions were taken to address any shortfalls identified.

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

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; and how the provider understands and acts on duty of candour responsibility

- ☐ All staff made positive comments about the registered manager and told us how focused they were on ensuring people had the best experiences. They told us of a focus on independence and recovery.
- ☐ People told us they knew the registered manager well. One said, "I know [registered manager] really well. They are here every day mostly."
- ☐ Four external healthcare professionals made positive comments about the registered manager. One said, "They come to professionals meetings and engage well. They are on the phone as soon as someone needs input. They are running a very good service here." Another told us, "It's a very good home, well run and there is good communication with us."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered manager understood their role and responsibility in ensuring people received an appropriate service.
- ☐ They told us they had developed the quality assurance system since their previous inspection to enhance the number of audits completed.
- ☐ The registered manager had also employed a new care coordinator who was undertaking some elements of quality assurance. They told us this was positive as the care coordinator brought fresh ideas and identified other areas for improvement.
- ☐ Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- ☐ The service regularly gave people opportunities to feedback their views. People were invited to regular meetings where they could tell the registered manager their views. One person said, "We have regular monthly meetings and you can bring up anything you want. [Registered manager] takes notes and then they sort it out."
- ☐ People were also given the opportunity to complete a survey of their views. This had been recently completed and we saw that all the responses were positive.

- A survey was also provided to external healthcare professionals, people's relatives and people's advocates. We reviewed the responses from these surveys and found they were all positive.
- The registered manager told us people had been asking for a dog for some time. After some consultation they had decided to get a dog, which people told us they were very happy about.
- A healthcare professional told us that this was a positive addition to the service, improved its atmosphere and had improved people's engagement. They also told us about the positive impact on one person who had not left the service for 18 months but now took the dog for a daily walk.

Continuous learning and improving care

- The registered manager had further developed the quality assurance system since our previous inspection. This included the addition of other audits to assess the quality of the service.
- Audits were carried out in subjects such as health and safety, dining experience, accidents and incidents, medicines and infection control.
- We saw that these were capable of identifying areas for improvement and that action was taken where shortfalls were identified.
- A representative of the provider organisation also carried out thorough audits on the quality of the service and to assess the performance of the manager. We saw that where some areas for improvement had been identified at the last audit, these had been signed off by the registered manager when complete.
- The registered manager and provider were committed to continuous learning and improvement. They had development plans in place which set out objectives for the coming year. The development plan for 2019 included improvements to the décor.
- The registered manager was aware of our Key Lines of Enquiry and the characteristics of the ratings we can award. They told us of their ambitions to work towards an Outstanding rating and the research they were carrying out into how this could be achieved.
- The registered manager had developed links with other services and attended meetings with other healthcare organisations to keep up to date with best practice.

Working in partnership with others

- The registered manager had built positive relationships with other health professionals. Four healthcare professionals we spoke with were very positive about the relationship they had with the management team.