

# The RAF Association (RAFA) Flowerdown 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 

## Overall summary

The inspection took place on the 2nd April 2015 with two inspectors and was unannounced. Flowerdown House is a hotel which offers short breaks to serving or ex armed forces personnel and their families. The service provides accommodation for up to 8 people with care needs in specific bedrooms. During our inspection there were three people staying at the service. The property is a large detached house located on the sea front.

The service had a registered manager. 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.

People appeared relaxed during our visit, one person told us "This was my second visit most relaxing". Staff were welcoming and people in the service appeared relaxed and well cared for. We saw staff talking with people in a friendly and respectful manner. We observed staff checking to ensure people were safe and their needs were met.

# Summary of findings

People had been assessed and appropriate care plans were prepared with the involvement of people and their representatives. For example when people book into the service they update and review the admission assessment at that point or every 6 months whichever is sooner. This ensures that the service can meet people's needs. People's physical health needs were closely monitored. There were regular reviews of people's health and the service responded appropriately to changes in people's needs.

Staff had been recruited and provided with the training they needed to enable them to care effectively for people. Staff demonstrated a good understanding of the needs of people. People told us staff were able to meet their needs and they were satisfied with the management of the service. One person told us "Nothing is too much trouble"

Systems were in place to protect people from harm and abuse and staff knew how to follow them. Staff had received training and knew how to recognise and report any concerns or allegation of abuse.

The service had resident's meetings and the registered manager had one to one discussions to ensure people could express their views and their suggestions were addressed. The service carried out satisfaction surveys after every stay. We saw the record of complaints indicated concerns expressed had been promptly responded to. We found the premises were clean and tidy. The hotel had an Infection control policy and measures were in place to prevent infection. There was a record of maintenance carried out in the service. We observed the hotel was well furnished and the bedrooms comfortable.

# 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?

The service was safe

People were protected from avoidable harm and abuse by staff who knew how to report concerns.

There were risk managements plans in place to promote people's safety.

There were systems in place to ensure people's medicines were managed safely.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

Health and safety guidelines were followed and the premises and equipment were maintained regularly.

Good



### Is the service effective?

The service was effective

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

Care plans were up to date and staff closely monitored the physical and health needs of people.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



### Is the service caring?

The service was caring

We noted that staff spoke with people and supported them in a pleasant and friendly manner.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to promote their privacy and dignity

Good



### Is the service responsive?

The service was responsive

People received care and support from staff that was personalised and responsive to their needs.

Feedback was sought, in formal and informal ways, and people's suggestions and comments listened to and responded to.

There was a varied and appropriate activities programme and people had opportunities to take part in activities they liked.

The service had a complaints process and people were encouraged to raise concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. People and staff informed us that they were satisfied with the management of the hotel.

The leadership at the service was visible which inspired staff to provide a quality service to people.

Staff were supported with regular meetings and supervision sessions and their suggestions and comments were encouraged.

Regular surveys and questionnaires were sent to people who used the service to ascertain their level of satisfaction with the service and inform improvements.

**Good**



# Flowerdown 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 the 2 April 2015 and was unannounced. Two inspectors carried out this inspection. Prior to this inspection we reviewed all the information we

held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during the mid-day meal. We spoke with three people who used the service, one team leader one domestic, the cook and the registered manager. We looked at five people's care records to see if they were up to date. We also looked at four staff recruitment files and other records relating to the management of the service including quality audit records.

# Is the service safe?

## Our findings

People told us the service was wonderful and that they felt safe and was “an object lesson(to other services) on how to do it properly”

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Staffing levels were determined by the dependency levels of people who used the service. The rotas confirmed there was sufficient staff on shift at all times. Staff told us there was enough staff to meet people’s needs. One person told us that “There is always someone around if you need them”.

Staff were aware of the safeguarding procedure in the service. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff told us that “We do the relevant training for Safeguarding and know what to do ” The staff were knowledgeable about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take.

Staff also had a good understanding about the whistle blowing procedures and felt confident they would be

followed. Staff told us they wouldn’t hesitate to whistle blow if they suspected abuse and felt the manager would always listen to them. Staff were also aware of how to report concerns to the local authority if required.

We looked at five people’s care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments on eating and drinking, moving and handling and were reviewed every 6 months by the Registered Manager or Senior Carer.

The assessments we looked at were clear and gave enough detail about how to meet people’s needs. This meant people were protected against the risk of harm because the

Provider had suitable arrangements in place. In the event of an emergency for example, Personal Emergency Evacuation Plans. Staff we spoke with were aware of how to respond to emergencies.

We observed a good standard of cleanliness throughout the service. Three people told us that “the service is immaculate and very clean.”

There was an infection control policy in place and the registered manager conducted regular inspections to check for cleanliness and faults. There were hand washing facilities for staff to prevent the spread of infection.

All the people we spoke with self-administered their medicines which was kept securely in their own rooms, There was a written record in each Care Plan of what medicines brought with the person and staff told us that they checked that people were using their medication correctly and safely.

# Is the service effective?

## Our findings

Staff told us that they were aware of their roles and responsibilities, One staff member said “ Everything is clearly set out by the manager and we adapt to the need of the guests”

The staff training records showed all staff had completed refresher courses in training subjects such as moving and handling, infection control, food safety,

Fire safety, and safeguarding adults. Staff told us, “The training is very good, we are encouraged to continually develop by accessing different courses and training”. This demonstrated staff were able to maintain and develop their skills through training and development.

The registered manager told us all new staff completed an induction. Staff told us they received regular one to one meetings on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager and team leaders were always approachable if they required some advice or needed to discuss any issues. One staff member said, “We have regular supervision and appraisal, I am very well supported, either formally or informally just chatting about things”, another staff member told us “We are very well supported, we get supervision regularly and we can ask for any training or support we think we need.”

People told us the food was good. One person told us ” I am putting on weight due to the food being so good.”

People told us that they could choose where they ate their meals. There was a light and airy dining area with tables neatly laid with tablecloths, napkins, condiments and a copy of the menu, for people to use if they wished. The majority of people chose to eat their meals in the dining area. We saw people’s nutritional needs were met. We observed the menus, provided variety and choice and ensured a well-balanced diet for people staying in the hotel.

The meal we observed was relaxed and an enjoyable experience for people. We saw people were chatting and laughing and joking together; creating a lively atmosphere. People were given options and could ask for something else if they wished, which was recorded by the cook both for auditing and as a record of people’s preferences.

A four week rolling menu plan was in place and this was changed seasonally. When we spoke with the cook they were able to explain to us what people’s needs were and gave examples of how they met these needs. She told us they could cater for special diets such as for people with allergies. Staff were aware what people required specialist diets including enriched and soft diets and they encouraged people to have a healthy diet. One person told us that there was. “Plenty of choice re foods” and another Person told us “I have some minor issues with my swallow” and stated” that staff were fully aware of this and give me foods that I require to manage this” The kitchen had achieved the 5 star very good rating at their last environmental health visit which meant kitchen staff followed good practices.

Care plans we looked at included an assessment of a person’s capacity to administer and look after their own medicines or people had signed an agreement for staff to administer medicines. This assessment ensured that the service could meet people’s needs.

The garden had been newly refurbished and was accessible to people with mobility problems and there was seating for people to use in good weather.

The décor of the hotel was suitable for the people who used the service, people told us they were happy.

Bedrooms were all ensuite. The furnishings and linen was clean and appropriate, people could bring any items that they needed to personalise their room.

Staff had an of understanding of MCA DoLS. Because of the setting no MCA DoLS had taken place . One staff told me that he had had recent training in MCA DoLS and was able to explain how and when it would be used within the service and the impact it would have on the person.

# Is the service caring?

## Our findings

People told us they were treated well and staff were caring. One person told us that “I am very happy with the care it is exceptional”

We observed that staff showed kindness and thoughtfulness to people throughout our visit. They knocked on people’s bedroom doors and waited for an answer before entering, showing they were aware of maintaining people’s privacy and dignity.

Staff were knowledgeable about people and knew what their interests were as well as knowing about their personal histories. Staff said that this knowledge helped them strike up conversations and establish friendships with the people in their care. Staff told us that the people they looked after at the service were at the centre of everything they did. One staff member told us “I love working here, the clients are the reason I love my work”

Interactions between staff and people living at the service were friendly and caring.

Staff were able to explain to us how they maintained people’s dignity and privacy, how they supported people with personal care in their own rooms with door and curtains closed. We observed people were treated with respect and their dignity was maintained. Staff showed concern for people’s wellbeing in a meaningful way, and we regularly saw and heard staff checking people were happy and comfortable.

We observed good interactions between staff and people who used the service. We saw staff knew people who used the service well and knew how to care for each individual. People who used the service knew the names of staff which showed staff had been employed at the service for some time and were familiar to them. We were told by one person “I know all the staff here, it’s like being with family”. We saw people could come and go as they wished and have visitors. Families were able to stay with people either in the double care rooms or in one of the non-care rooms. At the time of the inspection the staff had organised a Easter Egg hunt for the children of guests staying there. One person told us that it had been her birthday during her stay and “that staff had ensured that it had been a special day including a birthday cake”



# Is the service responsive?

## Our findings

One person told us that I “do not have concerns but if I did I would feel able to raise any concerns.”

There was a complaints policy in place. People felt they could raise complaints if they needed. People were informed about the complaints procedure by staff when they stayed at the service, and a copy was kept in the resident’s folder in each person’s bedroom. A separate copy was displayed outside the reception area so that it was easily accessible for anyone. All complaints were investigated by the registered manager and all responded to in writing and by a phone call, we saw evidence of this.

There was a range of equipment at the service to assist people with daily living and to maintain their independence. This included moving and handling aids such as hoists as well as handrails and small items of equipment such as supportive chairs.

People’s care and support needs had been assessed. We saw records confirmed people’s preferences, interests, likes and dislikes and these had been recorded in their care plan. Individual choices and decisions were documented in

the care plans and reviewed on a regular basis by the people and their relatives if necessary. The care plans did not give any background in terms of peoples social and recreational interests.

We saw evidence that people had gone out to places of interest, for example a visit to Wells and a picnic, to a coffee shop or a drive along the sea front.

We were told that a few people liked to keep up to date by reading a newspaper, the registered manager told us that a selection of newspapers were always available we saw evidence of this on our visit.

A range of in house activities were run by staff on a regular basis such as quizzes and bingo, and outside entertainers also visited the service three times per week . Staff and Registered Manager told us that they had close links with the local GP Surgery and District Nurses would visit if required.

**We recommend that as part of the admission procedure the provider discusses people’s social and recreational interests so that activities can be tailored to meet these needs during peoples stay.**

# Is the service well-led?

## Our findings

There was a registered manager in post at Flowerdown House

The registered manager said she had an open door policy for people who used the service or their visitors to raise any concerns

Staff told us that they felt supported by the registered manager and said that they could discuss any issues or concerns with her. One staff member told us “I was concerned that we had a person who needed three people to hoist him and there was only two of us on shift, the manager organised another staff member to be on shift when we needed to hoist him”. They said that whilst the registered manager’s main focus was the needs and wishes of the people staying at the service they also felt valued. We saw the registered manager worked some shifts, and had an office on the ground floor so that she was accessible to the staff, people and any visitors. This helped her to be aware of the day to day culture, and the attitudes and behaviours of staff, and to resolve issues as they arose.

The registered manager carried out regular audits to monitor and maintain the quality of the service. These included regular health and safety, infection control and care assessment audits. There were annual risk assessments for the building and other regular risk assessments for the premises to promote people’s safety.

The registered manager also checked accident and incident reports to look for any patterns or trends and these, along with regular surveys helped the registered manager establish the services aims and objectives for improvement. Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. The registered manager also used concerns and complaints to help improve the safety and wellbeing of people who used the service, for example the development of the Allergen Menu which enabled people to eat safely at meal times.

We found there was an open, fair and transparent culture within the service. Staff told us they felt they worked well as a team and they all helped each other. They told us they felt the registered manager was very approachable and listened to their concerns and ideas for improvement. One member of staff said, “When I have raised anything no matter how trivial nothing is too much, the manager has never let me down.”

The staff said they were confident about challenging and reporting poor practice, which they felt would be taken seriously by the registered manager. Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were regular staff meetings. The two staff we spoke to told us, “We have regular staff meetings and we can bring up what we want, try stopping us. We have handover meetings to discuss any changes in people’s needs”.