Aps Care Ltd

Florence House

Inspection report

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Date of inspection visit:
25 May 2016
26 May 2016

Date of publication:
28 July 2016

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 inspection took place on 25 and 26 May and was unannounced.

Florence House provides personal care and support for up to 27 people living with mental health conditions. At the time of our visit there were 26 people living in the home.

There was a registered manager in post. 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.

Processes were in place to ensure that only those suitable to work in health and social care were employed. Staff received an induction and on-going training which included the Care Certificate. Staff felt supported and received regular supervision and annual appraisals.

The manager encouraged a respectful, friendly and welcoming culture that was mutually supportive. Staff demonstrated professionalism, patience and compassion when interacting with those they supported. Staff, and the people living in the home, were aware of professional boundaries. People had privacy and staff demonstrated that they promoted dignity, choice and independence.

The staff we spoke with understood the types of abuse people could experience and knew how to report any concerns they may have. The service had processes in place to manage any safeguarding issues and contact details for the local safeguarding team were on display.

People received their medicines as prescribed and the service managed, stored and audited medicines appropriately.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service demonstrated that they worked within the principles of the MCA. Staff had received training in this and could give us basic information on how they were applied. DoLS were in place for some people and the people who used the service had support and encouragement to make their own decisions.

People and, where appropriate, their relatives, had been involved in planning the support they required. Support plans were in place that were detailed and individual to each person and staff demonstrated that they knew the life histories, support needs, likes, dislikes and preferences of those they supported. People told us their needs were met and the relatives we spoke with agreed.

People were supported and encouraged to participate in activities in the home and in the community. People were supported to attend church if they wished.

People's nutritional needs were met and the staff monitored people's food and drink intake to ensure their wellbeing. Additional monitoring had been implemented as required for each person. People had access to healthcare professionals and staff supported people to attend appointments. Robust recording was in place regarding this that identified the treatment each person had received, any actions required and any follow up treatment needed.

The manager had robust and effective systems in place to monitor the effectiveness of the service and the safety of the premises. The manager was visible in the service was valued and respected by people living in the home and the staff.

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.

Staff had received training in safeguarding and were able to demonstrate the correct procedures for reporting any incidents of suspected abuse.

The service had processes in place to ensure that only suitable staff were employed. There were enough staff to meet people's needs in a person-centred manner.

The risks to individuals had been identified and managed.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

People received care from staff that were trained and supported in their roles.

The service understood the principles of the MCA and worked within them.

People received enough to eat and drink and their individual nutritional needs were met. They received support to access healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff had developed open, honest and trusting relationships with them.

Support plans were developed with the people who used the service and, where appropriate, their relatives.

People had privacy and staff understood the importance of maintaining and promoting people's dignity, choice and

independence.

Is the service responsive?

Good

The service was responsive.

Support plans were individual to each person and their needs were met in a person-centred way.

People had support to participate in the activities they enjoyed.

The service had procedures in place to address complaints. The people who used the service, and their relatives, had confidence that the service would listen to any concerns they may have.

Is the service well-led?

Good

The service was well led.

The service had an open, supportive and friendly culture that encouraged improvement and development.

The manager had effective auditing systems in place to monitor the quality, safety and effectiveness of the service.

The service listened to people's views and adopted suggestions for improvements

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 25 and 26 May 2016 and was unannounced. The inspection team comprised of one inspector and one Expert by Experience. An Expert by Experience is a person who has experience of using services or caring for someone who uses services.

Prior to this inspection we reviewed information we held about the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection we spoke with eleven people living in the home and relatives of two people. We made general observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, four care staff, and the cook and after the visit we spoke with two professionals who visit the service. We reviewed four people's care records and medicines administration record (MAR) charts. We viewed three records relating to staff recruitment as well as training, induction and supervision records.

We also reviewed a range of management documentation monitoring the quality of the service.

Good

Is the service safe?

Our findings

People who lived in the home told us that they felt safe there. One person told us, "Yes, I feel safe, staff always here for you, I've been here a good few years". A relative of someone who lived in the home told us, "I never worry about [family member] here, I've never seen any people getting hurt".

We saw records of the training that staff had received in safeguarding procedures. The staff we spoke with were able to tell us what they would do to safeguard people. One member of staff told us, "We notice escalations and triggers and we know what works for each person to calm them down". Another member of staff told us, "It's when you see anyone hurt, you tell the manager or deputy manager". This showed us that staff were aware of their responsibilities regarding safeguarding and would report any concerns to senior staff in order to protect people.

Care plans showed that the service assessed for and identified potential risks to people's welfare. We saw that one person had been assessed as being at risk of developing pressure areas. There was clear care plan guidance for staff to manage this and a referral had been made to the community nursing team to visit the person. We saw that the risk assessment and related care plan were regularly reviewed. Another person was at risk of going missing from the service and could be vulnerable to abuse or exploitation. Within their care plan there was information about where the person was likely to go which increased the chances of them being found quickly. We saw in the care plans that people had contributed to the assessments of risks and how to manage them. Staff told us that they were fully aware of the content of the care plans and used to the information to provide care for people. One staff member told us, "It's all in their care plans". This confirmed to us that care plans were appropriately used by the service to inform staff to provide care for people and manage risks to them in the least restrictive way.

People told us that there were generally enough staff available to meet their needs. One person told us, "Staff are always here for you even when they are busy". A relative of someone who lived in the home told us, "Staff are very busy but I haven't seen anyone not get seen to when they ask". At the time of our visit we noted that there were sufficient numbers of staff on duty and the rotas showed that this was consistently the case both during the day and the night. There was a cleaner working at the time of our visit and staff working in the kitchen to provide meals for people. The manager was also supported with an office assistant to manage clerical tasks to enable them to spend more time managing the day to day issues in the home. This assured us that sufficient numbers of staff were consistently deployed in the service.

The manager told us that they did not use a formal dependency tool but judged the numbers of staff needed by people's needs and what activities were going on.

We looked at staff files and saw that staff had been recruited safely to ensure that they were suitable to work with vulnerable people. The service ensured that staff were competent to work independently by using a comprehensive induction course. We saw that staff had undergone appropriate recruitment checks to ensure that they were safe to work with vulnerable people. We saw that the service had recorded full employment histories, appropriate references and copies of identification for new staff.

We saw medicines administration record (MAR) charts. These were comprehensively completed and accurate. We looked at the stock levels of people's medicines and found that these were accurate. Medicines were stored securely and safely and those that required refrigerated storage were kept at the correct temperatures in accordance with current guidelines. The temperatures of the refrigerated storage were regularly monitored and recorded. A member of staff was designated to monitor the storage, ordering and disposal of medicines. There was information available for 'as and when' medicines to ensure that people received them when they needed them and in the way that they preferred.

Training was comprehensive for those members of staff who administered medicines and their performance was monitored by a senior member of staff. We were told that additional training in medicines administration was available if staff wanted it. The senior staff member told us that they checked the MAR charts daily and would address any errors or omissions with the relevant member of staff. This showed that the service had robust procedures in place to ensure that people received their medicines safely and as prescribed.

People told us that they were happy with the way that their medicines were managed. One person told us, "They look after your needs, they help you with stuff like your pills". We saw records of risk assessments for people who wished to administer their own medicines to ensure that people's safety was maintained while reducing unnecessary restrictions and promoting their independence.

Good

Is the service effective?

Our findings

We saw that staff received comprehensive training. Records showed staff received training that was relevant to their role. This included training on the Mental Capacity Act, fire safety, moving and handling, managing behaviours that may challenge, first aid, safeguarding, mental health and medicines administration. The service had up to date plans to develop staff training and ensure that their training was up to date. Staff felt that they benefitted from the training that they received and that it enhanced their practice. One staff member told us, "Training really helps you refocus".

Staff received regular supervision which was a two way process so that staff were able to contribute their views. One member of staff told us, "Every two months, [the registered manager] listens to my gripes, ask if I want any training". Staff also received an annual appraisal to discuss their progress over the year. This showed that the service ensured that staff were supported to provide effective care. The registered manager told us that staff had an appropriate induction to working at Florence House. Staff files contained an induction checklist which demonstrated that all new staff received the appropriate information before commencing work with people living in the home. One member of staff told us, "I shadowed for a few weeks then I was observed, I am now doing my NVQ2".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that DoLS applications had been made for some people living in the home. We saw in one of the care plans that one person was subject to DoLS. We saw that their mental capacity had been properly assessed and that correct authorisation had been gained to restrict this person's liberty to ensure their safety. The service did not restrict the freedom of people unnecessarily and people told us that they were able to leave the home when they needed. Staff were aware of their responsibilities regarding the MCA and DoLS and had all the necessary information available to them in the care plans and from the knowledge gained in training. One member of staff told us, "This is when they haven't got capacity. They would self-neglect or are vulnerable, you mustn't assume they can't make decisions". This made us confident that the service was meeting its obligations under the MCA and that people's freedom was not being unnecessarily restricted.

People living in the home were complimentary about the food on offer there. One person told us, "We are well looked after, cooked meals, variety, if there is something I don't like I'll see [the cook], they'll do me

something different". Another person told us, "Food, medium, it's alright thank you, you get three choices, and potatoes, carrots, peas and broccoli, corn on the cob, you can have seconds". People were able to express choices about when and where they ate and what they ate. One person told us, "I'm having a late lunch, they are very flexible, you don't have to have it at 12".

One person had been identified as being at risk of weight loss. Their care plan contained a detailed risk assessment around this and a care plan to manage that risk which included referrals to a dietician. The cook told us that they monitored the food intake of people who were considered to be at nutritional risk. They also were aware of those people living with diabetes and ensured that they cooked meals that were appropriate for people with the condition.

People were supported to access health care when they needed it. One person told us, "They'd get you a doctor, they pay for your taxi to go and see them, they did for me the other day". We saw records of where the service had made referrals to healthcare for people. For instance, one person was considered to be at nutritional risk so a referral had been made to a dietician. Some people living in the home had diabetes. We saw in their care plans that their blood sugars were regularly monitored and their insulin was administered by a visiting community nurse. One person told us, "They look after it [their diabetes] very well, I have injections in the morning and evening". We saw that the service monitored people's health to identify problems as early as possible. One person told us, "They are conscious of it [deterioration of person's mental health], they are on the ball, they pick it up and they send for the doctor".

The service worked closely with other agencies to ensure that people's needs were met. We spoke with one professional who told us that the service worked very well in partnership with them. They told us, "They manage my client really well" and, "Not many services would be able to manage [client]". The manager told us that they had good working relationships with the professionals who supported people living in the home.

Good

Is the service caring?

Our findings

One person told us, "Staff here look after us, they are good people". Another person told us, "We have a laugh and a joke, they get my paper every morning". A second person told us, "It's just a lovely place, staff are so friendly" and a third said, "They are lovely, Christmas is lovely, birthdays you have a buffet, balloons, presents, smellies, a cake". Another person told us, "I like it, staff are lovely, caring, they show they care because they help you". One person's relative who had a long journey to get to the service was able to stay at the home so that they could spend more time with their family member.

We saw how staff interacted with the people living in the home. The interactions were kind, respectful and courteous. As the registered manager was showing us around the home they stopped and spoke with people in a friendly caring way. It was clear that they and the other staff knew people very well. One member of staff told us, "I look upon them as family, I have looked at their care plans and learnt about them from being with them".

We spoke with a health care professional who supported a person living in the home and they told us that the staff were, "Very empathic, and assertive when needed" and that they followed the plans designed to meet the needs of people. They also said that other people living in the home appeared happy living there. We observed that staff demonstrated knowledge and familiarity with the people who lived in the home in their dialogues with them.

It was also clear that people had been involved in making decisions and planning their care. There was precise information for each individual for staff to ensure that the care they delivered was person centred. We saw that some sections in one care plan were incomplete but that this was at the request of the person who had asked for the gathering of information to be delayed.

We noted how staff interacted with one person who was anxious about an appointment. The member of staff took time to sit with the person, listened to their concerns and told them, "It will be okay, I will sort something out". We also observed consistency of approach from care staff. A person who lived in the home approach two separate members of staff and receive the same calm and reassuring reply from both.

People's visitors were clearly welcomed in the home. Several people had visits from relatives during our inspection. One relative told us, "They have fed me every time I visit, I'm very impressed with the food".

The service promoted and supported people's independence. On person told us, "I bring my own washing down and do it". One visiting relative told us, "[Person]'s been climbing the stairs which [person] hasn't done for years, they encourage them to keep their room clean". Staff told us, "A lot of [people] go out on their own, if they want to do things on their own we let them, we encourage it". A social care professional who supported a person who lived in the home told us that the service worked to promote the independence of people. People were able to choose the decoration in their rooms and use their own furniture if they wanted. The services aim was to support people to move to independent living when they were ready. To achieve this care plans contained an individualised section on supporting people's recovery and how staff

should work with people to promote their independence.

The service promoted people's dignity. People's care plans and personal information were kept securely in the office, handovers between shifts were carried out away from people to maintain confidentiality. One member of staff told us, "I always cover residents up with a towel and knock on their door before I enter". People were supported to keep their personal possessions and money safe and secure. One person told us, "I've got a safe thing in my room, you can ask for one, then there is the safe in the office, I put my money in there".

Good

Is the service responsive?

Our findings

The service provided care that was responsive to people's needs by ensuring that they had detailed information available on what the needs were and how people wanted those needs met. There was also a section in people's care plans on their personal histories containing information on where they live and worked and people who were important to them. There was evidence that people had contributed to the assessment and planning of their care. One person told us, "Everyone's got a care plan, it's updated every four weeks. If anything happens you sign it, everyone has got a care co-ordinator". We saw that people's care plans were regularly reviewed with their involvement.

We saw in the care plans that staff had spoken to people and had compiled a 'Life Story Book' for each person. This section of the care plan contained detailed information on the people's personal history, their preferences for activities, food and drink, their work history, their beliefs and place and dates that were important to them. This information to staff helped them understand the people they were caring for in greater depth and helped ensure people had care provided in a way that took into account their individual needs.

For instance there was detailed information on people's mental health needs and the indicators for when people's mental health was deteriorating. People felt confident that staff knew them individually and how to respond to their needs. One person told us, "[Staff] knows I get anxious, if there is any problems or worries [staff] helps me". Another person told us, [staff] says I can go to them any time, [staff] understands what I'm going through". A member of staff told us, "I have looked at people's care plans and learnt about them from being with them". This told us that staff spend time talking to people in the home to learn about them as individuals as well as reading the information in the care plans.

People were able to follow their preferred leisure pursuits if they desired. We saw that one person was enabled to attend church with additional staff being used to support the person to do this. There was a range of activities available for people to do in the home. There was a pool table available for people to use and the cook told us that they often played pool with people living there. We saw that the service produced a newsletter every two months. This newsletter gave details of events that were happening at the home as well as a list of regular activities. People were clearly encouraged to access the local community for leisure pursuits as there was also a list of shows at a local theatre. Examples of activities in the home included; arts and crafts and needlecraft. People were supported to access swimming and ten pin bowling in the community. During our visit we saw that people spent a lot of their time sitting in the lounge and other areas talking with each other or in their rooms on their own. Some people told us that they went out shopping to buy items to decorate their rooms while others enjoyed walking on the nearby seafront. One person told us, "I talk to people, I haven't been on an outing yet except to get an ice cream".

One member of staff told us, "We have more staff here during the day so people can go out; we have staff volunteer to come in in the evening if there is a specific activity on so everyone who wants to can go. At residents meetings we discuss what they would like to do, we try and provide activities for everyone and try and support personal hobbies, we have someone who likes knitting, someone who likes a paper for the

crossword, someone who paints".

One person told us, "We have games, dominos I play, and you got the telly, if there's a programme on they'd get the handset and change it for you". Another person told us, "Some people get bored just talking to people, I'm going to start an art class".

People were supported to maintain relationships that were important to them. People's relatives told us that they felt welcomed at the home. One relative told, " Christmas day, it's open all day to you" another relative told us, "If you want tea you just help yourself".

People were supported to make complaints about the service if they wanted or needed to. One person told us, "You'd go to the team leader, then [staff member], then higher, no reason to complain though".

We looked at the complaints log and saw that complaints received had been thoroughly investigated and the appropriate action taken. Staff were aware of the correct procedures for complaints and were confident that they would be able to support people if they wished to make a complaint. One member of staff told us, "I would pass any complaints, mine or residents, on to the team leader or [deputy manager], if it was really serious I'd go to [registered manager]".

Meetings for people who live in the home were held monthly. The dates of the meetings were advertised in the newsletter. However, people were not always confident of the value of the meetings. One person told us, "Sunday evening, monthly, we can change the menu and arrange outings". However, another person told us, "Monthly meetings, men, women and staff, we make suggestions but not a lot comes of it".

Records of the meetings for people living in the home showed that suggestions had been listened to and put into action. For instance, suggestions about new activities and changes to the menu. The chef told us that people had asked for a greater variety of breakfast cereals and juices and this had been put in place. We were confident that the service listened to people's views and suggestions and acted upon them where appropriate.

Good

Is the service well-led?

Our findings

The manager was very visible in the service and was supportive of the staff in the home. One member of staff told us, "…[manager] does listen to me, [manager] did help me personally a while ago". Staff told us that team morale was good and one told us that they loved working there. One person told us, "[Manager] is brilliant". Another person told us, "[Manager, you couldn't wish for a better manager, [they] have helped me with my benefits". The manager told us that they promoted an inclusive and open culture within the home. They modelled a respectful, friendly and caring approach to people and we saw this during our visit. We also saw how the manager interacted with staff in a friendly way and we noted that staff were relaxed around the manager. Staff were very proud of the service and this was evidenced by the a senior who was keen to show how they had developed the medicines management system. The cook told us how they loved working in the home and wouldn't want to work anywhere else.

Staff were aware of how to whistle blow if they needed to. We spoke with one member of staff who told us, "I would whistle blow about anything that concerned me at all about care, about how someone was spoken to".

The manager modelled good practice in the home. We observed how they spoke to people living in the home and saw that they knew each person well and were valued by them. The manager told us that they encouraged staff to talk to people to find out their needs without relying solely on reading the care plans.

We were told that the service had good links and communication with health and social care agencies and this was confirmed by the professionals we spoke with. Relatives also confirmed that the service maintained good communication with them about their family member. One relative told us, "They ring me up, when [family member] went into hospital a year ago, a quarter of an hour and they were on the phone to me, they were that quick".

Staff told us that they felt able to raise concerns or suggest improvements with the manager. One member of staff told us, "I've always had no problem at all, if I've ever spotted something should be altered, if we ever have any ideas I just go to [registered manager], [manager] does what [manager] can,. Sometimes it comes down to cash but [manager] gets on to it". Another member of staff told us, "I can put any suggestion to my manager and [manager] will always listen to me. A lot of staff come to me first and I pass it on to [manager]". We saw records of surveys for people who lived in the home, their relatives and visitors which showed that the registered manager sought and listened their views as means to improve the service. For instance people's views on activities and meals were sought and changes were made as a result. The registered manager had brought in an audit to monitor the suitability and popularity of activities available in the home in a bid to provide a better provision for people.

The manager had robust and effective auditing systems to monitor the quality of the service and ensure that the premises were safe. Audits for incidents and accidents provided an overview for the previous year and an analysis to determine any common themes that could indicate a problem. Care plans were audited on a monthly basis to check they contained the information required. The quality of the service was monitored

by the registered manager who carried out spot checks for the care provided in the home. They checked people were receiving care and support in the way that they wanted and that any equipment they used was in good working order. Any issues were picked up and used as a tool for improving the service.

We saw environmental audits were carried out by the registered manager. The service carried out monthly checks on water quality (Legionella) and control of substances hazardous to health (COSHH). Gas safety checks and portable appliance testing were all tested annually and had been recently reviewed.

Overall the impact of the audits ensured that the environment was safe for people who lived there and that they received good care in the way that they wanted.

The manager was well supported by the provider but had authority to manage the home as they saw fit. The manager told us that they were in frequent contact with the provider and attended monthly manager meetings with them. They also told us that the provider carried out quarterly quality checks in the home which included gaining the views of people living in the home. They told us that their plans for the future of the service were to carry on as they were, to develop their new outreach service and to continue promoting people to move on to independence.