

Lorven Housing Ltd

Florence Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Florence Nursing Home is a care home accommodating up to 30 older people, some of whom may be living with dementia, in one adapted building. At the time of the inspection 25 people were using the service.

People's experience of using this service and what we found

Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. The provider had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Medicines were managed safely. The provider had systems for monitoring, investigating and learning from incidents and accidents. The service had procedures in place to reduce the risk of infections and COVID 19.

The registered manager recognised the importance of regularly monitoring the quality of the service. They worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people's views into account through satisfaction surveys and spot checks and feedback from these was used to improve the service. Staff said they received good support from the registered manager and nursing team.

Rating at last inspection and update: The last rating for this service was requires improvement (7 October 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Florence Nursing Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Florence Nursing Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Florence Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. We needed to be sure that the registered manager would be in the office to support the inspection.

During the inspection-

We spoke with four people who used the service, a nurse, a care staff member and the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff training. We also reviewed a variety of records

relating to the management of the service including quality monitoring checks and audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection of the service on 7 October 2020 we found that risks to people were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no radiator covers on some radiators in communal areas and ground floor bedrooms. Window restrictors were not fitted to all windows and the front staircase was not gated in line with the provider's risk assessment.

At this inspection we found the provider had made improvements to address the issues identified at the last inspection. The provider was no longer in breach of regulation 12 regarding the management of risk.

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as moving and handling, falls, eating and drinking and medicines. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. One member of staff told us in detail how they supported a person at risk of falls with moving and handling and personal care. Another staff member explained how they supported people with diabetes with their medicines, blood sugar level testing, their diet and liaising with the GP and diabetic nurse.
- We saw people's food and fluid intake and turning charts were appropriately completed and their health was regularly monitored.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming the fire alarm system was tested. There were also systems to manage portable appliances, electrical, gas and water safety. Equipment such as hoists, wheelchairs, lifts and the call bell system were serviced and checked regularly to ensure they were functioning correctly and safe for use. Training records confirmed that staff had received training in fire safety.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding and whistle blowing policies in place and staff had a good understanding of these procedures.
- Training records confirmed that staff had received training on safeguarding adults from abuse. Staff told us they would report any suspected abuse to the registered manager, and they were confident a referral would be made to the local authority safeguarding team. They also said they knew how to report safeguarding concerns to the CQC and social services if they needed to.

- An officer from the local authority told us there had been no recent safeguarding concerns related to the home.

Staffing and recruitment

- There were enough staff to meet people's needs. A person using the service said, "There is enough staff, they are wonderful, and we are well looked after." Another person told us, "When I use the call bell the staff get to me quickly. I think there are plenty of staff here." A staff member told us, "We got some new staff recently, we have enough to meet people's needs. I never feel rushed, I get time to sit and speak with the residents."
- Staff were safely recruited, and pre-employment checks were completed before staff started to work at the home. Checks included a full employment history, proof of identification, employment references, right to work in the United Kingdom and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support to take their medicines safely. A person using the service told us, "The staff make sure I get my medicines every day."
- People's medicines were securely stored. Controlled Drugs were stored, administered, checked and recorded appropriately. There were arrangements in place for receiving medicines into the home and for the disposal of any unneeded and unused medicines.
- People had medicine administration records (MARs) which included a photograph and any known allergies. These helped to reduce the risks associated with medicines administration. There was guidance for staff on when to offer people medicines prescribed to be taken 'when required'.
- Only nursing staff were permitted to administer medicines to people. Training records confirmed that nursing staff had completed training on the administration of medicines and their competency to administer medicines had been assessed.
- Medicines administration records had been completed in full. Regular monthly audits were carried to ensure people's medicines were stored and administered safely.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends. Records showed that when an incident or accident occurred the registered manager held meetings with staff in order to raise awareness and to reduce the likelihood of the same issues occurring again.

Preventing and controlling infection

- People were protected from the risk of infection. Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff. Staff had completed training on infection control and COVID-19.
- The provider was admitting people safely to the service.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment.

The provider was facilitating visits for people living in the home in accordance with the current guidance. From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection of the service on 7 October 2020 we found that systems to manage and monitor the quality and safety of the service had not been effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because the homes COVID-19 business risk assessment was not sufficiently robust and referred to the use of different masks than those worn by staff. Guidance for staff was not always in line with the latest guidance. The providers infection control policy had not been updated. MCA assessments and best interest decisions had not been recorded to ensure accurate records of people's care were maintained in relation to obtaining consent for testing for Covid-19 and for a change of GP.

At this inspection we found the provider had made improvements to address all of the issues identified at the last inspection. The provider was no longer in breach of regulation 17.

Continuous learning and improving care: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as health and safety, infection control, medicines, staff training and incidents and accidents. The providers infection control policy was up to date.
- The provider had business continuity and a COVID 19 contingency plans in place for managing the service in an emergency or in case of a COVID 19 outbreak. The registered manager told us they had kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives when it was appropriate.
- The registered manager carried out unannounced 'spot checks' on staff to ensure care was provided for people appropriately and safely.
- Staff were positive about how the home was run and the support they received from the registered manager. One member of staff said, "I am well supported by the registered manager, she listens and acts, she will always take time to talk with the staff. We have an on-call system where we can get management support twenty-four hours a day seven days a week."

- The registered manager had a clear understanding of their responsibility under the duty of candour. They told us they were always open transparent, and they took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people views about the home through annual surveys and residents' meetings. We saw a report from a resident's survey carried out in 2022. This indicated that residents were very happy with the service they received. One person using the service told us, "The staff are very nice. They work hard. The manager is nice too. I have a good relationship with all of them." Another person said, "I can ask the staff about anything I want, and the staff and the manager will try to sort it out for me."
- The registered manager told us about the improvements made at the home in the last year, for example they purchased new lounge furniture, improved the homes lighting and added dementia friendly signage. At a residents meeting in October 2021 people were asked for and had provided ideas for the menu. Some people had asked for activities and gardening equipment which was also purchased.
- Staff told us regular staff meetings were held to discuss the running of the service and to discuss areas of good practice. Areas for discussion at the most recent meeting in February 2022 included managing medicines, infection control, answering call bells and supporting people at mealtimes. A staff member told us, "Staff are welcome to discuss any issues they have at the meetings."

Working in partnership with others

- The registered manager told us they were worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- The registered manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us the forums had facilitated sessions, for example on the management of medicines, safeguarding and the most current COVID 19 guidelines. They found the forums helpful and had used their learning to improve the service.
- An officer from the local authority told us there were no current concerns about the home and the registered manager had been proactive and responsive with any recommendations they had made. A visiting health professional told us they had a good relationship with the registered manager and staff at the home. They said the home appeared well organised and staff had followed and advice they had offered.