

Care Futures

Florence House

Inspection report

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Date of inspection visit:
01 June 2017
07 June 2017

Date of publication:
14 July 2017

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

Florence House is registered to provide accommodation and personal care to seven people. There were seven people living in the home at the time of the inspection. The service supports older people who may be living with dementia.

This was the services first inspection since registering with us in February 2016. The first person moved into the home in March 2016.

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.

People were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. The care plans provided staff with information to support the person effectively. People were evidently involved in the planning of their care. Comprehensive monthly reviews were completed involving the person. Other health and social professionals were involved in the care of the people living at Florence House.

People's rights were upheld and they were involved in decisions about their care and support. Where decisions were more complex, these had been discussed with relatives and other health care professionals to ensure it was in the person's best interest. Staff were knowledgeable about legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty safeguards. Appropriate applications had been made in respect of these safeguards ensuring people were protected.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. Safe systems were in place to ensure that people received their medicines as prescribed.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. There was a real commitment to ensure staff had the appropriate training to support people effectively. Staff were supported in their roles. Systems were in place to ensure open communication including team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was safe, effective and consistent.

People were involved in activities in the home and the local community. These were organised taking into consideration the interests of the people. Staff recognised at times the home was very busy with visitors so activities were organised in the evenings. When there were lots of visitors, it was noted the lounge area was

not big enough. People were encouraged to see their relatives in their bedroom or if a large party then they could access a day centre when it was not in use.

People's views were sought through care reviews, house meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to, and learning from these was taken to improve the service provided.

The registered manager and the provider completed regular checks on the systems that were in operation in the home to ensure they were effective. Where there were any shortfalls an action plan had been developed to improve the service. The registered manager was in the process of making some improvements to the activities that people were doing and exploring local clubs and social events. There was a robust plan in place.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff. There was a positive culture where people felt included and their views were sought.

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.

People's medicines were managed safely and risks to people's health and welfare were well managed.

People's risk assessments were updated following any accidents and incidents.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good ●

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon.

The premises were decorated and maintained to a good standard. The lounge/dining area was cramped when there were visitors to the home.

Is the service caring?

Good ●

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

Staff knew people well and were able to tell us how people liked to receive their care. People were supported to maintain contact with friends and family.

Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported. These were tailored to the person and kept under review.

People were supported to take part in regular activities both in the home and the community.

People could be confident that if they had any concerns these would be responded to appropriately.

Good ●

Is the service well-led?

The service was well led.

The culture of the service was open with the emphasis that it was people's home. Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way.

Staff described a cohesive team lead by a registered manager who worked alongside them.

Robust quality assurance processes ensured the safety and quality of the service. Action plans had been developed to enhance and improve the service.

Good ●

Florence House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was the services first inspection. This inspection took place on 1 and 7 June 2017 and was unannounced.

The membership of the inspection team included an adult social care inspector and a registration inspector. The registration inspector was previously a Deaf language and Culture specialist for people who had a hearing impairment.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted six health care professionals to obtain their views on the service and how it was being managed. We received four responses. You can see what they told us in the main body of the report.

During the inspection, we observed and spoke with people in the lounge, looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, two staff recruitment files and training information. We spoke with five people about the care and support they received, three members of staff and the registered manager. We also had an opportunity to speak with four relatives.

Is the service safe?

Our findings

Some people were unable to tell us about their experience of living at Florence House. This was because some people were living with dementia. However, we observed that people were settled and safe in their surroundings and were comfortable in the presence of staff and each other. Those that were able to tell us said they were safe and well cared for. Relatives told us they felt their loved ones were well cared for and staff were vigilant in keeping their loved ones safe. They told us the staff regularly check on mum when she was in her bedroom.

People received a safe service because risks to their health and safety were well managed. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Where people required assistance with moving and handling, the equipment to be used was clearly described to ensure their safety. Staff confirmed they received training in safe moving and handling procedures.

Suitable equipment was in place to meet people's needs. For example, a hoist, walking aids, wheelchairs and a lift were available, which helped people move around the service. Records showed that equipment was regularly serviced to ensure it remained safe. For example, hoists, pressure relieving equipment, gas and the electrics were checked in line with the associated regulations.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager.

Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and the importance of sharing information where they had concerns. Staff confirmed they would report concerns to the registered manager and these would be responded to promptly. Staff knew who to report any concerns to outside of the service. They told us there were policies on responding to an allegation of abuse and whistle blowing. The registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep the person safe. This included notifying to us. Staff told us safeguarding was a topic of conversations during team meetings and in their one to one supervisions.

There was sufficient staff supporting people. There was a minimum of two staff working throughout the day and night. Staff said often there was more than two staff working. Staff told us they could always call for assistance if required from two other services operated by the provider, The Manor House or Beck House as these were in close proximity to Florence House. A relative told us they were very happy with the staffing and felt in comparison to other homes this was "excellent". When we arrived, staff were busy assisting people. A member of staff from The Manor House was called and promptly assisted with the inspection process enabling the staff to continue supporting people. A member of staff said, "Yes, staffing is alright, it can be busy, but people are safe and we can spend time with people, which is really important". Staff told us they never felt they had to rush care and this was done at the pace of the person.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with people who needed help with their care. Staff were thoroughly checked to ensure they were suitable to work at the Florence House. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

The premises and equipment were maintained to ensure people were kept safe. A maintenance person was employed to ensure any environmental matters needing attention were dealt with swiftly. They responded promptly during the inspection when a person's bedroom door lock had broken and to check on the patio doors, which had been difficult to close.

The home was clean and free from odour. All staff had received infection control training. Policies and procedures were in place to guide staff on safe practice. A domestic staff was employed to assist with the cleaning of the home. People and relatives confirmed the home was always cleaned to a high standard and there were no lingering odours.

Is the service effective?

Our findings

People told us they liked the staff that supported them. A relative told us, "The service had improved 105% but it was good to start with". They told us this was because the training staff had received had increased their confidence and knowledge. They continued by saying, "The girls are really good getting better all the time". They said when their relative first moved to the home the staff were very new and it was evident now it was very much a team working together to support people. All relatives we spoke with during the inspection without exception felt there was a good team working in the home supporting people. One relative told us, "I like all the staff, there is not one that I cannot talk to about mum". Another relative said, "They (staff) are all very attentive and I know they provide good care, because that is what X (name of relative) tells me". Relatives confirmed they were kept informed of any changes to the person including any health care needs.

Staff were competent in their roles and had a good knowledge of the people they supported, which meant they could effectively meet their needs.

Relatives confirmed they were kept informed about any changes and were involved in care reviews. A relative told us they had been kept fully informed about the care of their mother with regular communication from the staff. They told us all the staff were approachable and were knowledgeable about supporting a person living with dementia.

Staff described to us how they supported people with their health care needs, which included liaising with the GP, district nurses and other healthcare professionals. Staff told us they would have no hesitation in contacting the GP if they were concerned about the well-being of anyone living at Florence House. There were clear records of appointments people had attended, which included any treatment and follow up. People's health care needs were reviewed monthly with an overview record being maintained. This clearly showed that people's health care needs were being monitored. The GP visited every Wednesday to discuss any health care needs.

Other health care professionals were involved such as physiotherapists, speech and language therapists, the community mental health team and care home liaison team. This is a team of professionals that advises the service and supports people enabling them to remain in the care home. People also had access to a podiatrist, dentist and opticians where required.

The registered manager told us there was no one who had an acquired pressure wound. They told us if this changed, they would liaise with the district nurse team who would be responsible for providing any ongoing treatment. It was noted that most people living in the home were mobile. Where people were at risk from skin pressure wounds care plans and records were in place to monitor the person's skin integrity. Preventative measures were in place and equipment such as pressure relieving mattresses were available if needed. A district nurse told us the staff followed their advice and were very keen to learn, asking lots of questions to ensure they do their best for people living at Florence House. Staff described to us how they supported people who were at risk of pressure wounds. This included assisting people to change seating

positions regularly, monitoring people's skin condition and the importance of good fluid and nutritional intake in minimising these risks.

We observed people at lunchtime and saw that most people had enjoyed their meal. The meal was unrushed and relaxed. One person was offered an alternative to the main meal because they had eaten very little. People told us they were offered a choice every morning, and if they did not like what was on the menu a further choice would be made available. The menu of the day was displayed in the kitchen, which people could access.

The meals were prepared in a central kitchen. They prepared meals for two other services, which was on the same site owned by the provider. The registered manager told us they were able to make snacks and offer people alternatives to the planned menu from a stock of convenience food, which was kept in the kitchen at Florence House. We saw there was a variety of fruit and snacks available for people. One relative told us the food on offer was more suited to the younger generation and that often there was pasta and spicy food on the same day, which their relative did not particularly like. Another person told us, they did not always like the food that was offered to them. The registered manager told us initially the menu was going to be completely different from the other two services so to cater for the tastes of the older person. However, they felt overall everyone enjoyed the food and if that was not the case, an alternative to the planned menu would be offered.

People told us they could have refreshments whenever they wanted and they only had to ask. Cold drinks such as squash and water was available for people. All relatives said they were offered refreshments when they were visiting or they could help themselves. Relatives commended the staff in trying to encourage their mother to eat. They said additional snacks were offered throughout the day such as sandwiches or toast especially if the main meal had not been eaten. Staff completed daily food diaries and monitored people's weight on a monthly basis. Where people were at risk advice was sought from the GP.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Each person had been assessed to determine whether an application should be made. The registered manager told us the local authority had assessed one person and they were waiting for the outcome. Applications had been submitted for the six other people in the home but these had not yet been authorised as they were waiting for a representative of the placing authority to complete their assessment.

Staff told us best interest meetings were held where people lacked mental capacity and this included seeking the views of the person's relatives and professionals involved in their care such as the GP. Records were maintained of best interest meetings detailing the decision making process and who was involved. Staff had received training in the MCA and DoLS.

Some people had chosen to make advanced decisions about their care. This included whether they wished treatment in a medical emergency or at the end of their life. Some people had a do not attempt cardio pulmonary resuscitation (DNACPR). A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly.

People told us they were involved in making decisions on how they wanted to be supported. Staff were observed seeking people's consent prior to any care being delivered. Staff understood the importance of people being involved and clearly described how they supported people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance. A member of staff told us, "We always check out what people want, just because they wanted it every day, does not mean we do not ask every time".

A relative told us their mum often declined personal care. They continued by telling us they felt the staff were very skilled and their relatives physical care needs were very well met and her dignity respected. They told us the staff would often 'grab the moment' and offer a shower at different times of the day, rather than it being at a set time.

Staff confirmed they had completed an induction and it was very comprehensive. A member of staff told us all the staff had been very supportive and answered any questions that they had when they first started. New staff worked alongside more experienced staff and were not counted in the staff numbers. This enabled them to gain confidence and get to know the people they were supporting. Staff new to care completed the care certificate. There was a programme of training for new staff. A new member of staff told us they were doing this the week after the inspection. In the interim they had been allocated time to read policies and procedures and people's care plans.

There was a commitment to ensure staff had received training around supporting people with dementia. Staff told us they had completed training in this area. Staff were knowledgeable about the effects that dementia could have on the person and their family. Staff were offered opportunities to complete a recognised qualification in care in supporting people with dementia. A member of staff told us, "Care Futures does not hold back in organising training".

Staff had effective communication with people living in Florence House. Care plans described how people communicated. The registered manager told us all staff had completed training on deaf awareness. They were liaising with the local authority's training department to source an appropriate trainer in providing some sign language training for staff. The registered manager told us there was a care worker who worked in another part of the organisation that used British Sign Language who could also support the team. One person told us they were bored. Our observations of this person was that they were unable to hear everyone when in a group activity, and had to rely on visual clues. This meant this person might experience isolation.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles. The registered manager told us they were planning further training that was being organised by the care home liaison team on supporting older people for staff. It was evident there was a commitment to ensure staff had the skills and knowledge to support the seven people. A Parkinson nurse had provided staff with some training on this area.

Staff confirmed they had received regular supervision from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they

may have about their work. The registered manager told us they aimed to complete these formally every six weeks. Staff confirmed they were supported in their roles and could speak to the registered manager or the provider at any time.

The home had been refurbished to a high standard to provide accommodation and personal care to seven older people. There were seven bedrooms, two on the ground floor and five on the first floor, which could be accessed by a lift or stairs. One of the bedrooms had an ensuite. People were able to personalise their bedrooms with pictures, ornaments and photographs. People were able to bring in small items of furniture.

There was a walk in shower on the ground floor and a shower room and bathroom on the first floor. The bathroom had a bath chair to assist people with getting in and out of the bath. Signage was in place to enable people to identify bathrooms and toilets. There was also a notice board in the corridor orientating people to the time, date and who was on duty. An activity board was in the lounge area.

There was a lounge/diner and large kitchen area. We observed that the lounge area was very crowded with seven people, their visitors and staff. A relative told us they felt the lounge was far too small especially when family visited. They said there was a sofa in their parent's bedroom and when there was more than one family member, they tended to spend time in there rather than the lounge. The registered manager told us it was often difficult to organise activities in the lounge/dining area during the day as often there were visitors and there was not sufficient space. On occasions, the room was difficult to navigate due to people's specialist chairs, wheel chairs, and walking aids. The provider was considering building a conservatory in the near future as they also recognised that the space was not sufficient. They told us they did not envisage when they first opened that everyone would want to use the lounge area or that people would have so many visitors on a daily basis.

All areas of the home were comfortably furnished and decorated to a high standard. There was a real homely feel to Florence House.

There was a large secure garden with seating and tables, which people could access through patio doors leading from the lounge.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring and treated people respectfully. Comments included, "The girls are really good, cannot fault any of them", "The girls are very attentive, the more time they spend with X (name of person) the more they are getting to know her, we are more than happy". Two relatives told us how lucky they were to have found Florence House telling us they could find no fault with the service, the staff and they loved the homely atmosphere.

The service had received a number of compliments praising the service. One relative had written, 'Atmosphere of a loving family. In their care, our aunt has thrived. Her personal care is executed excellently enabling her to maintain her personal dignity as she is always well presented as she was when she cared for herself.' Another relative had written and said, 'Cannot get better than Florence, staff are fantastic and residents are well looked after'. We also received feedback from two relatives prior to this inspection. Both spoke positively about the service, and how the staff were caring in nature towards people and that the staff had taken the time to get to know their loved one.

Staff were aware of people's preferences. This included the name they wanted to be known by. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home.

Staff spoke about people in a caring and positive manner and they were knowledgeable about people's life histories and important family contacts. People had information about their life histories and what and who was important to them. Relatives had been involved in these, where possible.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. They also took a special interest in the person. A member of staff was exploring how communication could be improved for those people that were hearing impaired. The registered manager was looking to find a trainer in British Sign Language to enable staff to improve on their communication skills. Staff had already completed training on deaf awareness. Staff used a variety of ways to communicate with people including showing them items to enable them to make a choice, showing them pictures and writing information on a white board. A relative said the staff had effective communication whilst another felt this was an area that could be improved.

We spent some time in the lounge observing interactions between staff and people. Staff were respectful and spoke to people kindly and with consideration. Staff were unrushed and caring in their attitude towards people. One person was upset. Staff took the time to talk with the person and gently guided them to their bedroom, where they were offered assistance, and on their return, they seemed much happier. Another person required assistance in the bathroom. Staff promptly supported and guided them to this area whilst chatting with them. Staff supported people in a sensitive manner. Throughout the inspection, staff were observed praising people on their appearance and generally chatting with them. These acts showed staff

were caring in their approach and were person centred.

People were encouraged to be as independent as possible. Staff told us people were often involved in laying the tables, assisting with household cleaning and making drinks and snacks. Care records included what the person could do and what they may need help with. Staff understood the importance for people to maintain their skills, which aided their general well-being and feeling of worth. However, during a meal we observed a member of staff wiping a person's mouth when in fact they could have done this themselves.

Staff and the registered manager told us it was important for people to make choices on what they wanted to wear, eat and how they wanted to spend their time. People were offered a choice with their meals and further alternatives if they did not like what was on the menu. However, a person was offered some cake. They were not given a choice and when the cake was presented to them it was evident they did not like what they had been given. Staff then started asking them about their preferences. When they had made their choice staff later went out to purchase what the person requested. This showed the staff listened to people and acted upon their requests.

Staff told us they always sought people's consent prior to completing any personal care or assistance. We observed a person being assisted in a hoist and whilst it was clear staff sought consent initially, this did not continue throughout the process. Staff had to move the person's leg, which they found very painful. Staff did not ask or explain to the person what they were doing at this stage, which caused them to moan in pain. The registered manager addressed this with the staff once she was made aware. This including offering the person pain relief. It was evident from talking with staff they had reflected on their practice. Observations of all other moving and handling showed staff clearly explaining to people what was happening. This included giving people choice on where they wanted to sit.

The registered manager told us they had two dignity champions who had received specific training in this area and acted as role models for the staff team. Their role was to highlight any issues in relation to a respecting a person's dignity and to come up with ways to address this. They attended quarterly meetings with other dignity champions from the other homes operated by the provider.

People were able to maintain contact with family and friends. There was an open visiting arrangement. People confirmed they could entertain their visitors in the lounge area or in their bedrooms. Relatives told us they were made to feel welcome and were offered refreshments.

Relatives told us the home could be crowded when there were lots of visitors or a birthday celebration. Relatives told us they had been advised where there was more than one family visitor they should visit their relative in their bedroom. Visitors told us additional seating was available to them when they visited if required.

The registered manager told us people and their relatives could access the Bingham Centre (the day centre) on an evening when people from The Manor House, Beck House and Kendal House were not using it. We were told there were catering facilities with a small kitchen and suitable space including toilets. The registered manager told us people and their relatives could use this for birthday parties and celebrations as it was recognised that Florence House could not always accommodate large groups of people. Relatives confirmed they could access this area.

Relatives told us about the social functions that had been organised, which included a Christmas party in the Bingham centre, a Summer fete held in the grounds of The Manor House and a forthcoming summer barbeque. Relatives talked about the Christmas party fondly, telling us it was fun and an opportunity to

meet up with not only their relative but also other families. It was evident that people's relatives knew each other. Relatives told us, "It's like one big family".

People's cultural and religious needs were recognised and supported. Each person was treated very much as an individual. People's cultural and religious needs were clearly recorded in their plan of care. One person told us they went every other Sunday to church. A visitor told us when their relative first moved to the home the staff supported them to go to church. They said this had stopped because their mother often declined. A member of staff told us the registered manager was liaising with the local church to arrange visits to Florence House.

People had been asked about their end of life wishes, how they wanted to be supported and who needed to be contacted. The staff would liaise with other professionals including palliative care specialists and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person. There have been no deaths since the home registered with us in February 2016.

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations. Staff were observed promptly responding when meeting people's needs.

People and their relatives confirmed they had an opportunity to visit the home prior to making a decision to move to Florence House. Relatives told us when they initially visited they had been very impressed by the welcome they had received and that Florence House felt like a normal home. Relatives and people told us that was what they liked about the service. It was like one big family and a home from home. One relative told us they felt this was the best place out of all the homes they had visited. This was because it was small and only seven people were residing in the home. They were worried that when they were looking for a suitable care home that a 70-bedded service would not be appropriate as their relative would just be lost in a number.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment.

Comprehensive care plans clearly described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review, when care needs changed and were updated involving the person, their relatives and their key worker. Relatives confirmed they were kept informed of any changes and consulted about the care.

The key workers completed comprehensive monthly reviews. They reviewed and wrote a report on all aspects of the person's care including health appointments, activities and general well-being. Key workers had evidently involved the person asking them if there were happy with the care or could things be done differently. Part of the monthly review included a room check to ensure the person had everything they required including toiletries and their bedroom was safe.

A member of staff described to us about how they had supported a person they were key worker for in building up their confidence in going out. They told us it had been really important to build up their trust as prior to living in Florence they did not leave their home. They described how they had done this in small stages by encouraging the person to help take out the rubbish. Then visiting the laundry and main kitchen, which was situated, further away in the grounds of Florence House close to The Manor House. We observed this person leaving Florence House with a member of staff in search of the maintenance person. They left and returned happily chatting with the member of staff. The member of staff was hoping to make further progress by supporting them to go out shopping or to a local café.

We observed a person getting upset with the amount of visitors. They told staff, "There is so many people, who are they, this is my house". Staff promptly provided reassurance as this person was unsettled and took them to the kitchen and involved them in making drinks and teas. This was evidently successful as the person was relaxed and enjoyed assisting the member of staff. Later this person was seen offering people and their guests afternoon tea and homemade cakes. This showed staff were responsive to people's changing needs and had acted promptly. The staff acted in a very person centred way in alleviating the person's concerns and reducing their anxiety.

Each member of staff had a small bag around their waist, which contained items that might assist in relieving a person's anxiety. Items included sweets, bubbles, brightly coloured objects, which would aid communication, hand cream and a nail file. Staff said this had been very useful in distracting people if they were unsettled or to help engage with a person. This was very creative and meant staff did not have to look around the home for these items as they were kept with them.

Staff told us activities were organised in response to requests from people that lived in the home depending on their interests and feelings on the day. There was also a structured activity plan in place, but staff told us it was often about grabbing the moment. Staff told us they were planning to organise a gardening group as some people had shown an interest in this area. They were planning to put in raised beds so people could participate safely. Funding had been agreed for this and the registered manager was in the process of organising equipment for the gardening group.

The registered manager told us, activities were difficult to organise during the day because of the amount of visitors and the space available. In response, the service was linking with the day centre that was on the same site to develop some additional space and staffing to enable regular activities to take place. Staff from the Bingham centre were planning to visit Florence at least twice a week to provide activities. This would mean staff working at Florence would be able to take people out locally shopping and to places of interest.

The registered manager told us in the provider information return they were exploring local social clubs such as a sing along session for people living with dementia and a luncheon club. The registered manager confirmed they were doing this during the inspection. They had made contact with these clubs and were exploring options for transport.

A member of staff told us they had completed training in supporting older people with activities. They were planning to do this on a regular basis. They were passionate about introducing these sessions telling us the many benefits people would experience. This included improved mobility and general physical well-being for people. They showed us their certificate and the course work they had completed. They told us the registered manager had been very supportive and was helping them to organise the sessions for people.

During the inspection, we observed people being involved in a variety of activities including cake baking, making bunting to celebrate the Queen's official birthday and arts and crafts. Staff told us they had organised themed activities, such as putting on songs whilst wearing different hats, which was not only fun but also promoted conversations. Another event had been activities around a day at the seaside. People had made sandcastles and eaten ice cream whilst talking and looking at photographs, which again was to promote conversations and enable the person to reminisce. Records were maintained of the activities that people had taken part in. Photographs were displayed around the home of activities and trips out.

Daily handovers were taking place between staff. This was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. For example, if a person declined personal care this was shared with other colleagues so this could be offered at a more convenient time to

the person. Staff reported during the handover that a person was not their usual self. They had noticed that the person seemed sleepier and slightly confused. They agreed the GP should be contacted to assess the person in case they had a urine or chest infection. This showed the staff were responsive to people's changing needs.

Information was made available to people about the service. This included a statement of purpose, a brochure about Florence House and what it has to offer including information about how to raise a complaint.

A copy of the complaints procedure was available for people and their relatives. Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. The provider told us in information received before this inspection there had been three complaints in the last 12 months. These had been investigated and acted upon with the outcome being given to the complainant. A log of complaints had been maintained and the registered manager demonstrated that these had been kept under review. This enabled them to explore if there were any themes to the concerns raised.

The registered provider told us there had not been any themes to the complaints. One of the complaints had been about the staffing. This was because at times there were only two staff working in the home. This meant at times especially in the mornings and at night, people might be in the lounge area with no staff support for short periods. In response, the registered manager had installed a video monitor in the lounge area. This was relayed to a small hand held device to enable staff to monitor this area when they were not in the vicinity. Clear signage was in place to inform families, friends and people living in the home about the use of this equipment. The device did not record but captured the moment. An allocated member of staff held this on their person when staff were not present in the lounge.

Another relative had raised concerns about the flooring in the bedroom due to the risks of falls. In response, the provider had changed the flooring to carpet. The registered manager told us the family were concerned about falls and felt carpet would be softer. The registered manager said they had also contacted the falls clinic for advice and reviewed the person's medication. They said there had been a reduction in falls.

A person told us they were not happy, as they were not going out as often as they wanted and their glasses were broken. When we discussed this with the registered manager, they told us they were not only aware of these concerns but they were being addressed. They were waiting for new set of glasses for the person and a wheelchair assessment had been organised. This was because the person's wheel chair was not suitable for use outside of the home. It was evident the registered manager was actively supporting the person and liaising with their relative to address these areas of concern. This showed the registered manager and the staff were responsive and acted promptly when areas of concern or change of needs were raised with them. Later we heard the relative explaining to the person about the glasses and that this would be resolved within the next few days.

Is the service well-led?

Our findings

Florence House was registered with the Care Quality Commission in February 2016. The service previously provided respite care for children with learning disabilities. The provider completed a refurbishment of the property and registered the service to provide accommodation and personal care for older people in February 2016. The provider was driven by their own experience of finding a service for a relative. They were passionate about providing a service to people that was tailored to their individual needs in a small homely setting.

There was a registered manager in post, with a stable team of staff. Staff and relatives spoke extremely positively about the management of the service. Comments included, "Fantastic manager", "If it was not for X (name of the manager) I would not be working here, she is brilliant", "You can go to X (name of manager) and you know it will be dealt with", and "Management very supportive, we really work altogether as a team" and "I am proud to say where I work".

Staff told us the registered manager worked alongside them and was very hands on. Staff spoke positively about their colleagues. They described a culture that was supportive, where the focus was the people that lived in Florence House. People were seen very much as individuals and care was tailored to the person. One member of staff told us the registered manager's motto was "Happy staff, happy team and a happy home". They said this had a positive impact on people in that the atmosphere was calm and provided individuals with a sense of security. They said this was important for people living with dementia to feel secure and that Florence House was their home. A member of staff told us the registered manager wants it "done properly with people coming first". The registered manager spoke positively about her team and how they had developed over the last 12 months. They said at times it had been difficult with some staff leaving due to performance issues in respect of timekeeping and commitment, which had an impact on morale. However, they felt they had turned a corner and now it was about looking at team roles and improving on the service in respect of activities.

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in supporting people to lead the life they wanted.

Staff told us they felt valued by the registered manager and provider. One staff member we spoke with told us the provider recognised when staff gave exceptional support to people through an employee of the month award.

The registered manager had been absent from the home for a period of six months. A temporary manager had supported the service during this period. We had been notified of this period of planned absence. The registered manager and the provider told us about the vision for the service, which was initially to provide a service to older people who required rehabilitation on discharge from hospital. However, they said this had

not quite worked out due to the lack of uptake from health and social care services. The registered manager told us the seven people living in the home were now permanent residents. From talking with the registered manager and staff it was evident people were encouraged to continue to be independent and learn new skills if they wanted. They told us that the emphasis was about providing care to people in a small setting that enabled people to feel like it was their home. People took part in household chores such as cleaning, emptying the bins and cooking if that was what they wanted. Staff told us this promoted people's self-worth and enabled them to be active within their environment.

A visiting healthcare professional told us, "I have been very satisfied with the leadership of the home when I have contacted them. They have been very helpful and responsive. The staff I have observed certainly gave the impression that they were working in a happy and well-supported environment".

The culture and the ethos of the service was to provide a service in a homely setting where people were the focus of the care. Comments included from people, "It is my home, I am happy here", "It's my house (they were talking about their bedroom) and everyone is friendly" and "It's ok". Staff treated people as individuals and promoted their wellbeing. There was a strong emphasis on involving family in the care of their loved ones. The registered manager told us they wanted to promote family involvement with regular meetings. A relative told us they were part of a working group looking at how to spend some of the amenity money and to make improvements to the activities. Another relative told us they had volunteered to assist in the summer barbeque arranged for people and their relatives.

Resident meetings were held every month to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. Discussions were held around the environment, staffing, activities and quality of the service. The meeting encouraged people to talk about what they liked about the home and what they did not like. One person had complained about the noise of the pipes at night. The registered manager told us in response the maintenance person had managed to reduce the noise. There was no further mention of this at subsequent meetings.

People's views were sought through an annual survey including that of their relatives and the staff that were supporting them. People and the staff expressed a high level of satisfaction with the care and support that was in place. The results of the survey were positive with people and their relatives indicating that in most areas the service was either excellent or good. Two relatives had raised concerns about the lounge area being too small. Relatives confirmed the provider was exploring whether in the future a conservatory could be added. It was evident the provider had listened to people and was looking at how improvements could be made. Other comments included, 'Carers are very friendly, mum says how wonderful the staff are to her', 'Excellent care, very happy, great staff, very busy but not a criticism just an observation', 'Excellent personal care and attention to need', and Excellent, good at listening and taking on any comments or suggestions.

Feedback was sought from visiting professionals. Comments included, 'Excellent staff attitude, good knowledge of people, interactions between staff and people were good. A very caring and warm environment' and 'Excellent, friendly and helpful staff, no concerns'. Visitors were able to complete feedback about their visit to the service. Comment cards were stored by the front door. Feedback had been positive from three relatives. They had said terms such as 'Excellent', 'Glad we found Florence House', and 'We were made to feel welcome, staff are very caring and friendly'.

Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practice within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by

staff members, discussion around the care needs of people and wider issues relating to the running of the home.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the first aid equipment, medication, care planning, training, supervisions, appraisals and environment. The provider had put in suitable arrangements to ensure the quality of the service was reviewed and monitored. They were introducing a system where another registered manager would review the service on a monthly basis. This was in addition to the operations manager's monitoring visits.

The registered manager compiled monthly reports in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the operations manager and the provider regularly visited to speak with people, individual staff and the registered manager. The operation manager was visiting on the day of the inspection.

The registered manager told us how they ensured they kept up to date with good practice. They told us the provider was a part of the Care and Support West so meets other service providers regularly. The provider and the operations manager were members of South Gloucester focus groups for commissioning, contracts and safeguarding. They told us the provider circulates regular updates to the service from these focus groups. They also attended monthly meetings with the other registered managers working for Care Futures so they could share good practice and keep up to date with any changes. A social care professional confirmed that the organisation regularly attended meetings telling us, "Care Futures do engage with the Council attending forum and consulting meetings and will be aware of the initiatives running to improve the quality of care delivered in care homes in the area"

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was aware and confirmed the actions about the incident reports that were seen. The registered manager told us copies of the incident reports were sent to the provider. This enabled the provider to monitor for any reoccurring themes and check that appropriate action had been taken. The registered manager told us that learning from accidents was discussed during handovers and team meetings to prevent any further risks. From the incident and accident reports, we could see that the registered manager had sent us appropriate notifications. A notification is information about important events, which the service is required to send us by law.