

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Florence Nursing Home

47 Park Avenue, Bromley, BR1 4EG

Tel: 02084605695

Date of Inspection: 06 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Safecare UK Limited
Overview of the service	Florence Nursing Home offers residential and nursing care for up to 30 people and is located in the London Borough of Bromley.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

All the people we spoke with told us that they were happy with the care services they received and had enjoyed their stay at the home. People told us that staff looked after them well and supported them as and when needed to meet their assessed needs. For example a relative told us: "she (his wife) has been living here for long time, staff look after her well and we are happy". One person told us "I am really grateful, I am well looked after thank you".

We found that people were asked for their consent and the provider acted in accordance with their wishes. People's care and support needs were assessed and regularly reviewed. Staff understood people's care needs and knew how to protect them from risk and harm. We saw there were qualified, skilled and experienced staff to meet people's needs. There was evidence that quality monitoring audits had taken place on a regular basis, and that learning from the audits had taken place and necessary changes were implemented. People's records were fit for purpose, kept securely and could be located promptly when needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The manager told us that people were asked to give their consent in writing when they were first assessed and then at subsequent reviews of care. We saw that consent forms were signed by people to confirm they had agreed to the care and support that would be provided. For example we saw that people had given their consent for staff to share confidential information about an individual's health and social care needs when it was needed. All the five people we spoke with confirmed that consent was sought by staff before care was provided. The staff told us they would discuss the specific aspect of care with the person, explain any risks involved and if the person was able to make an informed decision, staff would respect their wishes. Staff gave us examples of how they supported people to exercise choice, for example about meals and how they spent their time, clothes and meeting their relatives.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The five care records we looked at where the Mental Capacity Act (2005) had been used to assess people's capacity for specific decisions about their care and treatment, demonstrated that staff had followed the procedures in place and had an understanding of the importance of acting in accordance with legal requirements of the Act. For example when one person had been at risk of falls, the staff completed a mental capacity assessment to determine if the person had insight into the risks and the capacity to make a decision about the use of cot sides and bumpers while in bed. The person was assessed as lacking the mental capacity to do so and a best interest decision was made in consultation with relatives and other relevant health and social care professionals to promote the individual's safety.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The five people's care records we looked at showed that people's specific needs were assessed including health and social care needs, likes and dislikes and any allergies that staff needed to be aware of, before people were admitted to the home. This ensured that people's needs could be met and the home was suitable for them. We found the assessments were used to inform the person's care plan and the five care plans we looked at included information on how the assessed needs were to be met. For example, following an assessment it had been identified that the person required assistance to manage their pressure sore and regular repositioning, and the care plan stated how this need should be met. Care records we saw showed that staff maintained daily notes to evidence that people's care was delivered in line with their care plans. However, some of the repositioning records we saw were not completed as per care plan. Staff told us that when people were sleeping, they would not be repositioned to allow them to rest and we saw this was not set out in the care plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The risk assessments we looked at related to falls, pressure sores, mobility, medication and personal care. These assessments informed the care plans we looked at and contained written guidance for staff to follow to mitigate the identified risks and to assist staff deliver care that met people's needs. Care plans and risk assessments we looked at were up to date, had been reviewed and updated monthly, and / or as and when people's needs changed to reflect their current needs. The health care records we looked at demonstrated people had access to external health care professionals' support such as the dentist, hygienist, general practitioner, optician and chiropodist. The staff we spoke with were aware of each individual's health care needs and how their care should be delivered.

During our inspection we saw that the activities coordinator had organised a Christmas party and that majority of people and their relatives took part in this activity.

There were arrangements in place to deal with foreseeable emergencies, such as sudden illness, accidents and / or fire. Staff we spoke with were aware of actions they should take in the event of emergency, for example by calling the emergency services or reporting any

issues to their manager to ensure people received appropriate care.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At our previous inspection on 29 January 2013, we identified that the provider's safeguarding policy did not guide staff on how to report any concerns in line with the local authority's procedure and the provider was unable to provide us with accurate staff safeguarding training records. The provider wrote to us and told us that they would address this issue by end of July 2013. At our inspection on 06 December 2013 we found that the provider had taken action to address the issues identified at our previous inspection.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had reviewed and updated safeguarding vulnerable adult's policies and procedures in April 2013, and we saw this outlined the types and signs of abuse and action staff had to take to prevent abuse. The manager knew they had to report any safeguarding allegations to the local authority. All the staff we spoke with told us they received training on safeguarding, and were able to explain what constituted abuse or neglect. In addition, staff told us if they observed any form of abuse such as physical or verbal, or any form of neglect, they would record and report their concerns to the manager. Staff training records we looked at showed that majority of staff had completed safeguarding training in the last nine months. All the people we spoke with told us that they had no concerns, and were aware whom to report to if they had any concerns.

The manager informed us that there had been three safeguarding investigations undertaken by the local authority since the previous inspection. We saw evidence that the provider had taken appropriate action by informing the local authority safeguarding team and following their own procedures for responding to them. The manager told us that the three safeguarding cases were concluded by local authority and two were not upheld and in one case it was partially substantiated. As a result of the outcome of the safeguarding investigations, people's risk assessments had been updated and regularly reviewed to reflect their current needs and this enabled staff to meet people's individual needs. The general practitioner (GP) we spoke with told us that the people's risk assessments were up to date and good; staff delivered good standard of care and looked after all the people very

well for example, staff met their hygiene, medication and nutrition needs. All the people we spoke with felt safe living at the home. For example one person told us "if I need anything I ring the bell and I am well looked after, I am very happy and absolutely perfect".

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our previous inspection on 29 January 2013, we identified that the provider did not always ensure that staff had received appropriate training and regular supervision. The provider wrote to us and told us that they would address this issue by end of August 2013. At our inspection on 06 December 2013 we found that the provider had taken action to address the issues identified at our previous inspection.

Staff had received appropriate support. The staff records we looked at included evidence of individual annual appraisals and supervision sessions with their line manager in line with the provider's policy of staff supervision. The staff records we saw showed that at these appraisals and supervision sessions staff discussed a range of topics including their performance in the role and any issues that related to people they supported for example risk assessments, hoisting people, fluid intake and turning charts. Staff we spoke with told us they felt well supported in their role and were comfortable raising any issues with the manager. This meant that people received care from staff who had been adequately supported through supervision and appraisal.

Staff received mandatory training. The provider had identified the mandatory training staff were required to complete to enable them to carry out their roles. This included training in relation to safeguarding vulnerable adults, administration of medicines, moving and handling, food hygiene, and health and safety. The staff training records we looked at showed that majority of the staff had completed the necessary mandatory training courses in the last nine months identified by the provider for their role, and the remainder of the staff training courses had been planned. Staff we spoke with told us that they received training that was appropriate to their individual roles and responsibilities. This meant that people had received care by appropriately trained staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our previous inspection on 29 January 2013, we identified that the provider had not analysed and acted upon the feedback from people's satisfaction survey from the previous year, and staff were not asked for their views about people's care and treatment. The provider wrote to us and told us that they would address this issue by end of May 2013. At our inspection on 06 December 2013 we found that the provider had taken action to address the issues identified at our previous inspection.

People who use the service, their representatives and staff were asked for their views about care and treatment and they were acted on. The residents, relatives survey carried out in May 2013 and staff satisfaction survey carried out in February 2013 results we looked at showed that people were able to express their views about the service, giving feedback on what they liked and improvement required. The provider had used this survey to gather people's views about the service, which were then taken into consideration and acted upon. For example, catering staff meetings were held and people were provided with more choice and variety in the food menu, and in response to staff shortages a new deputy manager had been appointed to bridge the gap between staff working on the floor and the management.

The provider had effective systems to regularly assess and monitor the quality of service that people received. These included regular audits of medication, care plans, environment, wheel chair and beds. There was evidence that learning from these audits took place and appropriate changes were implemented. For example, following these audits, an action plan was developed and implemented to address the issues identified; these included medication administration records sheets were completed accurately by staff, care plans were reviewed and updated as and when people's needs had changed.

The provider took account of complaints and comments to improve the service. There was a system for reporting any concerns raised by people or their relatives. Records we looked at showed that concerns raised by a family member had been responded to by the provider in a timely manner. For example, a concern from one relative in relation to missing personal belongings was raised; staff had investigated and found the missing

items and the family was happy with the timely action taken by the home.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our previous inspection on 29 January 2013, we identified that the provider had not always maintained accurate and appropriate care records. The provider wrote to us and told us that they would address this issue by end of June 2013. At our inspection on 06 December 2013 we found the provider had taken action to address the issues identified at our previous inspection.

People's personal records including care records were accurate and fit for purpose. The provider kept appropriate records including assessments and care plans to ensure people were protected against the risks of unsafe or inappropriate care. The five people's care records that we looked at showed that people's care needs were reviewed and updated to reflect their current needs and people and their relatives had signed care plans to confirm that they had agreed to the care and support that would be provided. The manager was able to produce people's records promptly when we requested them during the inspection. Staff documented the care and support they had provided to each person on a daily basis. The maintenance of accurate records by staff ensured that planned care was safely delivered to meet people needs.

Records were kept securely and could be located promptly when needed. We found that all staff records such as recruitment, induction, training and supervision were up to date, kept securely and provided promptly when required. We found that people's individual care records were kept securely and could easily be accessed by staff when planning, delivering or recording care given to people. However, the records management policy did not specify the appropriate retention periods and how people's records would be destroyed securely. Following our inspection, the provider told us that they would review and update their records management policy. We were unable to assess the impact of this updated policy as it had not been completed at the time of our inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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