

# Florence House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 September 2024

**Service provided by:**  
Oakminster Healthcare Ltd

**Service provider number:**  
SP2003002359

**Service no:**  
CS2003010458

## About the service

Florence House care home is registered to provide a care service to a maximum of 56 people of whom no more than 28 may be adults under the age of 65 years with physical/sensory impairments and/or mental health needs. The provider is Oakminster Healthcare Ltd.

The home is located within a large, converted school building in the Govan area of Glasgow, and is close to local parks, shops, and public transport.

The care home supports three communities. Carrick, Caledonia, and Columbia. People who require nursing care are accommodated in Carrick, Caledonia provides both residential and nursing support and Columbia supports adults under 65. People on each floor can access their own dining and sitting area, communal toilets and baths and a range of small lounges. Access to the upper floors was by lift or stairs.

At the time of the inspection there were 52 people using the service.

## About the inspection

This was an unannounced inspection which took place between 10 and 12 September 2024. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 14 people using the service and four of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People had access to diverse and stimulating activities.
- People's health needs were met well.
- People were generally supported by a stable and consistent workforce.
- Staff were developed through ongoing training and supportive meetings.
- Management were pro-active, effective, and focused on service improvement.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found the service had an effective and well completed self-evaluation that was reflective of our findings.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Florence House had a warm and vibrant atmosphere. People appeared relaxed, comfortable, and engaged with their peers and staff.

A new wellbeing team had introduced dynamic and creative activities for people. Opportunities were diverse and included walking football, painting at home and in the community, day trips across the Central Belt, and joining established community groups with other members of the public. These opportunities had improved people's emotional health, mobility, confidence and sense of belonging. A person told us "The [activities] staff don't wear uniforms, so it doesn't seem like I'm out with a carer. I feel part of the community".

The home had improved how it met the social needs of people who could not, or did not want to, participate in communal activities. Staff arranged more intimate, one-to-one sessions focused on people's interests. A new programme for encouraging stimulation and communication for people with complex needs had recently been introduced which promoted their meaningful inclusion.

We were impressed with the quality of interaction between people and their workers. Staff completed their duties efficiently, meeting people's care needs, and ensured these were done with fun and engaging conversations. Staff had genuine interest and understanding of people's needs and wishes. Activities were not seen as specific events or solely the role of wellbeing staff, but for key moments throughout the day involving all workers. This resulted in a positive environment that improved people's wellbeing.

People benefitted from varied, balanced, and tasty meals throughout the day. Kitchen staff had a good understanding of people's dietary needs and preferences, and people could express choice through meetings. Mealtimes were generally relaxed and enjoyable for people.

People's health needs were met effectively. We reviewed how the service approached important needs such as medication, nutrition, skin integrity and stress and distress. These needs were thoroughly assessed, with appropriate plans and guidance in place, and staff liaised with external health professionals when needed. If significant issues arose, the service worked closely with partner agencies and various professionals to improve people's outcomes. People could be reassured that meeting their health and social needs was a priority of the service with a commitment to improving people's wellbeing. A family member told us "My [loved one] has thrived at Florence House. We are delighted with their care".

People's needs were captured well in their personal plans, known as care plans. Plans contained important information about people's likes and dislikes, their care needs and how these should be met, and were regularly evaluated to ensure accuracy. A programme of risk assessments and legal documents promoted people's safety.

We shared some suggestions to further improve care planning. For example, the recording of food and fluids in some communities was confusing as it was recorded in various documents with some gaps noted. We asked the service to prioritise the recording of important information in the correct document, which will ensure it is clear and measurable. We also asked the service to improve its approach to six monthly reviews which were currently health focused. The home supports people to achieve significant improvements in their

social needs and emotional health, with various achievements, and these should be better evidenced. We were satisfied with the management team's response to these areas, and improvements were made during the time of inspection.

### How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the service's leadership and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

At the time of last inspection, a new management team had started at the service and introduced several improvements across the care home. We were pleased to see that these improvements had been sustained and developed further, and a strong value-based culture had been established. We received overwhelmingly positive feedback about management from people, relatives, and staff. Leaders were seen as approachable, knowledgeable, and pro-active, and this reflected our own findings.

People and their relatives had a meaningful voice in the service. Managers met with people and families regularly, through formal and informal meetings, and listened to feedback. An informative and interactive social media page provided additional forms of communication. The service had a 'You Said, We Did' approach which evidenced that the views of people were valued and actioned. This resulted in positive morale and a shared commitment to service improvement.

Staff were also meaningfully included in the service by management through one-to-one meetings, group sessions, and surveys. Each day, representatives of every department in the home met to discuss people's needs and any issues which were promptly resolved. This effective communication resulted in better outcomes for people.

Leaders completed audits of all important areas of the care home. For example, managers and senior staff measured performance in the delivery of care, medication, nutrition, accidents and incidents, and infection prevention and control. Where issues were identified, leaders worked collaboratively with the staff team and external professionals to resolve them. Internal complaints, although rare, were taken seriously by the service and produced a thorough investigation and lessons learned approach. A genuine desire to meet people's needs and ensure satisfaction with their care was evident.

The management team had developed a system of self-evaluation and service improvement planning. This is when the service reflects on what it does well and what it could do better, including the views of people, relatives, staff, quality assurance information, and feedback from partner agencies. A measurable plan was produced that ensured improvements were actioned. This further boosted the service's approach to improving outcomes for people using the service.

### How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the staffing arrangements and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff demonstrated the principles of the Health and Social Care Standards, particularly around providing dignity and respect, throughout our observations. It was clear that staff had a strong understanding of people's needs and wishes, and there was genuine rapport between people and their workers.

People could be reassured that staff were recruited safely following national guidance, and workers had a robust induction programme to understand their role, responsibilities, and the values of the service. A diverse and considered training programme ensured staff continued to have the skills and knowledge needed to meet people's outcomes. Regular collaboration with external health professionals further enhanced staff practice.

Workers benefited from a supportive management team who provided regular one-to-one and group meetings. These were forums where management could measure staff performance, set development goals, and support workers in their professional and personal lives. This resulted in positive morale in the workforce which translated into very good practice with people.

We were satisfied that appropriately trained staff, and the right number of workers, were present in the care home on each shift. These sufficient staffing arrangements, which were determined by continuous assessment, ensured people's holistic needs, both health and social, were being met well.

The service had previously experienced high staff turnover and use of agency staff. This had improved over the last year. A determined effort to boost recruitment, and a focus on the quality of induction, meant that the workforce was stronger with experienced staff and new, motivated workers joining the team. Agency workers were required at times and attempts were made to use familiar staff to promote continuity for people. The service was continuing to focus on recruitment, valuing both quantity and quality of workers, to maintain its high standards of practice.

## How good is our setting?

## 5 - Very Good

We found significant strengths in aspects of the setting and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The care home was bright, welcoming and had well decorated communal and private spaces. People's bedrooms were spacious and personalised to suit people's wishes. This promoted a positive atmosphere across the service.

A well-resourced housekeeping team ensured the home was clean, tidy, and free of clutter and malodours. We observed domestic staff cleaning throughout our visit. A review of cleaning schedule records evidenced that all areas of the home were cleaned at appropriate times using correct products. This helped keep people, staff, and visitors safe.

People's laundry was managed effectively. We saw clothing being transported safely across the care home, items washed at appropriate temperatures, and a separation of clean and used garments. The approach was consistent with national guidance and helped reduce the risk of infection.

A new maintenance worker was performing their duties well. They ensured the home met their health and safety responsibilities, completed regular checks, and responded quickly to any issues identified by people, relatives, and staff in the home. Staff in all departments, including maintenance, housekeeping, and kitchen, also interacted well with residents, felt part of the home, and contributed to its positive culture.

Earlier in the year, the home had self-identified that improvements were needed in its approach to waste management. At times, items were placed in incorrect bins and some bins were broken or over-packed. It was encouraging to see that these matters had been resolved and practice now followed national guidance to keep people safe and well.

The care home had a large outdoor garden space to the front of the property. It was pleasing to see this being used regularly throughout the day and evening by people and relatives. People who lived in each of the three communities were encouraged to access outdoor spaces which enhanced their health and wellbeing.

## How well is our care and support planned?

## 5 - Very Good

We found significant strengths in aspects of personal planning and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Every person living at the care home had a personal plan, known as a care plan. These were created and stored digitally, and provided staff with clear guidance in how to meet people's needs and wishes.

Plans were person-centred and included important information about people's life histories, what was important to them, and their likes and dislikes. They captured people's personalities which developed strong working relationships with staff.

Plans were individualised to highlight what people needed and guided staff to carry out their duties in the way people wanted. For example, how and when people wanted to receive personal care, the unique ways they communicated and how to respond, and individual preferences around clothing, food and drink, and activities. This ensured that people had a personal and meaningful experience.

People's health needs were managed well with comprehensive health assessments and plans to treat or manage conditions. Areas such as nutrition, falls, and skin integrity were assessed, planned, and evaluated to promote people's health and wellbeing.

We identified that there should be improvements in the recording of people's daily food and fluid intake. In some communities, this information was being recorded inconsistently and in different formats. We asked the service to record this information in the appropriate document to minimise risk, and we were satisfied with the actions of management, who discussed this with the relevant staff team, and added to their action plan.

Plans were evaluated regularly to ensure they were accurate and six-monthly reviews were held to ensure people and their relatives were satisfied with their care. This was good practice to measure the service's performance and the progress of people's outcomes. The reviews were often health focused, and we asked the service to make them more inclusive of people's social needs and achievements. People had meaningful and diverse life experiences living at the care home, which was not always captured in plans. A more holistic approach to reviews would better evidence these very good outcomes.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The service should ensure all information is available to staff in order to guide them in providing responsive support and care to people who have specific communication needs.

This is to ensure care and support is consistent with Health and Social Care Standard which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1:15).

**This area for improvement was made on 24 April 2023.**

#### Action taken since then

The service communicated well with people, including those with non-verbal communication needs, using a variety of methods. This was reflected in people's care plans.

This area for improvement was met.

#### Previous area for improvement 2

The service should ensure that where people who experience stress and distress and require support with "As Required" medication there is an appropriate protocol in place to guide staff when non-pharmacological interventions could be used.

This is to ensure care and support is consistent with Health and Social Care Standard which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1:15).

**This area for improvement was made on 24 April 2023.**

#### Action taken since then

We reviewed the medication policy and procedures in the care home and were satisfied that practice was in line with national guidance.

This area for improvement was met.



### Previous area for improvement 3

People who experience care within this home would benefit from the service carrying out a bespoke training needs analyses of staff to identify which training they would require to support people with specific health conditions.

This should include but is not limited to:

- mental health first aid
- communication
- Huntington's Disease
- ARBD (Alcohol-related brain damage)
- fire safety training.

On completion of this analysis the manager should submit a report to the Care Inspectorate based on their findings and what actions they plan to take.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 24 April 2023.**

#### Action taken since then

The service had completed a training needs analysis and plan, and ensured staff had completed all appropriate training for their role.

This area for improvement was met.

### Previous area for improvement 4

The service should ensure that if people experience stress and distress that there is an appropriate care plan in place to support staff to provide the best possible care.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met' (HSCS 1:15).

**This area for improvement was made on 24 April 2023.**

#### Action taken since then

People who experienced stress and distress had appropriate and up to date care plans in place to support their health and wellbeing.

This area for improvement was met.

## Previous area for improvement 5

To ensure people have confidence in the service being provided, the care provider should ensure all complaints are fully investigated and a response issued which details the findings and actions to be taken.

This is in order to comply with:

Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 27 November 2023.**

### Action taken since then

The service thoroughly recorded, investigated, and concluded all complaints that they had received, and worked collaboratively with people, relatives, and external professionals to resolve issues.

This area for improvement was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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