

Derbyshire County Council

Florence Shipley Residential and Community Care Centre

Inspection report

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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

About the service

Florence Shipley Residential and Community Care Centre is a residential care home providing personal care to up to 32 people. The service provides support to adults of all ages, people living with dementia and people with mental health needs. At the time of our inspection there were 25 people using the service.

Florence Shipley Residential and Community Care Centre accommodates people in one purpose-built building across four floors. Each floor has communal areas and balcony outdoor space. The Centre offers a range of services including dementia care, long and short-term care and community specialist care, which is a reablement service facilitating discharge from acute hospital settings.

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

People and their relatives told us they felt the service was safe. Staff were recruited safely and there were sufficient numbers of staff to meet people's needs. Medicines were managed safely and risk that affected people's daily lives were regularly monitored and assessed.

Assessments of people's needs had been carried prior to people using the service. People were supported to eat and drink a balanced diet and had a choice of meals, snacks and drinks. Staff training was relevant and up to date. Staff promptly sought guidance from external professionals when required.

People and their relatives consistently told us they were happy with how staff treated people. Staff understood how to promote people's independence and respected people's privacy and dignity.

Care plans contained detailed information on people's life history and included information on people's memories, employment and family. Staff told us how they used this information to understand people and to plan activities and discussions. People were supported to take part in activities and hobbies both inside and outside of the service.

Since our previous inspection, improvements had been made to quality assurance systems which ensured all aspects of the service were regularly audited. There was a positive, person centred approach to the planning and provision of people's care. This was demonstrated by the staff knowledge and understanding of the people they were supporting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 November 2019). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of any regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Florence Shipley Residential and Community Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Florence Shipley Residential and Community Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Florence Shipley Residential and Community Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two visiting professionals and 11 members of staff including the registered manager, deputy managers, activities coordinator, senior care workers and care workers. We also spoke with twelve relatives about their experience of the care provided.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff could report things that were not right, were illegal or if anyone was neglecting their duties, including if anyone's health and safety was in danger.
- Accidents and incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. One person told us "I feel positive, I feel safe, staff are always around." A relative told us "[person] is kept very safe which puts my mind at rest, very good security, no sign of any hazards, certainly no sign of any form of abuse."

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed opinions from staff about the staffing levels. Some staff told us they were concerned about how staff were deployed across the different floors in the service. Other staff told us they felt there was sufficient staff and they were deployed effectively.
- Relatives consistently told us they had no concerns with the staffing levels. One relative told us "I think there seems to be enough staff whenever I visit, no concerns at all." And another told us "To the best of my knowledge there are enough staff, always seems to be someone available."
- We reviewed the dependency tool and associated risk assessments in place which was used to inform staffing levels. We found the registered manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives, in relation to their mobility, skin integrity and management of health conditions such as diabetes were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.

- Staff sought advice when required from relevant healthcare professionals to ensure appropriate and safe care was delivered.
- Environmental risks were well managed, regular checks had been carried out. This included water temperature checks and fire safety.

Using medicines safely

- Audits of medicine administration records were conducted regularly by the management team and appropriate actions had been taken to address any shortfalls identified.
- Stock levels of medicines corresponded with the records in place. Staff told us they checked the stock levels to reduce the risk of errors.
- There was clear guidance for staff for safe administration of 'when required medicines' (PRN). This meant people received these medicines when they needed them.
- Relatives consistently told us they people's medicines were safely managed. One person told us "[Person] receives their medication every day, staff liaise well with GP and me." And another told us "A nurse practitioner visited [person] and sorted her medication in order to manage pain satisfactorily."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager regularly analysed accidents and incidents to identify any emerging themes or patterns in order to improve the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been carried prior to people using the service and involved the person and, where appropriate, their relatives and healthcare professionals, to ensure the service was able meet the person's needs and preferences.
- Care plans and risk assessments clearly identified people's needs and risks. They showed the action staff should take to minimise any risk of avoidable harm. For example, one person required equipment to support their mobility. The person had a personal handling assessment which was individual to them and provided staff with clear guidance on how to safely support the person.
- Care records had been regularly reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. We reviewed the staff training matrix which evidenced staff had undertaken the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service had effective systems in place to support and supervise staff. Staff confirmed they received regular supervision, this included one to one sessions and spot checks of their competencies in key areas such as medicine administration and hand hygiene.
- Staff told us the training they had received enabled them to carry out their roles effectively. One staff member told us "When I joined, I completed a mix of online and face to face training. I also shadowed existing staff, it was good and we also went through all the fire procedures and evacuation plans." Another told us "The training is good it covers a lot and makes sure you know exactly what to do."
- Staff had undertaken specialised training to provide short term support to people. This included taking clinical observations of people's health and escalating concerns promptly to external professionals.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow.
- People were supported to eat and drink a balanced diet. Where people needed support to eat and drink, we saw this was provided. We observed people being supported to eat and drink with dignity and patience.
- People were provided with a choice of meals. People and their relatives consistently told us the food provided was good. One person told us "The food is good, you always get a choice." A relative told us "The food is excellent, good choice and plenty of snacks and drinks."

- Guidance had been sought from external health care professionals where people required additional support, or risks such as choking had been identified. The guidance professionals provided had been included in people's care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with professionals from acute settings to facilitate discharge from these settings into the service. We spoke with a visiting professional who told us "The staff will inform me of any issues, they follow advice and instructions, they work particularly well with families keeping them up to date and informed."
- People who stayed in the service's community specialist beds received support from the provider's team of health professionals. This included an occupational therapist and a physiotherapist. We reviewed the records of a person using this part of the service and found a plan in place to aid their recovery from a recent admission to hospital. The person told us "There is a real focus on my wellbeing, I'm only here for a short stay, the physio is helping me to get home."
- People were supported to access healthcare. Records showed us that appropriate referrals had been made when people were experiencing swallowing difficulties, weight loss or had deteriorating mobility.
- People were supported to live active and healthy lives. The service provided regular exercise classes which we observed people to be enjoying. Relatives also told us how the service supported people to be active through various activities such as parachute games, walks in the garden and art and craft activities.

Adapting service, design, decoration to meet people's needs

- The service was spacious and had clear signage throughout to orientate and inform people.
- Areas of the service had been designed to create a relaxing environment for people living with dementia. Consideration had been given to the decor, mirrors, lighting and activities on offer.
- People's bedrooms were personalised with their belongings, chosen pictures and ornaments.
- The service also provided community facilities such as a café and a hairdresser. The café was closed at the time of our visit due to the pandemic, though there were plans in place to reopen the facility.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments and best interest decisions in place when relevant. These had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Staff had received training in MCA and understood how to support people in line with the act.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with

their agreed plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives consistently told us they were happy with how staff treated people. One person told us, "Staff are good and helpful." A relative told us "Lovely caring staff, good communication, always treat [person] with dignity and respect, they all seem to care, treat the residents like family."
- Care plans contained information about people's lifestyle choices and personal relationships, and the support staff provided to ensure people's individual needs were met.
- We observed staff responding to people with care and kindness throughout our inspection. Staff respected people's dignity by knocking on doors prior to entering their rooms and spent time listening and speaking with people.
- Staff understood the importance of promoting equality and diversity. A staff member told us "Everyone has different needs, we make sure we care for people in the way they want."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had contributed to their care planning. Care plans provided staff with information on the person's views, preferences and decisions.
- People were supported and encouraged to make decisions about their day to day lives. We observed staff adapting their approach to meet people's individual needs when offering people a choice of drinks and snacks.
- Where people were unable to express their views, staff consulted their relatives and professionals involved to ensure care was delivered in the person's preferred way and in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's independence. For example, we observed staff supporting a person to stand. Staff encouraged the person and offered guidance on how the person could do this independently and safely.
- Staff understood the importance of respecting people's privacy and dignity. Staff told us when they provided personal care the steps they took to ensure people's privacy and dignity was protected.
- Relatives told us they felt confident people were treated with dignity and respect. One relative told us "Definitely caring staff, they shower and shave [person] showing dignity and respect, always knock on the door, staff know [person] so well which gives me confidence." And another told us, "All the staff are very caring, [person] is not very mobile but they encourage independence and are very respectful always."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following an assessment of people's needs, care plans were developed and agreed with the person or relatives if appropriate, in how they wanted to receive their care. Care plans provided staff with detailed information and guidance about people's needs, choices and preferences.
- People's needs were regularly reviewed, and support was adjusted as required. The registered manager evaluated people's care plans monthly or before if a change in a person's need was identified.
- Care plans contained detailed information on people's life history and included information on people's memories, employment and family. Staff told us how they used this information to understand people and to plan activities and discussions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of their responsibility to meet the Accessible Information Standards. Information was available in large print, or any other formats if required.
- People's communication needs were identified during their pre-admission process. This ensured people were provided with information about the service in their preferred format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and hobbies both inside and outside of the service. During the inspection, we observed several activities taking place. We saw people had the opportunity to participate in activities in a group or on a one to one basis with staff.
- People were asked for their feedback on the activities they had participated in. The registered manager and activities coordinator regularly evaluated this information to ensure activities remained relevant and of interest to people.
- People were supported to maintain contact with people who were important to them. Relatives told us they could visit at any time. One relative told us, "I can visit any time, always made welcome." And another told us, "I can visit any time, if it falls on a mealtime, [person] can eat in their room with us present, if necessary. We are a big family, always made welcome."

- The service provided people with information on groups, activities and places of worship in the local area, the registered manager told us how they could facilitate staff to support people to access these interests if people expressed an interest in attending.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed a complaint and found this had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.
- Relatives told us they knew how to raise complaints or concerns. A relative told us of their experience when they had raised a concern and how this was promptly resolved.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of the inspection, the service was not supporting anyone who required end of life care. Staff however, had received training in this area so were able to support people in partnership with external professionals if this need was identified.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At our last two inspections the provider had failed to ensure systems and procedures led to good quality care for people living at the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our previous inspection, improvements had been made quality assurance systems which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place to improve the quality of the service.
- The provider and registered manager had a good oversight of the service through the structured schedule of audits in place which included medicines, health and safety and people's care plans. In addition to this, the provider carried out a comprehensive audit of the service every six months.
- The provider's systems produced regular reports on training compliance, accidents, incidents and falls. This information was analysed by the registered manager and used to drive improvements where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the registered manager. A person told us "[Registered manager] comes to see us most days and checks if everything is ok." A relative told us "[Registered manager] is very friendly and approachable, anything I need is sorted, very happy with the service."
- There was a positive, person centred approach to the planning and provision of people's care. This was demonstrated by the staff knowledge and understanding of the people they were supporting.
- Staff told us they had regular supervisions and felt able to raise any concerns they had. The management team had a supervision schedule in place to ensure all staff had regular one to one meeting.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a service improvement plan in place which was regularly reviewed and updated. We discussed the plan with registered manager who told us of the improvements that had been made in relation to quality systems, infection prevention and control and staffing.

- The registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback on the service in various ways such as in meetings, online, questionnaires and in person. We reviewed this feedback and found it to be consistently positive and complimentary.
- Staff meetings regularly took place. We reviewed the minutes of these meetings and found key information was shared in relation to updated risk assessments.

Working in partnership with others

- The community specialist team within the service worked as part of a wider multi-disciplinary team (MDT) to alleviate hospital pressures by providing a short reablement service so people could return to their own homes. The feedback we received from the MDT was positive. An external professional told us, "The care provided at Florence Shipley is outstanding; interactions with patients highlight the quality of care that the residents receive, with patient centred, personalised care being practiced throughout."