Shelley Park Limited

Florence Road

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 Road is registered to provide accommodation and specialist nursing care, treatment and rehabilitation for up to 57 adults who have a neurological disability. At the time of our inspection 37 people were living at Florence Road. Accommodation is divided between two buildings. Florence House is the main hub and provides care to people with acquired neurological conditions and end of life care. Westby House is within the grounds and provides transitional accommodation for people preparing to move back into the community.

Florence Road is also registered for providing personal care to people living in their own homes but had not commenced these activities so were not included in our inspection.

People's experience of using this service and what we found
People, families and staff spoke positively about the new management structure and improvements in communication and teamwork. Quality assurance processes had been effective in identifying areas of improvement which had been actioned. Staff understood their roles and responsibilities, felt appreciated and involved in the development of the service. Scheduled meetings provided opportunities for people, families and staff teams to be involved and provided opportunities for learning. Links with other professional health and social care organisations ensured care kept up to date with best practice guidance.

People were cared for by staff who understood their role in identifying and acting upon concerns of abuse or unsafe practice. The registered manager understood their responsibilities for reporting safeguarding concerns to external agencies such as the local authority and CQC. Risks to people were regularly assessed, monitored and reviewed including risks associated with fire and infection. Actions in place to minimise avoidable harm were respectful of people's freedoms and choices. People were cared for by staff that had been recruited safely, including checks on their suitability to work in a care setting. Medicines were managed and administered safely.

Pre-admission assessments captured people's care needs and life style choices and were used to create an initial care and support plan. People were cared for by staff that had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. People had their eating and drinking needs understood and met by both the catering and care teams. This included specialist diet plans for people who had difficulties with swallowing.

Effective working with internal and external therapists and clinical specialists enabled positive outcomes for people. People were supported to access healthcare services such as GP's, dentists and opticians. 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.

People and their families spoke positively about the standard of care. The importance of maintaining contact with family and friends was recognised and families told us they were made very welcome. People had their communication needs understood enabling them to be involved in decisions about their day to day lives. People had their privacy, dignity and independence respected.

People received person centred care that was regularly reviewed and responded to changing needs. Social activities were varied and reflective of people's culture, interests and abilities. People and their families felt listened to and had confidence in the complaints process. People had end of life plans that were reflective of their individual wishes and their spiritual or cultural needs.

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 12 March 2019) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Florence Road

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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Florence Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising

the management of the service on behalf of the provider. We also spoke to the operational manager, registered manager, deputy manager and 10 staff.

We reviewed a range of records. This included nine people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including some policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the services development plan.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to report a safeguarding allegation. This was a breach of regulation 13 (Safeguarding) 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 13.

- People and their families described the care as safe. Staff had completed safeguarding training and understood their role in recognising and acting upon safeguarding concerns. This included notifying external agencies and following local safeguarding protocols. A care worker told us, "I'm part of newly formed safeguarding team; the plan is we will be safeguarding champions".
- People were protected from discrimination. Staff had completed equality and diversity training and we observed them respecting people's lifestyle choices.
- Staff were familiar with the whistleblowing policy and understood their role in reporting poor practice.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and regularly reviewed. This included risks associated with skin, falls, swallowing and behaviours that can challenge a person or others. A relative told us, "They, (staff), did an ABC, (tool to assess trigger, behaviour and outcome), for night care, which was really helpful".
- Actions to minimise the risk of avoidable harm respected people's life choices, freedoms and rights. This included trialling technology, (GPS), to enable people, who were at risk of becoming disorientated, to access the community independently.
- Records showed us that equipment was serviced regularly including fire equipment, hoists and water systems. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

- People were supported by staff that had been recruited safely including criminal record, reference and employment history checks to ensure their suitability to work in a care setting. Nurse registration details were regularly checked with the nursing and midwifery council, (NMC), to ensure they were registered to practice.
- Staffing levels and the skill mix of staff met the needs of people and was responsive to the changing needs of people.

Using medicines safely

● People had their medicines ordered, stored, administered and disposed of safely. Protocols were in place for medicines prescribed for as and when needed ensuring they were administered consistently and appropriately.

● When medicines needed to be given covertly decisions had included a person's family, staff and their GP to ensure this was safe and in the persons best interest.

● A group of medicines, known as controlled drugs, require additional safety messages in relation to storage and recording. Records showed us senior staff completed a daily audit to ensure correct processes were being followed.

● Staff understood the actions they needed to take should a medicine error be identified. This included reporting to statutory organisations such as safeguarding.

Preventing and controlling infection

● People were protected from avoidable risks of infection as staff had completed infection control training and were observed following safe protocols. All areas of the home were clean with no malodours.

● Additional infection control guidance had been produced in response to Coronavirus which was in line with public health advice on prevention and safe practices.

Learning lessons when things go wrong

● Incidents, accidents and safeguarding's had been used to improve and reflect on practice and any identified actions and learning was shared with staff. An example included a person who had begun having falls. A trend analysis highlighted times when the risk was greatest, and actions had included additional checks linked to staff pre-empting identified behaviours that were preceding a fall.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their families had been involved in pre- admission assessments to gather information about their care needs, lifestyle, spiritual and cultural choices. A therapist told us "I take photos along to show the person the place, (Florence Road), and am now developing a website".
- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support which enabled them to carry out their roles effectively. Induction included completing the care certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training.
- Training specific to people had included a positive behaviour course. A care worker told us, "Now I think, what caused that behaviour, if that's a trigger how can we improve it".
- Nursing staff had completed clinical training courses which included wound management and using specialised equipment for administering medicines.
- Staff felt supported and had regular supervision and opportunities for professional development which included diplomas in health and social care. A care worker told us, "I asked for PEG training and I've now received it". A PEG is a feeding tube inserted through the abdomen into the stomach and used for food, drink and medicines when people are having swallowing difficulties.

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

- People and their families spoke positively about the food. One person told us, "I get what I like, the food is wonderful".
- People had their eating and drinking needs understood by both catering and care teams. Where people had safe swallowing plans in place, we observed these being followed. Dietary choices reflected people's health conditions, allergies and cultural beliefs.
- A picture book of meal choices was available to aid some people to make choices. The chef told us, "I've had good feedback on the new seasonal menu. Families have come and knocked on my door, they've been pleased".

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

- Records showed us that people had received support from other agencies when needed including specialist health professionals in relation to epilepsy and neurological conditions.
- People had access to a range of in-house therapists who worked alongside nursing staff providing a

consistent, multi-disciplinary approach to treatment and rehabilitation. This included physiotherapists, occupational therapists, speech and language therapists and music and art therapists. One therapist told us, "I feel part of the team. When I first started in transition but it's definitely a good team, good communication".

● When people were transferred to another agency such as a hospital key information about their care and communication needs, medicines and emergency contacts was provided to ensure consistent care.

● Records showed us people had access to a range of healthcare services including dentists, opticians and audiologists.

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

● The building provided limited space for people to meet to socialise or share a meal. The registered manager shared with us plans for a dining area. One lounge was being used as a temporary staff room and was due to be returned into a communal lounge for people.

● Facilities tailored to people's needs living at Florence Road included a gym and sensory room.

● People's rooms were personalised and reflected their interests and history.

● People had good access to a secure communal garden.

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Records and observations demonstrated that people were involved, wherever possible, in decisions about their care.

● When people had been assessed as lacking capacity to make a decision records confirmed best interest decisions had been made on their behalf and included input from both families and professionals who knew the person well. Examples included personal care, accessing the community and administering medicines.

● Records showed us that DoLs applications had been made and when authorised expiry dates noted for review. At the time of our inspection we were told no authorised DoLs had conditions attached.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 families spoke positively about the standard of care. One person told us, "They (staff) spoil me". Another said, "The carers are good workers". A relative told us, "Carers are great and tell us stuff. (Name of carer) is amazing, down to earth and mum likes her". Another said, "(Name of relative) has a laugh and joke with them (staff).
- Staff were knowledgeable about people's history, interests, skills and goals. This meant staff were able to have meaningful interactions with people. A relative told us, (Name of carer) is brilliant, they got (relative) to talk again".
- Relationships with family and friends were recognised as important with families telling us they always felt welcome. One person told us, "They even allow our dog in".
- We observed warm, friendly interactions between people and the staff team. If people were upset or agitated, we saw staff offer reassurance and emotional support, staying with the person until they were calmer and more relaxed.

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

- People had their individual communication needs understood which enabled them to be involved in decisions about their day to day care. A care worker explained how one person used nonverbal language which included a "thumbs up". Another person had a large laminate board for messages.
- People and their families felt involved in decisions about their care. A relative told us, "They always involve (name) in conversations and include her".
- We observed staff seeking people's views and opinions and respecting their decisions. Examples included how people spent their time, where they took their meal and whether to join an activity. A care worker told us, "(Name) has her views that have to be respected".
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity and privacy respected. Staff knocked before entering rooms, enabled private time for people with their families, and maintained people's dignity when providing support such as personal care.
- Care was focused on enabling people to be as independent as possible. We observed staff providing support at the person's pace and being respectful of their right of independence.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's

right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 received person centred care that reflected their personal histories, likes, dislikes and lifestyle choices that were important to them.
- Care plans were regularly reviewed and were responsive to people's changing needs. A 'resident of the day' scheme had been introduced which involved people in reviewing all aspects of their care.
- Social activities were tailored to people's interests and abilities. One person enjoyed going out for a game of bowls, another to the theatre. One person had attended art therapy classes and their paintings were on display in their room whilst another enjoyed a music therapy group.
- People had been supported to maintain links with their place of worship.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed any additional support such as information provided in large print or picture format.

Improving care quality in response to complaints or concerns

- People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken.
- Records showed us that when concerns were raised, they were investigated, and appropriate actions taken.
- We advised that the complaints policy contain details of how to appeal against a decision. The registered manager reviewed and amended the policy during our inspection.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- When people had received end of life care close working care partnerships had included the Macmillan service and GP's, ensuring people's changing needs were anticipated and a person's comfort and dignity

maintained.

Good

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection the service were not meeting their regulatory requirements as they did not have a manager registered with the Care Quality Commission. A registered manager has been in post since 1 August 2019. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Staff, people and their families spoke positively about changes in the management structure and told us they felt it had led to improvements in communication, teamwork and quality.
- Quality assurance processes had included resourcing external specialists to carry out audits for health and safety and human resources. Actions identified had been completed including changes to staff recruitment practice and improvements in fire safety.

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

- People, their families and staff were unanimously positive about the management of the home. A care worker told us, "Management are great. (Deputy manager) is wonder woman. She is on it". Another told us, "(Registered manager) is supportive, she is out there, email, work phone, all over the house".
- Staff told us they felt appreciated. A care worker said, "(Registered manager) praises me for my qualities and I appreciate that; it's good to get the feedback". The culture of the home was described as open and honest, staff were happy and felt involved in the future of the service.

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- People, their families and staff had opportunities for developing the service and sharing information and

learning through regular scheduled meetings. These included daily meetings with staff from each department. A therapist told us, "Really useful as so much can go on in one day; holistic, perhaps it's somebody's birthday and we will go over and sing happy birthday".

● Staff felt engaged in the service. A care worker told us, "We have monthly staff meetings and you can express what you think; perhaps you think something should be changed. Sometimes ideas have to be researched but they (management) come back to us".

Working in partnership with others

● The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with clinical and social care practice such as the Nursing and Midwifery Council and National Institute for Clinical Excellence.