FitzRoy Support

Shirlett Close

Inspection report

21 Shirlett Close
Coventry
CV2 1PG

Date of inspection visit:
09 May 2022
11 May 2022

Date of publication:
27 June 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Shirlett Close is a residential care home providing personal care for up to four people. Shirlett Close also provides personal care to people living in their own homes. At the time of the inspection four people lived at Shirlett Close and two people were provided support in their own homes.

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

Right Support
People had limited opportunities to leave the service and pursue social interests within their local community. There were missed opportunities to engage people in meaningful activities within the home and people were not supported to try new things or develop new skills. People's care records detailed pastime they may like to take part in, but these activities were not always encouraged. There was limited guidance to inform staff how to enrich people's lives through positive engagement and meaningful activities. People's goals and aspirations were not always identified with people or those involved in their care. Where a goal had been identified, staff did not always know how to support the person to achieve their goal. Progress in reaching their goal had not been reviewed.

Right Care
People were not always involved in making decisions about their care. People were not always given information in a way they could understand. There was limited consideration given to the varying ways people could be empowered to make everyday choices using different communication methods.

Right culture
The service did not always have a person-centred culture which empowered people to achieve their goals and aspirations. Systems were not effective in identifying if people were receiving person centred care in line with Right Care, Right Support, Right Culture. There was insufficient recording and reviewing of behaviours where a person had experienced distress.

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

Why we inspected
We undertook this inspection due to a change in provider. We also wanted to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

Rating at last inspection
This service was registered with us on 26 July 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 6 January 2017.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below well-led.

Shirlett Close

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.

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
One inspector carried out the inspection.

Service and service type
Shirlett Close 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. Shirlett Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Shirlett Close also provides personal care to people living in their own homes.

Registered Manger
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 inspection
We sought feedback from the local authority and professionals who work with the service such as Healthwatch. 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 all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with two relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the registered manager, deputy manager and four support workers.

We reviewed a range of records. This included three people's care records and two medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with two healthcare professionals who were involved in people's care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Overall, risks to people's health and wellbeing had been identified and assessed. However, one person was at risk of choking. There was limited guidance in the care records to guide staff on how to reduce this risk. Despite the gaps in written information, staff knew what action to take to keep this person safe.
- People living at Shirlett Close had complex conditions which required careful and considered care planning to minimise the likelihood of distress. Each person had a 'Positive Behaviour Support' care plan which focussed on understanding the person and how to respond to the person's needs to increase their quality of life. However, where a physical intervention was required to support a person at times of distress, this was not always recorded in their care plan. The registered manager took immediate action to update this during our inspection.
- There was insufficient recording and reviewing of behaviours where a person had experienced distress. Records contained information such as, 'been very agitated and unsettled this morning'. There was no exploration of possible triggers for these behaviours or information about how staff responded to try and minimise people's distress and improve their quality of life.
- The provider had systems to review and monitor more serious incidents such as where staff had used physical intervention. The health and safety manager could review information electronically and offer suggestions to avoid reoccurrence. However, these systems were not always effective. Records showed incidents were not always reflected upon afterwards to support learning, identify where changes could be made to develop more effective strategies and to understand the meaning of the behaviour. We have reported further on this in the well led section of the report.
- In addition, not all records contained accurate information. For example, we identified one incident report which stated physical intervention had been used to manage a person's distress when it had not been used, and another which did not record physical intervention when it had been used. It is important records are accurate to ensure physical intervention has been used safely and in accordance with people's support plans.
- Improvements were needed to food safety standards. Staff had not recorded any cooked food temperatures since the beginning of the year. The deputy manager told us staff should have recorded these and this would be addressed following our visit.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies to protect people from harm which were usually followed. However, we identified one incident where a person was injured by another person living at the home which had not been reported in accordance with the provider's expectations. Action had been taken to update the person's care records to mitigate the likelihood of this incident reoccurring.

● Staff understood their safeguarding responsibilities and told us they felt confident to raise concerns about a person's welfare. One staff member told us, "Safeguarding is making sure people are not at risk. I haven't seen anything I have been unhappy with here. I have raised safeguarding's before in a previous job and I wouldn't hesitate here."

Staffing and recruitment

● There were enough staff to keep people safe, but staffing numbers did not support people's emotional and social wellbeing. Some people required additional staff to support them to pursue interests in the community which were not always being facilitated. One staff member told us, "We just need more staff. We are always working on minimum numbers which means the guys can't do anything."

● The recruitment process ensured staff were suitable for their roles by conducting relevant preemployment checks. This included Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Overall, medicines were given as prescribed. However, we found no evidence people had been harmed but two medicines were not being given in line with the prescriber's instructions on the medicine's records. The registered manager contacted the pharmacy to update the prescriber's instructions during our visit.

● Improvements were required to the safe storage of medicines. Some medicines needed to be stored below 25 degrees to ensure their effectiveness, but staff did not record the temperature of the medicines room. The registered manager took immediate action and started to record these temperatures during our visit.

● Staff did not always record when prescribed creams were opened. This is important to ensure these medicines are used within their use-by date. The deputy manager told us this would be discussed with staff following our visit.

● The registered manager understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Medicines were regularly reviewed and reduced where appropriate which ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. A healthcare professional told us, "We have successfully reduced one person's anti-psychotic medicines."

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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

● There were no restrictions regarding visiting and government guidance was being followed.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's capacity to make particular decisions was not always formally assessed, and it was not always clear what decisions people were able to make and where they may need support to make a decision.
- Where decisions were made on people's behalf, such as to use physical intervention or to have a medical procedure, records did not show other people involved in the person's care had been consulted to ensure the decision had been made in the person's best interests. We recommend meetings are arranged to agree care and treatment is provided in people's best interests.
- Despite this, if the registered manager believed there to be any restrictions on people, they had applied for the legal authorisation to deprive a person of their liberty. Conditions related to DoLS authorisations were being met.
- Staff understood the principles of MCA but did not always know how to support people to make choices or decisions about their care.

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

- People had enough to eat and drink. Staff responded to people's needs when people were hungry or thirsty. One person took a staff member by the hand and led them to the kitchen to show staff they wanted a drink, which staff then made for them.
- However, people were not always encouraged to follow a varied and balanced diet. As there was no menu, staff had limited guidance on what to cook for people. One staff member told us, "We just cook whatever is in the freezer." The deputy manager told us a new menu was being implemented following our visit.

Staff support: induction, training, skills and experience

● Staff completed an induction when they started to work at the home. This included working alongside experienced members of staff for them to get to know people's differing routines.

● The induction included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.

● Records demonstrated staff were up to date with the provider's mandatory training. This included important topics such as safeguarding and autism. Staff spoke positively about the training provided. One staff member commented, "The training is pretty good actually."

● However, staff were not always implementing their training effectively in their every day practice for example, with record keeping and promoting choice and independence.

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

● Most people living at Shirlett Close had lived there over 20 years. Important information about their life history was recorded in their care plan.

● Where new people were admitted to the home, an assessment of people's needs was carried out before they started using the service.

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

● Records confirmed people had access to a range of healthcare professionals such as GP's and psychiatrists. Due to the COVID-19 pandemic, people had not been seen by the dentist, but the registered manager explained appointments would be booked when these became available. We found no concerns with people's oral hygiene.

● We received positive feedback from a healthcare professional who told us, "I have never had any concerns with the medical care." They went on to say, "The registered manager is proactive in contacting us about any concerns."

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

● People's care and support was provided in a safe and clean environment and people could use the large garden and sensory music room when they wished.

● Bedrooms had been personalised with important objects and photographs which were important to people.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always involved in making decisions about their care and did not always feel well-supported.

Respecting and promoting people's privacy, dignity and independence
- People were not always encouraged to increase or maintain their independence. For example, some people were able to make their own drinks, but this was not actively encouraged.
- Records contained limited guidance on what people could do for themselves and how staff could encourage people to do things for themselves. Without this information, there was a risk people's independence may be reduced.
- Where people expressed distress through their behaviour, this was not always responded to promptly or consistently in line with their care plan. For example, when one person became distressed, their care plan directed staff to distract them with an activity they were known to enjoy. We saw, and records showed, this was not always done.

Supporting people to express their views and be involved in making decisions about their care
- Although some people had advocates to speak on their behalf, there was a lack of evidence to show how people had been supported to express their views or be involved in decisions about their care.
- People were not given information about their care plans or reviews of care in ways that were meaningful to them; for example, in easy read or pictorial formats to support them to make decisions.

Ensuring people are well treated and supported; respecting equality and diversity
- People appeared comfortable in the presence of staff. We saw some caring interactions between people and staff. For example, one person placed their head on the shoulder of a staff member for comfort and another staff member reassured a person by holding their hand.
- We received positive feedback from relatives about the caring nature of staff. One relative told us, "Staff are lovely. I am grateful for the care they give [person]."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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 were not always given information in a way they could understand. One person's care record described how they should have pictorial menus to promote meal choice. These were not being used. The deputy manager explained they had made some pictorial menus, but these had been lost.
- Records contained information about people's preferred method of communication within their 'communication passports'. However, there was limited consideration given to the varying ways people could be empowered to make everyday choices using different communication methods

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

- Records showed people had limited opportunities to leave the service and pursue social interests within their local community. One person had only left the house once in a 10-day period for a drive in a minibus. One staff member told us, "[Person] loves going out. Their face lights up. It is sad [person] isn't doing a lot." Another person had only left the house once in a five-day period for a walk. One staff member told us, "From Wednesday to Sunday [person] can't really go out unless we get the manager to come on shift, but that doesn't happen often. It is depressing."
- We saw, and records showed, there were missed opportunities to engage people in meaningful activities within the home and people were not supported to try new things or develop new skills. One staff member told us, "It can be boring for me, so can you imagine what it is like for them."
- People's care records detailed pastimes they may like to take part in, such as hand massages, foot spas and intensive interaction (a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social). However, records did not show these activities were attempted or encouraged. There was limited guidance to instruct staff on how to enrich people's lives through positive engagement and meaningful activities.
- People's goals and aspirations were not always identified with people or those involved in their care. Where a goal had been identified, staff did not know how to support the person to achieve their identified goal. People's progress in reaching their goals had not been reviewed.
- People were not always involved in making decisions about their care. There was no evidence practicable steps had been taken to maximise a person's capacity to understand choices so they could make their own decisions. For example, staff cooked meals they liked and knew how to make, rather than encouraging

people to choose.

We found no evidence that people had been harmed but people did not receive person centred care which ensured people had choice and control which met their needs and preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

● The provider had an accessible complaints policy but there had not been any complaints in the 12 months prior to our visit.

● Staff and relatives felt comfortable to raise any concerns with the registered manager and felt these would be dealt with appropriately. One relative told us, "I am confident to raise issues with [Registered Manager] and they would be dealt with."

End of life care and support

● At the time of our visit, no end of life was being provided. The deputy manager explained how staff previously supported a person at the end of their life by considering their individual wishes and preferences, although these were not always reviewed and reflected in people's records.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes were in place to monitor and improve the quality of care provided. However, the home did not always have a person-centred culture which empowered people to achieve their goals and aspirations. Systems were not effective in identifying if people were receiving person centred care in line with Right Care, Right Support, Right Culture.
- Accurate records had not been maintained to show people, and where appropriate their relatives and other professionals, had been involved in decisions about their care. Where people lacked capacity to make decisions, it was not always clear decisions had been made in people's best interests.
- Although the provider had systems and processes to identify, assess and mitigate risks to people using the service, these were not always followed. For example, where people expressed behaviours to indicate distress, these were not reviewed to identify possible triggers to improve people's quality of life.
- Checks had not identified health and safety concerns such as the lack of recording of cooked food temperatures and the issues we found with safe medicines management.

We found no evidence that people had been harmed. However, there was lack of effective oversight and governance which meant people had not received high quality, person centred care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we fed back the shortfalls identified during our inspection, the registered manager told us they were disappointed and explained the impact the COVID-19 pandemic had on the service. However, they recognised time was now needed to drive forward improvements.
- The nominated individual arranged to meet with the registered manager following our visit to ensure staffing numbers were increased to enable people to pursue their social interests within the community. Plans were also put in place to ensure people were encouraged to engage in meaningful activities within the home to increase people's quality of life.
- Training to improve documentation was going to be arranged following our visit.
- The registered manager had regular meetings and spoke positively about the support they received from the provider. They told us, "I really think we got best option moving to Fitzroy. There is always support there when I need it."

● The registered manager was supported by a deputy manager. Both managers had worked at the home for a considerable length of time and had started to implement actions to improve the service. One staff member commented, "There is definitely life coming back into the building slowly and I can see a change coming through."
● Staff spoke positively about the managers. Comments included, "[Registered manger] would act on any concerns we raised. She is always on the end of the phone and is approachable, just like [deputy manager]" and, "[Registered manager] listens to us and understands."

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 registered manager understood their responsibility under the duty of candour and told us they would take responsibility if things did go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There were missed opportunities to engage with people and we found limited evidence of people being involved in their care.
● Relatives were invited to attend annual review meetings and provided positive feedback about the care people received. One relative told us, "I don't know how they could improve. They give [person] what he needs. Although I am not there, I would say he has a good quality of life."
● Staff had opportunities to be involved in the running of the service. One staff member had proposed a new weekly menu which promoted choice and balanced diet.

Working in partnership with others
● Staff worked with other healthcare professionals to support people's health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care 9 (1) The provider did not do everything reasonably practicable to make sure that people who use the service receive person centred care and treatment that is appropriate, meets their needs and reflects there personal preferences. 9 (3) (a) The provider did not involve the person using the service, and/or the person lawfully acting on their behalf in the assessment of their needs and preferences. The provider did not give people relevant information and support when they need it to make sure they understand the choices available to them. Where a person lacks the mental capacity to make specific decisions about their care and treatment, their best interests was not always established. 9 (3) (I) The provider did not ensure that where food and drink was provided, that people had a choice that met their needs and preferences as far as reasonably practicable.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) Systems and processes were not operated effectively to ensure they assessed and monitored the service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 17 (2) (b) Systems and processes did not assess, monitor and mitigate the risks relating to the

health, safety and welfare of service users