

Derbyshire County Council

Florence Shipley Residential and Community Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Florence Shipley Residential and Community Care Centre is a residential care home that was registered to provide accommodation for up to 32 people. At the time of our inspection there were 18 people living there. The care home has 8 intermediate care beds in the 'Bailey' unit. The aim is to facilitate discharge from acute settings, and to support people to return home or to prevent hospital admission or long-term care. It also has 16 spaces for longer term care across two units called 'Woodside' and 'Coppice' which are on different floors. They specialise in providing care to people living with dementia. A fourth short stay unit which accommodates a further 8 people. Each of these units has separate communal facilities. There are further facilities for people to use such as a restaurant and landscaped gardens.

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

The care people received had improved and there were more effective systems in place to monitor this and react to any areas of concern. However, some management systems required more work to ensure they were effective, and this included the provider oversight. Some working relationships with other professionals required attention and needed to be recognised on the service improvement plan.

The risks to people's health and wellbeing were assessed and action taken to reduce them. This including supporting behaviours which could be challenging. There were systems to learn from mistakes including when safeguarding concerns were raised. People were supported by staff who understood how to protect them from avoidable harm. There were now enough staff deployed to keep people safe in the home and meet their needs promptly. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection.

Staff received training to enable them to do their jobs well. They understood their roles and responsibilities and there were clear reporting systems in place to share information. People were supported to maintain a healthy diet. Their health and welfare were managed with referrals to other professionals made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, not all restrictions were assessed to ensure they were legally approved.

There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and that staff respected their wishes. There were opportunities for them to feedback about the home and how they felt. People had care and support provided which met their preferences. Complaints were handled in line with the provider's complaints policy. People did not currently receive end of life care but had their wishes recorded for this time in their lives.

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 inadequate (published 15 March 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 enough improvement had been made in all areas but further embedding of governance systems was required and sustained and the provider was still in breach of one regulation.

This service has been in Special Measures since March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to continue to make improvement. Please see the effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Florence Shipley Residential and Community Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors 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 or personal care as 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

We used information we held about the home which included notifications that they sent us to plan this

inspection. They also kept us informed of progress towards their action plan. The provider was not asked to complete 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 took this into account when we inspected the service and gave them the opportunity to do so during the visit.

During the inspection-

We spoke with eight people who used the service and two visiting relatives about their experience of the care provided. We spoke with members of staff including the registered manager, two deputy managers, two senior carers, two carers and two catering staff. We also spoke with two health and social care professionals who worked closely with the staff team at the home during the inspection. We spoke with one additional health professional who was visiting. We reviewed a range of records. These included nine people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at falls management and training. We spoke with one healthcare professional who regularly visits the service.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last two inspections the provider had failed to ensure there were sufficient numbers of suitable qualified, competent staff. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the staffing levels had been reviewed and there were now enough staff to meet people's needs promptly and safely.
- People told us they were responded to promptly when they asked for assistance. One person said, "When I ring my buzzer the staff come quickly, I don't have to wait". Another person said, "They take their time when they are helping me, I don't feel rushed". A relative we spoke with said, "I've noticed more staff, including regular agency staff. They do the job well".
- Staff we spoke with told us about the positive impact since the increase in staffing levels. One member of staff said, "The increase in staffing levels has been the biggest improvement since the last inspection and we can really see the positive impact it has had on the wellbeing of the people we support". At our previous inspection we had particular concerns about how people's needs were met safely at night time. A member of staff told us, "We now have a floating extra member of staff who is able to go on any floor when extra help is needed. It is much safer and less stressful".
- We saw staff were available to meet attend to people promptly. They were available in communal areas to assist people and also had time to engage in conversation and activities.
- The registered manager told us reviews had been completed in the home by the provider. These recognised the need to take the design of the home and the varying needs of the people who lived in it into account when planning the numbers required.
- Safe recruitment procedures were followed to ensure staff were safe to work with people. One member of staff said, "Police checks were completed before I started work here". Records we reviewed confirmed this.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the systems in place ensured people were protected from harm.

People we spoke with told us they felt safe and trusted the staff who supported them.

- Additional training was provided to all staff and managers after our last inspection to ensure they understood their safeguarding responsibilities. Staff we spoke with told us what the signs of potential abuse were, how they would raise concerns and how they would follow up.
- When concerns were raised referrals were made to the local safeguarding authority and investigations were carried out when appropriate.
- Action was taken after investigations to reduce the risk of incidents recurring. For example, one

investigation showed temporary staff did not always have enough information about how to support people safely. A summary sheet of key information had been produced which these staff could carry with them to prompt them about people's needs and support. This showed us measures were put in place to protect people from harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved, and risks were assessed, mitigated and reviewed.

- People told us they felt safe. One person said, "I am very well looked after. Staff watch me when I am walking and help me go to bed".
- We observed staff helping people to move in a patient manner, they were not rushed and staff explained what they were doing. When people needed equipment such as hoists to move safely this was done in line with best practise guidelines; for example, two staff who had received training in moving people safely completing the task.
- Some people were at risk of choking or had swallowing difficulties and they had been recommended specialist diets by health professionals to reduce the risks. All staff we spoke with were knowledgeable about the diet each person needed. There was clear guidance available for staff for them to refer to easily.
- Catering staff had detailed information about people's diets in the kitchen. They told us they could manage the risk better for people now as they received more information about them in advance.
- Some people could behave in a way which caused distress or potential harm to others when they were anxious or upset. Staff had received additional training in understanding these behaviours. There was clear guidance for staff to understand how to avoid the behaviours happening and what to do to help the person to calm when they did.
- Records of all accidents and incidents were reviewed and the action taken as a consequence was evident. For example, when people had fallen they were medically checked to see if they were unwell or equipment was put in place to reduce further falls occurring.
- The systems which were not in place to review when things went wrong were effective in identifying errors. For example, guidance about one person's diet was found to be different on two records. A member of staff took immediate action to resolve this and requested guidance was updated. The information was shared with staff in detail verbally and in writing during the handover meeting.

Using medicines safely

- Medicines continued to be well managed and people were receiving them when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. There were systems in place to review the risks associated with medicines and we found audits had highlighted when recording was not completed in line with the provider's procedures. We have reported on this in effective and well led domains.
- People told us they felt safe with staff managing their medicines. One person said, "I take medicine three times a day. The staff give it to me and they stay with me". Another person said, "I am happy that staff look after my medicines for me". We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take 'as required', or PRN. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

- The home continued to be clean and hygienic which reduced the risk of infection.

- There were staff available to clean the home and people's bedrooms.
- Staff wore personal protective equipment when they were supporting people to reduce the risks of spreading infection.
- Regular reviews and audits were completed to ensure the home remained clean.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure there were suitably skilled and supported staff to meet people's needs. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved and they were no longer in breach of the regulation although there were still some improvements required.

- There were systems in place to review staff performance and competence. However, we found these had not always been followed. For example, we found one member of staff had made three errors in recording medicines administration and no action had been taken to review their competency. The registered manager assured us this would be completed.
- People we spoke with told us staff were skilled in assisting them. One person said, "They are all well trained here".
- Staff said they had received training and support since our last inspection. One member of staff said, "We have done lots of training; for example, in moving people safely". Another said, "We can ask for anything we want to do. I asked for end of life training and was booked on it within a month".
- Additional training and support had been given to the staff team since the last inspection. This included mentoring and coaching for managers in the home. It also focussed on some of the concerns raised previously; for example, safeguarding and specialist diets.
- Staff were also provided with regular opportunities to discuss their support needs through supervision and they told us these were helpful, frank discussions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection we found some of the working practises with other health professional outside of the home required improvement.
- At this inspection we spoke with the same professionals and they told us there continued to be concerns about the frequency and appropriateness of the referrals being raised. They stated they had not had not met with the provider to consider how this could be improved..
- Other healthcare professionals were working alongside care staff, particularly on the intermediate care beds. They reported close working relationships achieving good outcomes for people. People on this unit had clear, time-focussed goals in place.
- Although there were clear assessments in place to determine these goals, medical professionals told us not all the referrals to the home were in line with the purpose of this intermediate service.

- Other people living at the home had assessments which defined their medical needs and explained conditions they may be living with. There were care plans associated with these which gave guidance to staff around their support needs. They also had records of when they needed to have check-ups and reviews.
- However, some assessments required improvement to be in line with national guidance. Some oral health assessments did not have enough information; for example, one person's care plan stated they had no oral health needs as, 'Have had all of their teeth removed'. This did not give staff guidance on how to look after the person's mouth.

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.

- At our last inspection we found capacity assessments were not detailed and did not explain how conclusions were made. At this inspection this had improved. For example, one assessment contained observations of the person's non – verbal behaviour to assist the assessor to decide what their decision may be.
- However, other assessments still required attention; for example some people had a restriction of their liberty in place without considering whether they had capacity to consent to this.
- When DoLS had been approved staff were aware and any conditions were met.

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

- People had choices about food and regular drinks provided. One person told us, "The food is very nice. I had a lovely breakfast." Another person said, "They come and ask us what we want for lunch. There is always a choice".
- We saw snacks and drinks offered throughout the day and one relative we spoke with confirmed people had a lot of drinks. One person said, "You can have a fresh drink, every day they ply me with food and drink!"
- Records were maintained of people's nutrition and weight to ensure they were having enough to eat and drink to remain well. When people were at risk of losing weight they were given higher calorie food to help to maintain it.

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

- The building had been designed to meet the needs of the people who lived there. For example, there were wide corridors and doorways for people using mobility aids.
- People's bedrooms were personally designed, and they had photographs outside of rooms to remind them which bedroom was theirs.
- There was clear signage throughout the building to assist people to find their way round. There were also items for people living with dementia to interact with; in the corridor was a doll in a pram and baby clothes hanging on a line which people could reminisce and get comfort from.
- There were community facilities such as a café which relatives told us they were able to go to when visiting. Staff working in the café were familiar with people's dietary needs, so if they used this facility with relatives they could receive the correct diet.

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 Requires Improvement. At this inspection this key question has now improved to 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 had caring, kind supportive relationships with the staff who supported them.
- One person told us, "The staff are very kind; perfect." Another person said, "When I fell staff stayed with me all of the time until the ambulance came; it was very kind of them." A relative said, "I've seen staff being very kind, there's no shouting and they're lovely."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. When one person became distressed because they were not sure where they were a member of staff promptly attended to them to offer reassurance.
- Assessments highlighted equality and diversity support requirements; for example, they described religious and cultural preferences.

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

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms. One person chose to spend time socialising with friends they had made on a different unit to the one they were staying in.
- People were consulted about decisions in an accessible way. People were shown pictures or objects, so they could point to their choice.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff supported people with personal care requirements discreetly and ensured they kept doors and curtains closed. One person said, "Staff always knock before them come into my room."
- People were encouraged to be as independent as possible. One person said, "I am encouraged to do as much as I can myself when I am showering which I like."
- Some people had adapted cutlery and plates at mealtimes, so they could eat without staff support.
- People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing. One relative said, "We try not to visit at lunchtime because it disrupts people but other than that we can stay as long as we want to."

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 Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had not ensured that people received person centred care because their needs were not clearly defined in care plans or understood by staff. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved, and they were no longer in breach of the regulation.

- People were supported by staff who knew them well and understood their preferences. One person told us, "The staff seem to anticipate in advance what my needs are and they are there ready. They find a book for me to read because I don't watch TV. They bring a drink. Nobody has been unkind."
- Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated; for example when a person had fallen, their care plan was reviewed to see if any action could be taken to reduce the risk of any further falls..
- Staff told us they met daily at handover meetings to discuss what support people required. We saw each person was discussed in detail; for example, saying how one person had been after a period of being unwell and checks the next staff on duty would need to make.

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 assessed, and it was clear how information should be shared with them. For example, ensuring people had their hearing aids in or access to their glasses.
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it.

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

- Activities were planned with people to ensure they were engaged and interested. One person said, " Some staff come and asks us if we want to play a game of dominoes."
- We saw people engaged in quizzes, games and conversation with staff.
- Some people told us about trips out they had enjoyed; for example, to a local farm and to the supermarket.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- One person told us, "I have no complaints, but I would be happy to talk to someone here if I did."
- There was a complaints procedure in place which was shared with people and on noticeboards in the home.
- Any complaints received were managed in line with the providers procedure.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- There was no-one receiving end of life care when we inspected.

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 Inadequate. At this inspection this key question has now improved to 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.

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

At our last inspection 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. At this inspection we found the provider remained in breach of this regulation and although some systems were working well, although others required further development to be fully embedded.

- Regular audits were now completed which highlighted areas for improvement. However, the frequency of some needed to be reviewed. For example, the registered manager sampled medicines audits monthly from each unit. This meant they only reviewed each unit every fourth month and we found errors highlighted by staff which had not been followed up by the registered manager.
- Others such as falls oversight needed to be more fully embedded. Although the registered manager had started to collate the information in the previous month the analysis of this to identify themes and patterns over time was not yet in place.
- The registered manager was aware of their responsibility to enter management information into the providers electronic system; for example, about falls and audits. However, they were unsure what oversight there was of this information and did not receive feedback on it. When we asked the provider to share their quality assurance processes with us we were informed this was being reviewed and developed and a defined procedure was not currently used. This meant there was not an agreed approach to reviewing and comparing management information across the provider's locations to identify risk and areas for development.
- After our last inspection the provider had set an action plan to identify areas which required improvement. We saw the majority of these actions had been met and this was evident in people's care. However, some of the actions were not yet fully embedded. For example, coaching and mentoring staff in proactive strategies to reduce behaviour had just started.
- Other areas highlighted at our last inspection had not yet been addressed including ensuring all partnership working with stakeholders was effective and meeting both party's needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Other aspects of governance of the home had improved and all staff were more aware of their

responsibilities to keep people safe. One member of staff said, "There is now more paperwork that has a use. It proves we are doing what we should".

- New systems had been put in place to ensure staff were aware of people's current needs. For example, there was a very detailed handover meeting and document which reminded staff of people's key risks as well as things which needed following up.
- There were more senior staff in place to take responsibility and provide leadership to staff teams. One member of staff said, "It really helps to have more staff who can do checks and help to review care plans".
- The registered manager conducted regular checks in the home as well including a daily observation in each of the units and the catering section of the home .

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

- People and staff told us there was a more open culture.
- One person said, "I know the manager, they came and introduced themselves". A relative told us, "The manager is very approachable".
- People told us they felt confident that any concerns they raised would be listened to.
- Staff also said they were able to speak with managers freely and would raise any issues they had with them, knowing that action would be taken.
- Notifications of incidents were sent to CQC in line with the registered manager's registration

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

- There were now regular staff meetings in place. Staff told us they felt they were good and informative. Some staff told us when they were unable to attend meetings they were provided with minutes from them promptly, so they were informed of what had been discussed.
- Records demonstrated the registered manager had used the meetings to keep staff informed and involved in improvements, training and future developments.
- There had also been meetings for people who lived in the home. Although these included discussions about entertainment and activities they also asked important questions such as 'Do you feel safe?' and 'Are staff friendly?'. One of the recommendations made was to ask staff to introduce themselves when they entered people's bedrooms. This was shared with all staff through the newsletter.
- Surveys had been completed with people such as meal satisfaction and although the registered manager was able to tell us what some people had said the full analysis had not yet been completed. Changes requested through these meal satisfactions surveys were shared with the catering staff and had been reflected in menu changes.

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 17 HSCA RA Regulations 2014 Good governance The systems to assure good governance required improvement and further embedding.