Shelley Park Limited

Shelley Park

Inspection report

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Date of inspection visit:
21 January 2019
22 January 2019

Date of publication:
11 March 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

People's experience of using this service:
•□Everyone we spoke with praised the service they received. Staff cared about the well being of people they supported and we received positive feedback from people about the kindness of staff.

•□People told us they felt safe and staff were trained in how to recognise abuse and how to keep people safe. However, a safeguarding incident had not been reported to the appropriate authorities.

•□There were enough appropriately qualified staff available on each shift to ensure people were cared and supported safely.

•□People were supported by staff that were trained to meet their specialist and complex needs.

•□Risks to people were well managed and overall medicines were managed effectively.

•□People's needs were assessed and planned for and they had access to the specialist health care professionals. People received a personalised service that reflected their preferences.

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

•□People told us they thought the service was managed well and they were listened to. However, although whilst there had been a core of senior staff managing the home. There had not been a registered manager in post since October 2017. A new manager had been appointed three weeks prior to the inspection.

More information is in the full report.

About the service: Shelley Park provides specialist nursing care, treatment and rehabilitation for up to 43 adults who have a neurological disability. At the time of the inspection 25 people were living at Shelley Park. The home is comprised of three buildings:
•□Florence House, which can accommodate 37 people on pathways of care for acquired/traumatic and enduring/complex or end of life care.
•□Westby House, which can accommodate six people on the transitional pathway; four people in transitional living units with shared facilities and two independent flats where people can prepare for moving on to independent living.
•□Shelley House was the main reception 'hub' for the service where day care and therapy services were based.

Rating at last inspection: The service was last rated Good. Our last report was published on 5 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we identified some areas, which required Improvement.

Enforcement: We issued a requirement notice in relation to the shortfall in reporting a safeguarding incident to the appropriate authorities.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Shelley Park

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, one assistant inspector, one expert by experience, who is a person who has personal experience of using or caring for someone who uses care services and a nursing specialist advisor.

Service type: Shelley Park is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 25 people living at Shelley Park at the time of the inspection. Shelley Park is also registered to provide personal care to people living in the community. At the time of the inspection Shelley Park were not providing anyone with personal care in the community so we did not inspect this.

There had not been a manager registered with CQC since October 2017 and this is a condition of the service's registration. A new manager had started work at Shelley Park three weeks prior to the inspection.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and clinical commissioning group (CCG). We used all this information to plan our inspection.

During the inspection we met and spoke with 10 people and two relatives to ask about their experience of the care provided. We spoke with 10 members of staff including heath care assistants, nursing staff, the clinical lead, therapy staff and the acting manager.

Following the inspection, the acting manager sent us their improvement plan, the training matrix, confirmation of referrals to safeguarding and the police and professional contact details as requested. We

received feedback from one social care professional.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service were not always safe.

Systems and processes to safeguard people from the risk of abuse

•□People told us they felt safe. One person said, "I feel very safe here and nobody takes any of my things".
•□Staff were trained and had a good understanding of what to do to make sure people were protected from harm or abuse.
•□Overall, there were systems in place to safeguard people. However, prior to the new manager starting, a large amount of a medicine went missing and this had not been reported promptly to the local authority and police under safeguarding procedures. The service had completed an internal investigation and acted in response but the medicines had not been recovered. The acting manager reported the missing medicines to the safeguarding team and police following the inspection.

The shortfall in reporting a safeguarding allegation was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

•□Risk assessments were in place to reduce the risks to people and clear guidance was provided. For example, there were clear and easy to follow positive behaviour support risk management plans for one person. The person presented some challenges to others because of their brain injury. Staff supported the person as detailed in their plan and the person quickly relaxed and was reassured by staff.
•□There were systems to keep people safe in the case of emergencies.
•□The environment and equipment was safe and maintained. There was a programme of refurbishment in place to address those areas of the home that were worn or damaged.

Staffing and recruitment

•□There was core of staff who had worked at the service for many years. The acting manager was actively recruiting to the vacant posts.
•□There were enough staff to meet people's needs. Comments from people included; "The staff are available when I need them", "The staff are very kind to me and have time to deal with me, I am never rushed" and, "The staff are supportive and are here when I need them".
•□Overall, staff were recruited safely. Recruitment practices were safe and that the relevant checks had been completed before staff worked with people. However, gaps in some staff's employment history had not always been explored. The office manager took immediate action to ensure that this was completed in any future recruitment of staff by including a new check in the application and interview template.

Using medicines safely

•□People's medicines were administered as prescribed. However, covert medicine plans did not include the route of administration. For example, whether this was via a PEG (feeding) tube or orally. In addition, they did not include the pharmacist's advice in relation to whether adding the medicines to food or drink changed the composition of the medicine. Immediate action was taken to seek this advice and to clarify the route of administration.
•□Staff were trained to administer medicines and their competency was regularly reassessed.
•□Staff told us there was good culture for reporting and following up any medicines errors or omissions.

Preventing and controlling infection

•□There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
•□People and relatives told us they were happy with the cleanliness of the home. One person said, "This Home is very clean, a cleaner comes into my room regularly".

Learning lessons when things go wrong

•□The service had a robust system in place to monitor and learn from incidents and accidents. Records showed any themes or patterns were identified. For example, following some medicines going missing. The procedures for checking in medicines had been reviewed and improved to minimise the risk of medicines going missing again.

Good

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□Where people did not have capacity to make decisions, they 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.
•□Overall, assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision, these included professionals and people of importance to support this process. However, the best interests decisions in place for covert medicines did not consistently follow the principles of the mental capacity act. This was because people's representatives had not been consulted in relation to these decisions.

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

•□Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were easy to follow, detailed and reflected the person's preferences and wishes. The assessments and care plans reflected the complexity of people's needs and gave clear instructions for staff. For one person who had moved in recently, staff were very knowledgeable how to care for and support the person but their care plan had not been fully updated to reflect this support. The clinical lead and manager told us they were aware this person's plan needed updating and agreed to prioritise this.
•□Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate.

Staff support: induction, training, skills and experience

•□Staff had the skills and knowledge they needed to carry out their roles effectively. People and relatives told us they felt staff were skilled and knowledgeable.

•□Staff received core and specialist training which was effective and gave them enough information to meet people's complex health and neurological needs. Feedback from commissioners and social care professionals showed the staff team were very skilled at meeting peoples' complex needs.
•□Staff told us they were well supported by their line managers and had access to both formal and informal support.

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

•□People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. Some people received their nutrition and fluids through PEG tubes.
•□People we spoke with told us they liked the home cooked food. They told us they were offered two choices for their lunchtime meal and that if they did not like either choice they could request something else. Comments included; "I like the food here and there is always a choice, they will also make me something special", "I am a vegetarian so it is harder for the chef to make food interesting to me but they do try for me" and, "The food is great here, there is a choice and they will make me what I want, I had cheese on toast this morning".
•□People were supported to be independent. For example, one person used specialist, mugs, plates and cutlery. Staff supported people to eat at their own pace. Most people chose to eat their meals in their bedrooms.

Staff working with other agencies to provide consistent, effective, timely care

•□The service and its staff were committed to working collaboratively and had good links with health and social care professionals. We received positive feedback from both CCG and social care professionals about the positive working relationships with the different professions and disciplines that worked at the service. They told us the multidisciplinary team that included nurses, care staff, occupational therapists, psychologists, physiotherapists and activities staff benefitted the people who lived at Shelly Park.

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

•□People were accommodated in either Westby or Florence. There were shared communal spaces in both houses and people freely accessed these regardless of where they lived.
•□The buildings were not purpose built but the service had made the houses as accessible as possible for the people who lived there, including those people who used wheelchairs. There was an ongoing programme of redecoration and refurbishment. The new manager had identified some areas that needed immediate attention and was working with maintenance staff to address this.
•□People's bedrooms were very personalised and they were able to choose their own décor.

Supporting people to live healthier lives, access healthcare services and support

•□There were robust systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. People and staff told us that the service regularly liaised with a range of health professionals.

Good

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported

•□We observed people were treated with kindness and they were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. Comments included; "The staff are caring and supportive of me", "The staff are fantastic and very caring towards me" and "The staff are lovely here, very nice to me".
•□Staff spoke fondly of people they supported and knew their needs well. Staff spoke to people with smiles, laughs and familiarity. Staff were passionate about providing the care and support the person needed and expected.

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

•□People were included in how their care and support was planned and delivered. This was evident from feedback received from people and relatives. For example, one person told us that regardless of how long it took them to verbalise what they wanted staff listened to them and acted on what they said.
•□Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. This was also described in peoples' plans,

Respecting and promoting people's privacy, dignity and independence

•□People were treated respectfully and the staff spoken with, were committed to provide the best possible care for people.
•□People's dignity and privacy was respected. One person said, "The staff do seek my consent, they knock on my door and call me by my first name". Another person said, "The staff are always respectful here".
•□The acting manager had identified the current location of some of the computers that staff used to complete people's records were in communal areas. Action had been taken to ensure that people's electronic records on screen could not been seen by others.
•□People were supported to maintain and develop relationships with those close to them. Relatives told us they were able to visit anytime and always felt welcome .
•□People's independence was promoted. The therapy team was led by an occupational therapist and another occupational therapist was also employed. They worked with people to gain independent living skills and to move on to the service's satellite supported living services.

Good

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□Care plans were personalised and detailed exactly how the person wanted their needs and preferences to be met. People's records and care plans were kept electronically and there was also a paper care plan summary that included important information. For example, people's communication plans and positive behaviour support plans.
•□Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices. For example, one person used a switch to communicate yes or no. Staff phrased questions so the person could answer them and have choice and control over their life.
•□People's plans included an individual programme that included activities they were interested in and also any one to one time and specific therapies. For example, one person's plan included crafts, music therapy, going out to cinema, using the gym with the physiotherapist and individual and group psychology support sessions.

Improving care quality in response to complaints or concerns

•□The complaints information was displayed on noticeboards. People told us they knew how to raise any concerns or complaints.
•□Complaints had been investigated in line with the service's complaints procedures.
•□One relative told us they were not sure how they could raise a complaint or concern. Staff were present and immediately gave the relative the information as to how they could complain and raise any concerns. The staff reassured the relative that their concerns about their family member would be looked into.

It is recommended that staff periodically remind relatives and visitors how they can raise concerns or complaints.

End of life care and support

•□People were consulted and involved in determining any advanced care plans. For example, one person had a progressive disease and had discussions with their consultant and family that they did not wish to be artificially fed by a PEG tube. This advanced decision was clearly recorded and flagged in the person's care plan.

Requires Improvement

Is the service well-led?

Our findings

Service management and leadership was inconsistent and requires improvement.

•□This was because there had not been a manager registered with CQC since October 2017. This is a condition if the service's registration. We are considering this breach of the regulations separate to this inspection.
•□In addition, further improvements to the quality monitoring process were also needed to ensure there was a clear overview of safeguarding practices within the service.
•□A new manager had started work at Shelley Park three weeks prior to the inspection. The new manager told us they were planning to register with CQC

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

•□The deputy manager and previous operations director had covered the management of the home whilst the service was without a registered manager.
•□The new manager had reviewed the management structure at the service and had made changes to include a deputy manager, a therapy lead, management support and a finance manager.
•□The new manager had spent their first three weeks working alongside staff and getting to know people and reviewing the current quality assurance systems in place. The manager sent us their improvement and quality assurance plan. We are not yet able to test how effective and sustainable this improvement plan will be. We will review this fully at our next inspection.

Provider plans and promotes person-centred, high-quality care and support

•□The new manager told us they planned to review and reassess each person who lived in the home. This was so people could clearly identify their goals, wishes and aspirations.

Engaging and involving people using the service and staff

•□People told us the home was well managed. Comments from people included; "This Home is run well, I say that because I am happy here", "I think this home is fantastic and well run, I want to stay here for ever" and, "The home is nicely managed and I have met the new Manager".
•□The new manager planned to introduce resident and relative meetings so people and their family members could contribute to the running of the home.
•□Staff told us they felt well supported and listened to. They were looking forward to the future and spoke highly of the new manager.

Continuous learning and improving care and working in partnership with others

•□Accidents, incidents and complaints were fully reviewed and used for learning and making

improvements.

• The service was working in partnership with other agencies and developing community links. The therapy lead told us they were looking at vocational opportunities for people. For example, one person had started visiting and working at the local community farm.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People who use services were not fully protected. This was because systems and processes were not operated effectively to refer to an appropriate body immediately upon becoming aware of an allegation or evidence of abuse.