Shelley Park Limited

Clarendon House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was announced and took place on 24 August 2017. We arranged the inspection date with the registered manager two days before our visit that we would be inspecting this service. This was to make sure staff and people we needed to speak with were available and to respect the preferences of people living there who liked to know when visitors would be coming to the home.

Clarendon House provides accommodation and personal care for up to eight people who are recovering from brain injury. At the time of this inspection there were four people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The four people living at the home felt safe and well-supported.

Risk assessments had been completed to minimise the risks, both in terms of the physical environment and also in how to support people as safely as possible in meeting their goals.

Staff had been trained in in safeguarding adults and were aware of the types of abuse and how to make safeguarding referrals.

Plans were in place on how to support people in the event of an emergency.

There were robust recruitment procedures being followed to make sure that appropriate staff were employed to support people.

Staff and people felt the staffing levels were appropriate to meet people's needs. Staffing levels were planned and adjusted to make sure people were supported to meet their rehabilitation goals.

People were supported with medicines with the aim of people managing their medication on their own.

Staff knew people's needs well and the organisation had a training programme in place. This ensured that staff had thorough induction and opportunity to develop their skills and knowledge.

Staff were knowledgeable about the Mental Capacity Act 2005 and people's consent underpinned how staff worked with people in meeting identified goals.
At the time of the inspection the people who lived at the home had full capacity to be involved in all decision making about their goals, care and support.

Systems were in place to support people with budgeting, shopping and cooking.

People felt the staff were very caring and supportive.

People's needs had been fully assessed and interventions and goals set with people. These were detailed in care plans that were up to date with evidence of regular reviews. Care plans were person centred focusing on their goals for rehabilitation.

People were supported with leisure and recreational goals as well as domestic routines so that they could fill their time meaningfully as well as working to rehabilitation goals.

There was a system in place for managing complaints that people were aware of. No complaints had been made about the service since registration.

The service was well-led with an open culture.

There were systems in place to monitor the quality of service provided to people.

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.

Clarendon House provided a safe service in supporting people to become independent.

Risks were assessed and steps taken to make sure people were supported safely.

There were suitable recruitment procedures followed and appropriate numbers of staff deployed to meet people's needs.

Medicines were managed safely in supporting people in their rehabilitation

Is the service effective?

Good

The service was effective.

Staff were well-trained and knowledgeable about people and there was an extended range of professionals within the organisation should people need additional support.

People were fully consulted and gave consent to how they were supported in meeting their identified goals.

People received appropriate support in budgeting, shopping and cooking to make sure they stayed healthy.

Is the service caring?

Good

The service was caring.

People felt staff were kind, caring and supportive.

People's privacy and dignity was promoted and respected.

Is the service responsive?

Good

The service was responsive.

Detailed assessments had been carried out and from these care

plans had been developed with the person.

People were encouraged to take part in the domestic running of the home as well as taking part in activities meaningful to them.

The home had an accessible complaints procedure and people were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-managed.

People were supported by an open and accessible management team and motivated staff.

There were systems in place to monitor and improve the service provided to people.

Clarendon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The registered manager was given notice of the inspection owing to the domestic scale of the service and the needs of people living at the home. Clarendon House provides a setting for people to continue their rehabilitation following an assessment or a period of rehabilitation at Shelley Park Neurological Care Centre, a specialist neurological service. As a result of their injuries, people had complex needs and were supported through a range of different professionals.

The inspection was carried out on 24 August 2017 by one inspector. We spent time at the service meeting the four people accommodated as well as speaking with the member of staff on duty. We also spent time with the registered manager at their office in Shelley Park Neurological Centre and spoke with one of the psychologists. We looked at medication administration records and a sample of the records relating to people's care and the management of the home.

The provider completed a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

The home was registered in July 2016 and this was the first inspection of the service. We met with the four people who had moved into the home as part of their rehabilitation from brain injury. They all reported that they felt safe and received appropriate support from the staff.

Staff had received training in safeguarding adults and therefore knew the different types of abuse and the procedures for reporting any concerns. Members of staff received safeguarding training as part of their induction when they started working at the service and further update training when this was required. No safeguarding concerns had been raised since the home has been registered.

There were effective systems in place to minimise the risks in managing people's care. Risk assessments had been completed that linked to people's care plans where there were identified risks. For example, there was good risk management and care planning for people who had epilepsy and diabetes, so that staff would know how to respond should a person have a seizure or become hypoglycemic. People's care records also showed that people were able to take calculated risks in meeting their goals and were not restricted unduly.

There were systems in place to make sure that the premises were both safe and suitable for the needs of people accommodated. For example, window restrictors had been fitted to windows above the ground floor to prevent accidents, thermostatic mixer valves were installed on hot water outlets to protect people from scalding water and portable electrical equipment had been tested to make sure it was safe to use. Radiators had been covered to protect people from the risks posed by hot surfaces. Checks and servicing of the fire safety systems were taking place as required, so too servicing of boilers and the water systems.

The manager had a system to make sure where accidents or incidents occurred these were investigated and analysed for patterns or trends to reduce the risk of harm recurring. There had been a low incidence of accidents and incidents, so no trends had been identified.

Personal evacuation plans had been developed for each person and were recorded in people's files to make sure people could be evacuated safely in the event of fire.

There were plans in place for dealing with emergencies such as a fire. The service also managed an out of hours and on call system for people and staff to contact in the case of emergencies.

Recruitment procedures had been followed to make sure suitable people were recruited to the staff team. In respect of the three recruitment files we looked at, the relevant checks had been completed before staff worked with people. These included up to date criminal record checks, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained.

People living at the home felt the staffing levels were suitable to meet their care and support needs. At the

time of our inspection there were two members of staff designated to work at the home who reported to a registered nurse and the registered manager. The registered manager told us that there was always a member of staff on duty in the home if any service users were in the building. Staffing was planned each week to ensure there were enough staff to support people if they were engaged in activities and needed support when out of the building. The home is in close proximity to the main service of Shelley Park and people had access to the range of professionals, such as psychologists and physiotherapists. During the night time period, one member of staff was employed with back-up of on-call arrangements. The registered manager told us that staffing levels were kept under review and that when occupancy levels increased, staffing would be increased correspondingly.

Medicines were managed safely in the home. Each person had a locked medication cabinet in their room and had been assessed as to their competency to manage their own medication. Some people were managing their medicines with support from staff and some were having medicines administered. Medication administration records were completed fully with no gaps in recording for those people having medicines administered and risk assessments were in place together with care plans for people who managed part or all of their medicines. Staff had been trained in safe medicines administration and also had their competency assessed.

Good

Is the service effective?

Our findings

Everyone living at the home was positive about their move from Shelley Park into Clarendon House and no one had any concerns about how they were being supported. One person told us about how much calmer it was to live at Clarendon House than living at the main centre of Shelley Park and how nice it was to move on.

Members of staff were required to complete training in key areas. These included infection control, safeguarding, moving and handling, basic food hygiene and emergency aid. Staff could then progress and receive further specialist training, such as caring for people with epilepsy, brain injury and managing challenging behaviour. The registered manager showed us a training matrix that was used to make sure people were up to date or had training sessions booked.

Before a new care worker started working with people they completed an induction programme leading to the care certificate, which is a nationally recognised induction qualification.

Records showed staff received regular supervision and there was a plan to complete staff appraisals. Staff told us they received regular one to one supervisions session with the manager and that they felt well supported through line management and also from the larger team of professionals.

Staff had been trained in the Mental Capacity Act (MCA) 2005. Staff spoken with understood the circumstances where making decisions that were in a person's best interests should apply. The four people living at Clarendon House were all able with support to make decisions about their daily lives and there were no planned interventions where a best interest decision would need to be made.

This was corroborated by people telling us that they set the goals they wished to achieve as well as being consulted about their care and support. Reviews within people's care plans showed that people were supported with decisions they had made and steps taken with people on how to reach their goals. For example, one person had been able to return to their place of work. There was a protocol in place for the person travelling to work safely. They had a mobile phone and staff rang the person 30 minutes after their expected arrival time to check that they had got there safely.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to community services. The registered manager was aware of the criteria for making a request for the deprivation of a person's liberty. One application was referred to the local authority; however, this was not granted.

The aim of the service was to support people to become as independent as possible. People were therefore supported to budget, shop and cook with the appropriate assistance of staff. People told us they were happy with this arrangement that worked well for them. Records were maintained about people's weight as part of an objective to assist people in maintaining good health.

People were registered with a local GP, whilst still having access to the team of professionals at Shelley Park. There was evidence in people's care records that people had access to dentists, opticians and other health professionals.

Good

Is the service caring?

Our findings

One person told us, "I am happy here". Everyone was comfortable within the presence of staff and from interactions observed it was clear that there were good relationships between the staff and people living at Clarendon House.

People's privacy and dignity were protected. People had their own bedrooms that they could lock to secure their personal possessions. People confirmed to us that staff respected their private space and would knock and gain permission before entering their bedrooms. One person, who had epilepsy, had a plan in place to keep them safe whilst showering at the same time maintaining their dignity. The plan directed staff to leave the bathroom door ajar so that the person had privacy whilst staff could monitor that the person did not have a seizure.

Staff knew about people's individual skills, abilities and preferences. People's care plans provided staff with detailed, personalised guidance about how to support people. For example, information was recorded about people's personal care needs and preferences, times they preferred to get up in the morning, times for settling down to bed and activities that people liked.

There was an open house policy for relatives and friends to visit and examples were given of how the home worked with families to best support people living at the home.

People's spiritual needs were respected and supported. One person was pleased to show us their bedroom, which we saw was personalised and decorated to their taste reflecting people's own interests and choices.

Good

Is the service responsive?

Our findings

The people accommodated at Clarendon House had all previously been accommodated at Shelley Park and progressed in their rehabilitation. Each had been supported in the transition with a staged move into Clarendon House.

People's care and support plans were recorded on an electronic system that had recently been introduced across all the Shelley Park services. The registered manager, who was based at Shelley Park, therefore had access to records. They told us the system worked well as staff had direct access to records and the registered manager could easily monitor progress and deadlines for reviews.

The care and support plans had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect any changes to ensure continuity of people's care and support. Care plans were holistic, looking at each person's overall needs and were person centred, ensuring people were treated as individuals. The care plans also covered all areas of people's health care needs. For example, there were detailed epilepsy plans where people had epilepsy and a detailed diabetes care plan for one person who had diabetes. Another person had communication difficulties. Their care plan gave guidance for staff, such as, ensuring there was low background noise and to give information in 'short chunks', in order to better communicate with the person.

Hospital passports had been developed for each person so that their needs could be met if they went into hospital.

Staff told us that the electronic record system was working well and said that they had received one to one training on how to use the system.

Each individual had a full programme of activities that they had been involved in developing. One person had been able to return to their place of work, another person was supported with their interest in football and another person supported to play snooker.

No one had any concerns or complaints to make about the service being provided. People had access to the organisation's complaints policy and procedure and were aware of how to make a complaint. The provider's complaint leaflet also gave information about how to refer to outside organisations. No one had raised a complaint about the service since moving into Clarendon House.

Good

Is the service well-led?

Our findings

The service was well-managed with management providing good leadership underpinned by strong values of supporting people with brain injury. The owners of the organisation were also very involved in the running of the overall service supporting the registered manager.

Staff and the registered manager were very open and transparent throughout the inspection. Staff we spoke with were positive about the organisation with one member of staff telling us, "The management are very fair and approachable. There are clear standards and I feel proud to work for them."

The provider had systems, adopted from other registered services in the group, to monitor and seek improvement in the quality of service provided to people. However, because the service was new and people were still in the process of transitioning to the service, no surveys had yet been conducted. Some auditing and monitoring was taking place, such as monitoring accidents and incidents and auditing care plans and medicines management.

At residents' meetings, minutes showed that people were fully involved in day to day running of home, discussing what they wanted to eat, what activities they wanted to arrange and issues that effected them in the home. Team meetings minutes that showed staff were kept fully informed and had the opportunity of discussing how the home was managed and run.

The registered manager had notified CQC of significant events, such serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. We use such information to monitor the service and ensure they respond appropriately to keep people safe.