

# Shelley Park Limited

# Verona Avenue

## Inspection report

45 Verona Avenue  
Bournemouth  
Dorset  
BH6 3JW

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23 November 2017

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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

Verona Avenue is a care home that provides residential care for up to 4 people who are recovering from brain injury following a period of rehabilitation at Shelley Park Neurological Care Centre, a specialist neurological service. As a result of their injuries, people have complex needs and are supported by a range of different professionals.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection there was one person living at the home.

There was a registered manager in post; however, before the inspection we learnt that the registered manager had ceased working at the home. An interim manager had taken over the management of the home a few days before the inspection. 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.

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

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

There was a system to assess the physical environment and also assess the risks in supporting people to meet their identified goals as safely as possible.

Staff had been trained in safeguarding adults and were aware how to make safeguarding referrals.

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

Robust recruitment procedures were followed to make sure that appropriate staff were employed to support people.

Staffing levels were appropriate to meet the needs of the person living in the home: the levels had been planned to help the person meet their rehabilitation goals.

There were appropriate systems in place to support people with medicines in line with the objective of supporting people to progress towards managing their medication on their own.

The organisation had an induction and training programme in place and a system to ensure staff had the

opportunity to refresh and develop their skills and knowledge. Staff ensured they gained people's consent before supporting them in meeting identified goals and the service was compliant with the Mental Capacity Act 2005. 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.

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

The person living at the home felt the staff were very caring and supportive.

People's needs had been fully assessed and interventions and goals set with people's involvement. These were detailed in care plans that were up to date with evidence of regular reviews. Care plans were person centred focussing 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 our last inspection.

The service was well-led with an open culture and management sought continual improvement.

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 remains Good.

Staff had received training in safeguarding adults.

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 remained effective.

Detailed assessments had been carried out so that staff knew how to support people..

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 remained caring.

There was a caring team staff who supported people at the home.

### Is the service responsive?

Good ●

The service remained responsive.

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 remained well-led.

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.

People were consulted on the service provided and their views were respected.

# Verona Avenue

## **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.

This was a comprehensive that took place on 23 November 2017 and was carried out by one inspector. We gave the service 24 hours' notice of the inspection visit because sometimes there are periods when staff are not present at the location and other times when people are not in, because they are involved in activities away from the home.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). 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 met with the new manager, the operations director and the clinical lead for the home at the manager's office in Shelley Park Centre and then went on to the home. There we met and spoke with the team leader for the service and the one person living at Verona Avenue.

We looked at this person's care and support records including their medicine administration records and records relating to the management of the home.

# Is the service safe?

## Our findings

We met with the person living at the home. They told us they were well cared for; getting all the support they needed and had no concerns about any issues of safety.

There were systems and processes in place to make sure people were safeguarded from abuse. All the staff had annual mandatory training in safeguarding adults. There was also annual mandatory training in respecting people's human rights and diversity, to prevent discrimination that may lead to psychological harm. The staff recruited to work at Verona Avenue had been selected for their reliability and ability to work alone with initiative, as well as being recruited in line with all relevant legislation.

The premises were safe and been assessed for hazards. Action had been taken to make hazards safer, such as, window restrictors fitted to windows above the ground floor to prevent accidents, thermostatic mixer valves installed on hot water outlets to protect people from scalding water and portable electrical equipment tested to make sure it was safe to use. We recommend that radiators are covered to protect people from the risks posed by hot surfaces when the home is redecorated in the near future. Checks and servicing of the fire safety systems were taking place as required.

Being the sole resident at the home, staffing levels had been individualised to meet this person's needs. The levels had been agreed with them and were in line with their aim of becoming more independent. People accommodated at Verona Avenue could have access to the range of professionals, such as psychologists and physiotherapists, who are based at Shelley Park Neurological Centre.

Medicines were managed safely in the home. Bedrooms had a locked medication cabinet for storing people's medicines. There was a procedure for assessing people's competence to manage their own medicines and potential risks. Individualised arrangements could then be put in place ranging from people having medicines administered by staff to people managing their own medicines. Staff had completed medication administration records correctly. Staff had been trained in safe medicines administration and also had their competency assessed.

The home was clean and the team leader showed us the procedures and checks that were carried out to make sure the house was kept clean.

## Is the service effective?

### Our findings

The person living at the home spoke appreciatively about the staff and their support.

There were effective systems and procedures to minimise risks in meeting people's care needs. Risk assessments had been completed that then informed the care plan about how to minimise identified risks. For example, there was good risk management and care planning to support the person accommodated to become more independent as part of their goal to move on to independent living. This showed that the service supported people to take calculated risks in meeting their goals and were not unduly restricted.

The team leader had a good understanding of the requirements of The Mental Capacity Act 2005 and records of mental capacity assessments showed that the principles of the Act were followed. 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.

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 organisation is developing a specialist training programme in the field of brain injury and staff at Verona Avenue will have access to this. We recently inspected another 'sister' service supported by the same team of care workers where the training matrix showed staff received necessary training and there was a system to make sure staff's training was up to date.

New care workers completed an induction programme and those new to the care industry enrolled on the care certificate, which is a nationally recognised induction qualification.

Staff received regular supervision in line with the home's policy of five individual sessions and an annual appraisal. The team leader told us they felt well supported through line management and also from the larger team of professionals.

People accommodated at Verona Avenue prepare and cook their own food with support of staff. A procedure was in place for each person to have an individualised nutrition and hydration plan. This identified any risks associated with poor nutrition, dehydration, swallowing problems and other medical problems. The service had links with dietetic and Speech and Language therapist (SALT) professionals to ensure that nutrition and hydration plans were available should people need to be referred.

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.



The provider told us that there were plans in the near future to improve the home environment using decoration, signage and other adaptations to promote people's independence and well-being. We recommend that when this happens, covers are fitted to radiators.

## Is the service caring?

### Our findings

The person living at Verona Avenue spoke highly of the staff team. They commented that staff were approachable and supportive to them on their road to recovery from brain injury.

The summary sheet of duties for staff working at Verona Avenue clearly spelt out the expectation for staff to be involved and available to assist people at all times and to spend time talking with them. The person being supported at Verona Avenue confirmed that staff spent time with them and were always courteous, kind and compassionate.

The person living at the home also confirmed that staff respected their privacy, knocking on bedrooms doors and seeking permission before entering. People were able to lock bedroom doors and also had a lockable area and medication cabinet in their room for storing personal item securely.

The team leader was well acquainted with the person's needs and full information about the person's needs, personalities and circumstances was documented in the records kept in the home.

The person told us that relatives and visitors were free to visit at any time and told us about how they were supported to maintain family relationships. They told us that they worked with staff and their family in planning the future.

## Is the service responsive?

### Our findings

The person accommodated at Verona Avenue had formerly stayed at Shelley Park Neurological Centre. They told us they had been supported in the transition to Verona Avenue and now had plans to move on to their own independent accommodation. Care plans were in place with goals and steps leading to this progression. The plans evidenced that the person had been at the centre of identifying goals and were personalised to their assessed needs.

Care and support plans were recorded on an electronic system that had recently been introduced across all the Shelley Park services. The team leader told us the system improved communication as records were easy to update and could be reviewed by managers to make sure they were up to date and accurate. The person's plan was up to date and reflected their current circumstances.

The person living at Verona Avenue had a full programme of activities to keep them both occupied and also focused on their goal of moving to more independence.

No concerns or complaints had been made about the service since the last inspection in July 2015. 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.

## Is the service well-led?

### Our findings

The registered manager had ceased working at the home shortly before this inspection and a new manager had been appointed. They had started working at the service a week before the inspection. The provider of the overall service took a keen interest in the management of the overall service, providing clear leadership and commitment to the service provided to people. There was also a leadership structure in place and the manager was also supported by other staff in senior management roles.

The team leader we spoke with told us that the above mechanisms ensured there was a positive culture and commitment for the organisation to be a leader in the field of treating and supporting people with brain injury.

There were systems to monitor the quality of service provided to people. However, no surveys had been conducted because of the low occupancy at the home. Views of the person were gained through direct conversation and feedback with them. They told us that they felt listened to and felt the home was well managed.

Other quality assurance measures were also in place such as the auditing and monitoring of accidents and incidents and auditing care plans and medicines management.

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 as 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.