

Shelley Park Limited

Glamis Avenue

Inspection report

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Date of inspection visit: 22 July 2015
Date of publication: 06/10/2015

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 

Overall summary

The inspection was announced and took place on 22 and 27 July 2015. We told the registered manager one day 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.

Glamis Avenue provides accommodation and personal care for up to two people who are recovering from brain injury.

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.

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

Steps had been taken to assess risks to people, both in terms of the physical environment and also in supporting people as safely as possible in meeting their identified goals.

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

Summary of findings

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 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 the last inspection.

The service was well-led with an open culture and a continuous drive for improvement.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Glamis Avenue 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.

Good



Is the service 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.

Good



Is the service caring?

People felt staff were kind, caring and supportive.

Good



Is the service 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.

Good



Is the service 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.

Good



Glamis 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.

The registered manager was given 24 hours' notice owing to the domestic scale of the service and the needs of people living at the home. Glamis Avenue 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 over two days by one inspector. On 22 July 2015 we spent time at the service and spoke with both people living at the home as well as the

two members of staff on duty. We looked at medication administration records and a sample of the records held on site. On 27 July 2015 we met with staff and the registered manager at the service's offices at Shelley Park Care Neurological Centre.

We discussed with the registered manager how the service was managed and people supported. We also looked at a range of records. These included risk assessments, care plans, staff recruitment records, and other records relating to the overall management of the home.

The provider was not asked to complete 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.

Is the service safe?

Our findings

We met with both people living at the home both of whom felt safe, well cared for and supported at the home.

The home had taken steps all necessary steps to manage people's care safely. Risk assessments had been carried out to make sure the premises were safe and suitable. Risks of infection had been assessed and steps taken to make sure these were minimised. Risk assessments had also been carried out for all activities involving people to make sure that care and support was managed as safely as possible. For example, risk assessments had been carried out for one person about the risk of getting lost, accessing the community on their own and the risk of falls. These assessments identified the likelihood and impact of negative outcomes in determining the appropriate measures to reduce occurrence. We saw that people were able to take calculated risks in meeting their goals.

Care workers had received training in safeguarding adults during their induction and on-going training was also provided. Staff knew the different types of abuse and were aware of the procedures in place that they should follow if they had safeguarding concerns. There has been no safeguarding concerns raised about the service since we last inspected in October 2013.

Care workers told us there were plans in place for dealing with emergencies such as a fire or the contingency of an agency worker failing to arrive. The service also managed an out of hours and on call system for people and staff to contact in the case of emergencies.

The service had robust recruitment procedures in place that were being followed. We looked at the recruitment files for two members of staff and found that the relevant checks had been completed before staff worked with people. This included up to date criminal record checks, fitness to work questionnaires, 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. This made sure that people were protected as far as possible from

individuals who were known to be unsuitable to work in the care industry. The registered manager told us that there were disciplinary policies and procedures for the organisation, however; these had not had to be enforced.

At the time of our inspection there were two members of staff on duty. One support worker and a new worker who was 'shadow' working alongside the experienced member of staff. The home also employed a cleaner and maintenance services of the larger organisation. During the night time period, one worker was employed for sleep-in duties. We were told that there was little use of agency staff to cover periods of sickness.

The two people living at the home told us that the staffing levels were set at the right level to support them appropriately. Staffing levels had been assessed to meet people's individual goals so staffing changed regularly depending on planned activities. Before each activity, a risk assessment was completed that looked at the staffing required to support a person safely out of the home. People had been assessed as being able to undertake activities on their own or with support of staff, whichever was appropriate.

People were also supported by a range of professionals with their care coordinated by a key worker. The registered manager gave us examples of occasions where staffing had been increased in response to people's needs.

We looked at how people's medication was managed. People had been assessed as to their competency to manage their own medication. Both people were having their medication administered with staff support. Medicines were stored securely. The staff were responsible for ordering and having the unit dosage system delivered to Glamis Avenue.

Medication administration records showed that people had had their medicines administered as prescribed by their GP and there were no gaps within the records.

We found there were systems in place to manage and maintain the safety of the premises, ensuring that boilers were serviced, the fire systems tested, portable electrical equipment and wiring testing and regular health and safety audits.

Is the service effective?

Our findings

Both people living at Glamis Avenue told us that care workers had the right skills and knowledge to support them.

The provider ensured that care workers completed core training that included infection control, safeguarding, moving and handling, basic food hygiene and emergency aid. Staff had been trained in safe medication administration and had had their competence assessed. Staff could also elect to do more specialist training, such as caring for people with epilepsy, brain injury and managing challenging behaviour. The provider also held informal training sessions each month focussing on specific topics pertinent to working with people with brain injury. The care staff team also provided support in another small service run by the organisation.

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. On the day of our inspection a new member of staff was shadow working with an experienced carer as part of their induction. Care workers we spoke with had a good understanding of their roles and the roles of others in delivering people's care.

Staff told us they were well supported by the managers and they had opportunities to develop in their role. They told us they received supervision bi-monthly looking at reflective practice. They also told us that they had an annual appraisal to review their career development. Records we saw confirmed this. A care worker told us that there was always someone they could contact should they need advice and support.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and staff we spoke with had an understanding about this and the circumstances where making decisions that were in a person's best interests should apply. Both people living at Glamis Avenue had capacity to make decisions.

People told us that they were consulted about all matters relating to their care and so that agreed goals could be achieved. People told us that the pace of their rehabilitation was also agreed so that goals were achievable. Records showed people's consent to their care had been sought by staff and people had signed their care plans.

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 a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. There were no restrictions imposed upon people.

As people were working towards independence, people were supported to budget, shop and cook with the appropriate assistance of staff. Again this was planned with the person to allow them as much independence as possible. People told us they were happy with this arrangement that worked well for them.

Records were maintained about people's weight to make sure they stayed healthy.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare.

Both people were registered with a local GP and care planning ensured that if people required other health care support, this would be provided.

Is the service caring?

Our findings

Both people were very complimentary about the staff, telling us that they were very caring and supportive. They said that they got on with all the staff who were always friendly and helpful. One person told us, “The staff are excellent, I don’t know what I would have done without them”. People said the staff were knowledgeable and provided them with reassurance whilst still letting them take as much control over their lives as possible.

During the inspection we observed that there were good relationships between staff and the two people living at the home. People appeared comfortable and relaxed with staff.

People’s dignity and independence was supported. People had their own bedroom and they told us staff would only enter with their permission.

Being a small home, people felt more ownership of their environment than they had whilst being accommodated in a larger home. They said they enjoyed the space and quiet atmosphere at the home.

The service had aims and objective that focussed on providing a caring service, that recognised people as individuals and supporting them to achieve their goals.

Is the service responsive?

Our findings

Before moving to the home both people had spent time at the neurological centre Shelley Park for assessment or rehabilitation. Detailed assessments had been completed involving different professional disciplines as part of people's rehabilitation in moving on to Glamis Avenue. These assessments looked at people's overall needs, including medical, social and psychological needs.

People told us that rehabilitation had been a slow process that they could not have achieved without the support of all professionals involved in the service.

Staff had supported people through major changes in their life, and had helped them to access healthcare services and come to terms with these changes.

From the assessments care plans had been developed and put in place. We found care plans were kept up to date and were of sufficient detail for a new or agency member of staff to provide care and support to that person. People's care plans were person centred, focusing on agreed goals. For example, one person had a keen interest in sport and goals had been set and broken down to allow this person to continue their interest. There was also evidence in people's records of regular reviews of goals and objectives on people's progress.

Care plans were well-organised detailing what was important to people. Subjects included; cognition, attention, memory, nutrition, mobility, domestic activities, emotional and psychological needs, medication, night support and leisure time.

One of the senior care workers had developed a simple guide for any new or agency members of staff on the key tasks for the day, that also applied to the other service at which staff also provided support, to make sure that the daily routines of people would continue smoothly if agency staff had to be used.

People were able to take part in activities tailored to their interests as well as being encouraged to maintain domestic routines. People were assisted to do their own laundry and assisting in shopping and cooking. One person was working towards moving on from the home and had set goals on how this could be achieved. Occupational therapists, from the larger team of professionals within the organisation, had worked with the person on home visits to assess their premises for adaptations.

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. Since the last inspection, no complaints had been made about the service.

Each person had a 'care passport', providing key information should a person need to be transferred between services, such as needing to go to hospital.

Is the service well-led?

Our findings

From speaking with people and observations during the inspection, we saw that the service was very supportive and enabling towards people in their care. Staff and the registered manager were very open and transparent throughout the inspection. All staff seemed to take pride in how they worked with people and the standards set by the organisation as a whole.

There was a clear line of accountability within the organisation and staff and people could access and link to the range of professionals employed within the larger, overall service. These included psychiatrists, psychologists, physiotherapists and occupational therapists.

The owners of the organisation were very involved in the running of the overall service and its development.

The ethos of the service was for, “people to transition not just from residential care setting to the community but also from “Brain Injury Survivor” to an individual with the motivation and skills to strive and the confidence and resilience to use this to flourish”. The examples of goals people had been supported to achieve was evidence of the service succeeding in its aims.

Being a small, personalised service, views of people were gained informally through discussions with staff. People told us that they felt confident to approach managers and people within the organisation about any matter.

The provider had a system in place to monitor and seek improvement in the quality of service provided to people. These included audits of medication carried out by care workers and further audited by a qualified member of staff at the main office. Monthly reviews of people’s care took place, involving the person concerned and if appropriate the multi-disciplinary team.