

Shelley Park Limited

Glamis Avenue

Inspection report

9 Glamis Avenue
Bournemouth
Dorset
BH10 6DW

Tel: 01202575100
Website: www.shelleypark.co.uk

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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

About the service: Glamis Avenue is a residential care home for up to two people who are recovering from brain injury. The service focuses on rehabilitation and promoting people's independence, so they are able to move on to more independent living. There were two people staying at the service at the time of the inspection.

People's experience of using this service:

One person spoke very highly of the service. The service had strong person-centred values and staff placed people at the heart of everything.

There was a stable core staff team that people knew well. There were positive outcomes and strong relationships between people and staff. People were very relaxed and happy in the company of staff and the registered manager.

Risks to people's health, safety and wellbeing were assessed. Risk management plans were put in place to make sure risks were reduced as much as possible whilst still promoting their independence.

People could make choices and staff were aware of the legislation to protect people's rights in making decisions.

Staff supported people by treating them with respect and dignity. People participated in rehabilitation, vocational and leisure activities and staff encouraged people independence so they were able to plan to move on to more independent living.

There was clear leadership at the service and one person and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported.

The registered manager and team leader had quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 6 October 2015)

Why we inspected: This was a planned inspection following a period when the home was unoccupied whilst it was refurbished. The service remains good.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

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?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Glamis Avenue

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. 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: The inspection was carried out by one adult social care inspector.

Service and service type: Glamis Avenue 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:

We gave the service 48 hours' notice of the inspection visit because there are only two people staying there and we needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We did not request a Provider Information Return. This is information providers send us at least once annually 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 made the judgements in this report.

We spoke with one person, two staff and the registered manager. We offered the other person the

opportunity to speak with us or send in feedback and they chose not to. We reviewed one person's care records with their permission. The registered manager sent us information following the inspection about staff training. We did not receive any feedback from health and social care professionals.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- ☐ People were supported safely. One person told us they felt safe with the staff and at the home.
- ☐ Staff were trained in safeguarding and knew what to do and who to tell if they had concerns. They had no worries about speaking out to support people using the service.

Assessing risk, safety monitoring and management

- ☐ Risk assessments in place were reviewed regularly and had information about how to support people safely. This included assessments of risk of falls, independent living skills and access to the community.
- ☐ Staff were confidently supporting one person safely and in a way that promoted the person's independence.

Staffing levels

- ☐ There were sufficient staff on shift to keep people safe. People were supported by a small staff team they knew well. One person was supported by one member of staff during the day.
- ☐ The provider had safe recruitment procedures that made sure only suitable people were employed to work at the service.

Using medicines safely

- Staff were not managing anyone's medicines at the time of the inspection. The provider had robust systems and risk management plans in place for supporting people to manage their own medicines.
- ☐ People had access to safe storage for their medicines.

Preventing and controlling infection

- ☐ The service was clean and tidy. Staff followed infection prevention and control procedures to protect people from infection. Staff were trained in infection control and followed the provider's policies and procedures.
- ☐ One person told us they did not want to be involved in the cleaning of the house and they were happy with the cleanliness.

Learning lessons when things go wrong

- ☐ Incidents and accidents were reviewed to identify any learning which may help to prevent these being repeated.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were fully assessed prior to them moving into the service, this ensured the service was appropriate for them. Information gathered about each person included the person's diagnosis, their medicines, how they communicated and their care needs. This ensured that people could receive the right care.
- People's needs, choices and wishes were obtained and assessed to make certain their care and support was planned effectively. One person told us staff always listened to their wishes, helped them set goals and make plans how they could achieve them.
- Staff had access to up to date policies and procedures based on current legislation and best practice standards. These were regularly reviewed and updated.

Staff skills, knowledge and experience

- ☐ People were supported by staff who received ongoing training. Staff told us they also had specific training to meet people's individual needs. This was particularly important due to the wide range of people's needs the service could support. The primary focus of the service was rehabilitation and supporting people to moving on to more independent living.
- ☐ We observed that staff were confident and knowledgeable about the support the person needed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet if this is what they wanted.
- One person had a speech and language therapy plan in place in relation to eating and drinking. They told us they followed this plan and staff supported them with this.
- Each person had their own fridge and food storage in the kitchen. They planned and shopped for their meals and drinks. One person was having occupational therapy support to gain more independence with meal preparation.

Staff providing consistent, effective, timely care within and across organisations

- ☐ Care and support plans were personalised and were regularly reviewed and updated to ensure staff provided consistent and up to date care.
- People were supported by either the provider's therapy team or community services such as physiotherapy, occupational therapy and speech and language therapists.

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

- ☐ The service was designed in a way that made it accessible for the people using it. The service had been recently refurbished and was well maintained.

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

- ☐ People's healthcare needs were met. Staff were knowledgeable and spoke with confidence when discussing their experiences of supporting people with their health needs.
- ☐ Staff understood the signs and symptoms of people's illness, and promptly obtained the support of medical professionals when required.

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, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No one living at the service was subject to DoLS.

- ☐ People living at the service had the capacity to make decisions and staff had a good understanding of the principles of the MCA. One person told us staff always sought their consent.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- ☐ People were well cared for. One person confirmed to us that they were supported, well treated and had a very close relationship with the staff member who supported them most days. They said, "[staff] is like my step mum. We get on great".
- ☐ Staff were clearly fond of the people they supported and were very proud of them and their achievements. They also told the person they were proud of them and reminded them of how far they had come since moving in to the service.
- ☐ The staff and the one person had a relaxed and friendly relationship. There was lots of respectful banter and laughter between the person and staff.

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

- ☐ People were supported to express their views and make their own decisions. One person told us that their views were listened to and they had good relationships with all the staff team.
- Goals that people had decided on were constantly worked towards and monitored. For example, one person was waiting to be rehoused. Staff continuously reassured the person that this would be happening as soon as suitable home could be found.
- ☐ Staff knew people very well and recognised when they were unsettled or feeling down. This meant people were fully supported, no matter what their daily mood was, and people were involved in activities and decisions in the way they chose and preferred. One person said, "I used to not care about anything. [Staff] has helped me and we talk about things."

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff respected people's privacy and knocked on doors before entering.
- ☐ People were supported to maintain relationships with friends and family, this included spending time out socialising with them, and friends and family visiting the service.
- ☐ People's confidentiality and privacy was protected. Records were stored securely and electronically. One person told us they knew they could have access to their records, but they did not want to see them.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care

- ☐ People's care plans were detailed and contained information about specific needs, personal preferences, chosen routines and how staff should best support them.
- Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person's care plan was updated following their mobility improving.
- ☐ The care being provided was personalised and considered people's likes, dislikes and culture.
- People were supported to be independent and work towards more independent living. One person was wanting to return to work and was working with the provider's maintenance team to regain these skills.
- ☐ Activities were planned for people individually. Most of the time the people chose not to spend much time together and there was enough communal space to do this.
- ☐ Staff understood the importance of people's relationships with family members and encouraged positive relationships. For example, one person spent time at the weekends at their family home and was able to maintain links and go out with their friends.
- People also kept in touch with family and friends via their computer. One person told us, "Since I got my laptop and good wifi access, my life has changed for the better. I can keep in touch with everyone who is important to me."

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints procedure in place. Complaints information was displayed, and no complaints had been made at the time of inspection. One person told us they knew how to make a complaint. They said if they had any concerns they would talk to staff or the registered manager.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness;

● ☐ The service was well-led and there was an open, person-centred culture. One person told us that they felt the service was well run and they felt able to speak with management and staff as they needed.

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

● ☐ Staff were clear about their roles and responsibilities and there was a new clearly defined management structure. Because the registered manager was responsible for a number of services there was a team leader who was responsible for the day to day management of the home. Staff told us they received good support and feedback whenever they raised anything, and the management team were consistent in their approach. Staff told us felt listened to and fully supported. Staff said they could access and discuss any issues with the registered manager whenever they needed to.

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

● ☐ The team leader met with each person every month to review the quality of their service.
● ☐ Close working relationships with relatives and friends of people also helped to gather information and opinions that supported development of the service.

Continuous learning and improving care

● ☐ The registered manager and team leader had robust and detailed quality monitoring systems in place to continually review and improve the quality of the service provided.
● ☐ Action plans were formulated and acted upon when necessary as a result of audits or from meetings with people and feedback gathered.

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. They were working proactively with community professionals as well as the provider's own therapy teams. ☐