Parkcare Homes (No.2) Limited

The Shieling

Inspection report

58 Harlow Moor Drive
Harrogate
North Yorkshire
HG2 0LE

Tel: 01423507914
Website: www.craegmoor.co.uk/services-directory/locations/the-shieling

Date of inspection visit:
22 March 2016

Date of publication:
18 May 2016

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

This inspection was unannounced and was carried out on 22 March 2016. The last inspection of this service was on 11 June 2014, at that time the home was meeting all the regulations we inspected.

The Shieling is registered to provide accommodation and personal care for up to 11 people with learning disabilities. The service is a converted house with a private garden close to local amenities. On the day of the inspection there were 10 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who lived at the service and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against risks of coming to harm.

People told us there were enough suitably trained staff to meet their individual care needs. We saw staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local and wider community.

People were supported to keep healthy. Any changes to their health or wellbeing were acted upon and referrals were made to social and healthcare professionals to help keep people safe and well. Accidents and incidents were responded to quickly. Medicines were managed safely and people had their medicines at the times they needed them.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Staff were patient, attentive and caring in their approach; they took time to listen and to respond in a way that the person they engaged with understood. They respected people's privacy and upheld their dignity when providing care and support.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. People at the service, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard. Staff spoke positively about how the registered manager worked with them and encouraged team working.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service, staff meetings and a programme of audits and checks.

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.

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. People's medicines were managed safely and they received them as prescribed.

Staff were recruited safely because the appropriate checks were undertaken. There were enough staff to provide the support people needed.

Is the service effective?

Good

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Is the service caring?

Good

The service was caring.

People were comfortable and relaxed in the company of the staff supporting them.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way and supported their privacy and dignity.

People were involved in making decisions about their care and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

Is the service responsive?

Good

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Good

The service was well-led.

There was a registered manager and people spoke positively about them and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care. Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

The Shieling

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 registered 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 inspection took place on 22 March 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We spoke with the local authority who confirmed they had no information of concern regarding this service.

During the inspection we spoke with four people who used the service. We reviewed two people's care records in detail, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings, satisfaction surveys, and medication storage and administration records. We also spoke with six members of staff, including the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. One person told us, "Yes, I feel safe here. I can lock my door if I want to because I have my own key." Another person we spoke with said, "The staff here are great, they are always around to help, I can talk to my keyworker about anything I'm worried about."

The service had policies and procedures with regard to safeguarding adults and whistleblowing (telling someone). When we spoke with staff about their responsibilities for keeping people safe they referred to safeguarding polices and confirmed they had received training about safeguarding adults. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff we spoke with said they would also recognise changes in people's emotional behaviour if things were not right. Information the Commission had received demonstrated the registered manager was committed to working in partnership with the local authority's safeguarding teams and they had made and responded to safeguarding alerts appropriately.

The service supported people to live as independently as possible and encouraged people to develop new skills and we saw this reflected in the risk assessments completed. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. People met regularly with their keyworker and had an opportunity to discuss and agree risk assessments to reduce the risk of harm. For example, one person had an agreed risk assessment about accessing the community independently. Staff had completed relevant training on how to respond to people's distress when this was manifested in anxiety, aggression or behaviour that may be challenging. They were able to describe the different ways individuals expressed that they were unhappy or upset and how to support them.

Records showed incidents and accidents had been recorded and where appropriate, people had received the support they needed. There was a system in place so any trends or patterns that emerged could be responded to.

The registered manager and deputy managers told us they had flexibility to increase staff levels when required. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager also told us the staffing rota also took into account people's preferences for support. They gave an example of how the service had accommodated a person new to the service and their need to have a small core group of staff supporting them whilst they settled in to their new home. A number of people had allocated one to one time with staff. They told us they were able to negotiate when they wanted this, for example to attend an activity. The registered manager and staff told us they also operated an on call duty rota if staff required assistance or had issues that may impact on people who used the service.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist

employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The registered manager said they were actively looking at ways to include people in the recruitment process.

There were arrangements in place to deal with unforeseeable emergencies. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

There were systems in place to ensure the building and equipment in the building was regularly checked for safety; equipment which required it was serviced at appropriate intervals. Staff completed daily, weekly and monthly checks on areas such as cleaning, laundry and building maintenance. The registered provider had approved contractors which the service was able to contact for repairs.

The arrangements for the management of people's medicines were safe. There was an up to date policy and guidance about the safe handling of medicines for staff to refer to. People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered.

Medicines were stored in locked cabinets in people's bedrooms with an additional communal locked cabinet for drugs liable to misuse, called controlled drugs, and any new or old stock waiting to be returned to the pharmacy. Stock was managed effectively to prevent overstock, whilst at the same time protecting people from the risk of running out of their medicines. Medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records.

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people at the service could be assured they received the medicines they were prescribed safely.

We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us the staff were, "Like family, I can trust them, particularly my keyworker."

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively.

We spoke with staff about how they were supported to fulfil their roles. They told us they felt confident and suitably trained to support people effectively. Staff told us they completed an induction when they started at the home and they completed all their mandatory training during their induction. One staff member said, "Before I started I met the residents a few times. This was so they could get to know me." Staff also completed a period of shadowing. Shadowing is where new care staff are partnered with an experienced member of care staff as they perform their job. This allows new care staff to see what is expected of them.

Staff shared examples of recent training courses including person centred care, safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they were encouraged to undertake qualifications to develop their skills and knowledge. For example, staff had completed training with regard to specific medical disorders. There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. The plan also highlighted when staff were due to refresh their training. This helped to ensure that staff kept their knowledge and skills up to date.

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This showed us that staff were well supported and any training or performance issues identified. Yearly appraisals of work performance were also held with staff and the registered manager to review personal development and competence.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. Care records showed that people's capacity had been assessed and, where necessary, meetings held in a person's best interests had been recorded. The registered manager had assessed where people were being deprived of their liberty and had

submitted applications to the local authority. There were six people currently with DoLS in place.

People told us they enjoyed the food and drinks and were given a choice of what they wanted on a daily basis. We saw people were provided with their choices and they ate their meals where they wanted. People were involved in choosing menus and picture cards were provided to assist people in this process. Staff told us if people did not want the choices on the menu, alternatives would be provided.

Records showed people had received care and treatment from healthcare professionals such as psychiatrists, physiotherapists, GP's and occupational therapists. Appropriate referrals had been made and these were made in a timely way to make sure people received the necessary support to manage their health and wellbeing.

Each person had a health passport. This contained information about how staff should communicate with the individual concerned along with medical and personal details. This document could then be taken to the hospital or the doctor to make sure that all professionals were aware of people's individual health needs. We saw that information had been kept up to date and reviewed appropriately when people's health needs had changed.

Good

Is the service caring?

Our findings

Staff were polite and respectful when they talked with people. People we spoke with said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care.

People were allocated a 'key worker' who they met with once a month to discuss and review how care and support was provided. One person told us, "I meet with my keyworker to talk about what I want to do." Another person told us, "I like my keyworker, they help me with difficult things I'm going through."

We observed interactions between staff and people who the used the service and they were positive, professional and relaxed. Staff talked to people in a gentle, quiet way and always responded to questions. Staff continually asked what people wanted to do and guided them in activities appropriate to their needs. We also witnessed some good natured banter between staff and individual's and, for those people who needed intensive one or two to one support, this was observed to be relaxed and unobtrusive. Staff clearly knew people well as we heard discussions which reflected people's personal preferences. We saw staff take account of people's privacy and dignity.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Staff supported people to phone and visit relatives as appropriate. One person told us staff supported them to visit their family every week and that this was very important to them.

People's care records clearly detailed their preferences and showed how they liked things done. Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. We saw people were able to spend time how they wanted. Some people chose to listen to music on their own in the communal lounge. We spoke with one person who said they enjoyed supporting the local football team. Other people were supported to work in the wider community. One person we spoke with said, "I have been to work today." During our visit other people were supported to go into the town centre to do some shopping and have lunch out.

Information about the home had been produced in accessible formats for people who lived at the Shieling. Visual aids such as picture cards and photographs were used to encourage and help people make choices and decisions. There were easy read posters about making complaints and reporting abuse.

Each person had their own bedroom. People told us they had chosen decoration and furniture and their rooms were their private space and staff respected this.

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

Good

Is the service responsive?

Our findings

Before people moved to the home, an assessment of their needs was completed to ensure the service could provide appropriate care.

We looked at the care records for two people in detail. We found a standard format used to assess and record people's needs and aspirations. We saw detailed information about people's abilities and needs in relation to their personal, health and social care. Support plans were written from the perspective of people using the service, which detailed the support they needed with their daily living activities. Information about people's preferences and aspirations for the future were also recorded. We saw each person had a 'One page profile', which had been completed by individuals with help from staff. We saw other documents titled 'What people like and admire about me', 'Good days/bad days' and 'What it important to me.' Each plan was very detailed and person centred, which showed that the person was central to the care and support they received. We saw an example of one person who wanted support to manage an aspect of their behaviour. We saw detailed discussions and a response which the person had agreed and contributed to. Risk assessments and management plans were reviewed regularly. This helped staff deliver continuity of care and support and ensured that changing needs were identified and met. This was achieved through monthly keyworker meetings and care reviews every year or more frequently where needs had changed. When this happened, people's records were updated appropriately. Keyworkers wrote a monthly report on whether goals and activities had been achieved and highlighted any other significant events or issues. This review process helped the registered manager and staff evaluate how people's needs were being met. Annual meetings involved the individual, relatives or advocates and other professionals involved in people's care.

All of the care plans we looked at showed people had been involved and had agreed to the levels of care and support they required. All of the staff were able to demonstrate a good knowledge of people's individual choices.

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. Many of the activities focused on developing independent living skills such as managing finances, shopping and cooking. Other activities were focused on developing employment skills and social interests. We spoke with one person and asked what hobbies they enjoyed. This person told us they went out most days and they liked to go and watch the local football team play. Other people we spoke with visited their family members. People were encouraged to maintain their independence and get involved in household tasks. For example completing laundry and cleaning their bedrooms.

People took part in weekly 'house meetings' called 'Your Voice' to discuss their support and plan their weekly menu choices and activities. People were encouraged to discuss any concerns or worries through monthly meetings with their keyworker. The agenda and minutes were produced in an easy to read format in order to ensure inclusion for everyone.

People we spoke with told us the managers were approachable and if they had any concerns, they would

speak with the managers or their key worker. There was a complaints procedure available, which was displayed within the service and available in an easy read format to help people understand the information. The registered manager told us they encouraged openness and hoped that people would raise issues as soon as they happened in order that that they could be resolved quickly. There had been two complaints since the previous inspection. We saw they had been responded to in accordance with the registered provider's procedures and investigated appropriately. The registered manager also told us that an analysis of complaints formed part of quality assurance including lessons learnt for the organisation as a whole and individually for staff as appropriate.

Good

Is the service well-led?

Our findings

There was a clear management structure to the home. At shift change staff met and were updated on people's needs and given roles and responsibilities for the shift. There were procedures in place which determined who and in what circumstances to escalate any incidents or concerns; for example safeguarding or medicines errors. This provided a consistent accountable approach.

The registered manager encouraged open communication with people, relatives and staff. We observed people coming into the office to speak with her throughout the day. The registered manager was welcoming and took time to listen and advice. Staff we spoke with told us they worked well together as a team in order to provide consistency for the people who used the service. They said there was on going information exchange about the needs of people using the service and they looked at ways to support and encourage open communication and team building. We were told of an 'Appreciation book' available for staff, people who lived at the service, relatives and visitors. People were able to write positive comments in order to provide feedback to people. The service also voted on a staff member of the month. Staff told us they felt well supported by the registered manager and were comfortable to raise any issues with her.

The registered manager told us she strongly believed that the skills, qualities and team cohesiveness were essential if people living at the home were to have a positive quality of life and experience. They said they aimed to value staff and provide them with experiences which would help them develop professionally. They nominated staff in national care awards in order to give staff professional recognition and she herself was a finalist in the national awards for managers. This demonstrated a commitment to ensuring the highest quality of service and support for people.

The registered manager ensured her own personal knowledge and skills were up to date. She had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that information from these events was cascaded to staff through meetings.

People told us they were asked for their views about what the service did well and where they could improve. The registered manager told us people using the service and their relatives were offered satisfaction surveys every year. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided.

Once a year the registered provider carried out an unannounced 'Benchmarking inspection' which assessed the service against regulations. The operations manager visited the home every month to check that the service was running efficiently. Other internal audits were regularly carried out by the registered manager and staff team who each had designated responsibilities. These included checks on records such as care plans, risk assessments, health and safety, the environment and medicines. After audits had been carried out the registered manager used them to identify areas where improvements were needed and an action plan was put in place to ensure changes were made. For example, the quality of care plans had been noted, the action plan to address this included a schedule to ensure care plans had been updated and a

requirement made to report back to the operations manager every week. Progress was checked at the following monthly audit visit. This demonstrated that where shortfalls were identified, robust action was taken.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. CQC records showed that the registered manager had sent us notification forms when necessary and kept us promptly informed of any reportable events.