

# Achieve Together Limited

# The Sheiling

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Sheiling is a residential care home providing personal care and support to up to 3 people with a learning disability and, or, autistic people. At the time of our inspection, 3 people were using the service. The service consisted of 3 single bedrooms, a bathroom, and a downstairs toilet. There was a large garden, and the house next door was another registered service with the same provider. The manager was responsible for both services.

### People's experience of using this service and what we found

**Right support:** At our last inspection we identified concerns with the service being provided. At this inspection care records had been updated, staff training had improved, and environmental improvements were noted. Goals for people had recently begun to be re-established to show how people's needs and preferences were being met and show their progression.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not fully support this practice. Records needed to clearly reflect how people were supported in their best interest.

**Right care:** Some factors had impacted upon people's care and support including the community presence of COVID-19 and the recruitment and retention of staff limiting people's opportunities to go out. At this inspection we saw activities were taking place with more regularity than our previous inspection. This was still dependent on having the right numbers of core staff as agency staff were not taking people out by themselves. This could be impacted further as two core staff were leaving and recruitment was yet to pick up despite best efforts from the provider.

Improvements had been made to medicines records to make sure all staff were clear as to when to administer certain types of medicines.

**Right culture:** At our last inspection the manager was new to post, and we had identified areas requiring improvement. The provider had not sufficiently invested in the property to ensure it remained safe and in line with people's needs. Records and governance were found to be poor. At this inspection we found some environmental changes particularly downstairs which had been repainted and furniture replaced. People's records had mostly been updated and staff training had been completed in line with people's needs.

We had identified that staff were observed to be professional, kind, and caring but they felt their efforts and hard work had not been recognized and rewarded. Staff had been working for an extended period picking up overtime and some were experiencing low morale. We found staffing levels were improving but the staffing situation was still fragile.

People's dignity, privacy, and human rights were not being fully upheld at the last inspection, and staff were not always demonstrating how they were acting in people's best interest. Records had improved at the time of our latest inspection and other options were being explored to enable staff to remotely monitor a person at night to keep them safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2022) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Sheiling on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified continued breaches in relation to safe care and treatment and good governance.

#### Follow up.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led

Details are in our well led findings below.

**Requires Improvement** ●

# The Sheiling

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

The Sheiling is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Sheiling is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager came into post in September 2022 and are not yet registered with CQC.

#### Notice of inspection

We gave the service less than 24 hours' notice of the inspection. This was because the service is small, and

people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 1 March 2023 and ended on the same day.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We observed the care people received and spoke with 2 people using the service. We spoke with the deputy manager, the senior member of staff and the regional manager. We reviewed 2 care plans, and other records to do with their care, support and medication. We spoke with 1 professional.

We reviewed records relating to the oversight and management of the business and maintenance of the service. We continued to seek further clarification following the inspection



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated requires improvement. At this inspection we found not enough improvement had been made and the rating remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements enough to meet the warning notice served at the last inspection but was still in breach of regulation 12.

Assessing risk, safety monitoring and management: Lessons learnt

- We identified continued risks associated with people's care and support. The risks associated with choking whilst eating had not been adequately documented to take into account the increased risks associated with epilepsy. Risks were reduced as the person was observed whilst eating and encouraged to eat slowly. Since the inspection, we have received confirmation that their care plan and risk assessment had been amended and communicated to all staff.
- Bedroom door alarms in place at the last inspection which had no clear rationale for their usage had been removed at the time of this inspection, as had an epilepsy monitoring alarm. We discussed this with the deputy manager and asked what was in place to monitor nocturnal seizures should they occur. The deputy manager confirmed the person had never had a nocturnal seizure but reinstated the monitoring device whilst waiting for further advice from the digital technology team.
- The risks associated with epilepsy and fall from height had not been properly assessed or mitigated as far as reasonably possible.
- Not all environmental risks had been addressed since the last inspection. We noted heavy furniture was still not secured, which if displaced could cause injury, tiles in the bathroom were cracked and sharp, cracks were obvious up the stair wall and in a person's bedroom. The deputy manager told us the cracks had been filled in and had only reappeared recently due to the person jumping up and down. A toilet seat was also broken.
- Staff told us there were unnecessary delays in carrying out repairs and this caused staff some frustration and meant people were living in a poorly maintained environment. Some cosmetic changes particularly downstairs were noted creating a more homely environment.
- The fire risk assessment did not show that it had been updated although remedial actions had been carried out.

Preventing and controlling infection

- We were not fully assured that the provider was supporting people living at the service to minimize the spread of infection or that the provider was preventing visitors from catching and spreading infections. We identified dirty toilets and saw no evidence of regular cleaning across the day, particularly of those frequent

touch points.

#### Using medicines safely

- At the last inspection the medicines were not managed safely. The temperature medicines were kept at had not been recorded each day and the room temperature was very warm. Daily temperature checks had since been introduced but we found there was no guidance for staff about the temperature medicines should be stored at and what actions to take if the recommended temperature was exceeded. This was immediately addressed.
- Individual risk assessments for people using emollient creams had not been put in place to show risks associated with flammable products. The deputy manager has since confirmed these were now in place.

Risks associated with the environment and unmet care needs placed people at risk. The above evidence supports a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection improvements were noted across the service and the provider had met most of the actions identified in the warning notice but were still in breach of regulation 12. People's care records and risk assessments had been mostly updated in line with their needs and provided clear guidance to staff. Fire safety measures had improved including: updated fire evacuation plans, regular testing of equipment and regular fire drills so staff could evacuate people safely if necessary. Environmental changes had meant parts of the home had been refurbished and some repairs had been carried out.

We were mostly assured around infection control.

- Visiting was no longer restricted and the service did not routinely wear personal protective clothing, but this was reviewed in line with changing guidance and the situation at the time. Staff received training regarding preventing cross-infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

#### Staffing and recruitment

- At the last inspection we did not have any concerns about safe recruitment. We did however have concerns about the high use of agency and whether the agency staff employed had the necessary skills and competencies to support people adequately. As part of our recent inspection, we looked at agency profiles for evidence of safe recruitment, relevant experience and training, and on-site induction. These were in place and adequate.
- Adequate staffing levels over 24 hours were in place to meet people's needs but this was compromised by a high use of agency staff who were unable to support people or take them out unsupervised. This could impact on people's experiences and access to the community.

#### Systems and processes to safeguard people from the risk of abuse

- At the last inspection we were not confident about the provider's oversight of safeguarding management. The deputy manager confirmed at this inspection that there had been no recent incidents and records were kept regarding behaviours that might affect people's safety or well-being. Changes in behaviour were monitored and plans were put in place to minimize the risk associated with different behaviours.
- We found at the last inspection that staff understood what actions to take if they suspected a person to be at risk from harm and, or abuse. We spoke with staff who were forthcoming in reporting concerns to management and staff were made aware of their responsibilities to report anything of concern.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the last inspection the provider was in breach of Regulation 11 ((Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken enough action and was no longer in breach of regulation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection we found the service was not consistently working within the principles of the MCA.
- Mental capacity assessments had not now been completed for all aspects of people's care and support. It was clear when relatives had legal authority to support decision making.
- At our last inspection we highlighted concerns with a monitoring alarm that was in place and to ensure this was the least restrictive option for this person. At this inspection we identified the monitoring alarm had been removed by the provider but nothing else put in its place to maintain this person's safety. This has since been reinstated whilst further advice was being sought in regard to the least restrictive options.

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

- At the last inspection we found people's records lacked recorded consultation with other agencies when agreeing on key areas of practice such as when to administer medicines as required and how to support people with distressed behaviours. Since the last inspection records and guidance has been updated to make it clearer to staff how to support people safely. There has been some initial communication with other agencies including the GP and some documentation provided evidence of more collaborative working. Specialist behavioural support from the provider was in place for staff to refer to should they need guidance

about supporting people using the service.

- Monthly key worker reviews had been set up and annual reviews had either taken place or were planned to ensure people's needs could continue to be met safely. People had set objectives relating to their needs. We found however this was only recently being re-established and one person had a limited daily schedule of activities.

Staff support: induction, training, skills and experience

- At the last inspection we found regular staff were supported through a robust induction and were supported to study for additional qualifications in care. No new starters had been employed since the last inspection and existing staff had good levels of experience and training compliance had improved.
- Staff were receiving regular, formalized support although staff expressed concerns about the support they received from senior management. We also had concerns about continued agency usage. Most worked on nights and in isolation from other staff. The provider conducted night audits to check on the safety of people at night and ensure staff were carrying out their duties.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support

- At the last inspection we found that the increased risk of choking and epilepsy had not been documented to ensure staff were aware of the risks and adequately supported people. This was still the case at the time of this inspection. We highlighted this to the management team, and this has since been addressed.
- Staff were monitoring people's weights, food, and fluid intake. Gaps in recording were identified and it was not clear why everyone was being monitored when there were no nutritional concerns identified. One person on a restricted diet by choice showed steady weight increases and there limited evidence to show how staff supported them to develop a healthy lifestyle.

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

- At the last inspection we were concerned about the decoration and the condition of the service which did not uphold people's dignity or give them a safe space. Some improvements were evident at this inspection including radiators which had been covered. Damage to walls was still evident. Items were not secured to the wall. The small shared bathroom and a ground floor toilet still needed updating
- At the last inspection the provider had responded to concerns by the local authority about people's safety at night. They had introduced a sleep-in member of staff who was there to help in an emergency to support the waking night staff if needed.
- Staff were completing sleep-in duties on a temporary bed in the lounge which meant people were not able to use the communal space at night and was unnecessarily restrictive. We discussed this with the manager, and they have since changed the sleep-in arrangement with staff now sleeping on a camp bed in the office. This arrangement is equally unsuitable and does not take into account the well-being of staff which could impact on the care and support people receive if staff are not sufficiently rested.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider was in breach of Regulation 17 ((Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken enough action to meet the warning notice served on regulation 12 and 17 but was still in breach of regulation 17 for the second time as some actions were only taken after we pointed them out.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At this inspection we found some outstanding work was still required to ensure the safety of people using the service and ensure environmental risks as far as reasonably possible were removed. The provider had failed to identify or take timely actions to ensure the environment remained fit for purpose and people were supported safely and there was clear guidance for staff to follow. We were satisfied some actions had been taken but other things were not addressed until we pointed it out for a second time which meant governance systems were not robust. The service was in breach of regulation 12 and 17 for the second time.
- The service did not have a registered manager and had not had since the last inspection although an application was being made. They were being supported by a deputy manager and team leaders. Several senior staff had put in their notice which could affect the stability of the service although plans were afoot to address vacant hours. The use of agency staff as a long-term solution was costly and did not address the needs of the service because agency staff did not have the same level of training as permanent staff and were unable in most instances to work unsupervised.
- The manager had been employed across two locations and although this could be manageable, without the support from a well-established senior team it could be challenging to prioritize the improvements required. Both services were rated requires improvement and some actions had not been undertaken quickly placing people at risk of poor care. We also took into account staff reporting working long hours and not satisfied with changes to their working conditions.
- The providers own action plan had not been fully met so despite improvements further actions were required and some of these actions had not initially been identified by the provider but other organisations. We would also need to see actions already carried out sustained over a longer period to ensure people received a good quality of life in line with best practice:  
Right support, right care, right culture.

The governance and oversight at this service remained weak and the provider remains in breach of

## Regulation 17 ((Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had made some improvements. Quality audits were identifying improvements necessary through their engagement with others including staff, although staff told us they had not had feedback so did not know how their feedback was being used. Objectives were being identified for people to show their progression, but this was not yet fully developed and without the funding to support more activity some people had a restricted activity schedule.

### Continuous learning and improving care: Working in partnership with others

- Improvements were noted, and the staff spoken with were competent and knowledgeable and there was improved provider oversight. Consultation with other health and social care services was evident.
- Electronic and paper records were being used and we asked to ensure records showed regular updates and reviews.
- Hospital passports and other records such as PRN protocols and missing person forms had been updated to ensure people would receive continuity of care.
- Key workers had a pivotal role in planning activities for the people they were supporting as knew them well. Families were consulted about people's care needs.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Outcomes of care were improving for people living at the service. Improvements to the environment continued to be made. 1 person who had not been previously going out was going out much more. Progress toward objectives was still being developed and 1 person's plan showed limited scheduled activity considering their young age with no evening activity and limited activity during the day.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection, the manager was honest with us and realistic about what they needed to achieve and the barriers to achieving this within timescales. Some progress had been made.
- They were aware of their responsibilities and had been previously registered. However, information governance had been poor which meant they did not have all the information they needed to hand. Accidents, incidents, and other safeguards had not been updated so they could be reviewed, and any trends analysed to reduce a reoccurrence where possible.
- At this inspection, the deputy manager told us there had been no reportable incidents. This was verified by the regional manager and the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's care and environment had not been fully met since the last inspection placing people at risk of avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The over arching governance systems were still ineffectual in identifying risk and ensuring timely actions were taken to improve the lives and quality of the service provided to people.