The Sheiling Special Education Trust

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Inspection report

Horton Road
Ashley Heath
Ringwood
Hampshire
BH24 2EB

Tel: 01425477488
Website: www.thesheilingringwood.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

The inspection took place on 3 and 6 October 2016.

The Sheiling Special Education Trust is registered to provide accommodation and personal care for up to 21 people whilst they attend the college on the same site. At the time of our inspection there were 17 people living in two houses called Westmount and Watchmoor. The people living in these houses had complex support needs. This meant they needed intensive support related to many aspects of daily living such as their health, communication, their ability to relate to others and how they managed their emotions and experience of their environment.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had support and care when they needed it from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills.

People were protected from harm because staff understood how to reduce the risks people faced. They also knew how to identify and respond to abuse and said they would be confident to do so.

People saw health care professionals when necessary. Support was provided to reduce people's anxiety around health appointments and this resulted in more effective access for individuals. Records and feedback from a healthcare professional reflected that staff responded appropriately to both ongoing healthcare needs and health emergencies. People received their medicines as they were prescribed.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans and practice reflected the framework of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards had been applied for when people needed to live in one of the houses to be cared for safely but did not have the mental capacity to consent to this.

People were engaged with activities that reflected their assessed needs, preferences and strengths. This included individual and group activities both in the houses, grounds and the local area. Where people were working to achieve goals through these activities this was recorded in a way that supported people's understanding of these goals.

Mealtimes were communal, social events. They had a clear beginning and end; people understood this routine and were encouraged to take part. Everyone described the food as good and there were systems in

place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely this was in place.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Staff, relatives and people spoke positively about the management and staff team as a whole.

People, relatives and staff were positive about the care and kindness they experienced within the Sheiling Special Education Trust. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

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 were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks.

There were enough, safely recruited, staff to meet people's needs.

Relatives felt their loved ones were safe. People were supported by staff who understood their role in keeping them safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received care that promoted their human rights. Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood their needs and felt supported and valued.

People had the food and drink they needed. Everyone told us the food was good.

People had access to health professionals.

Is the service caring?

Good

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People were encouraged to make decisions and choices throughout the day.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs.

People enjoyed regular and varied activities that they planned with staff.

People were encouraged to share their opinions and feelings. Relatives and professionals told us they felt listened to and knew how to make complaints.

Is the service well-led?

Good

The service was well led. Relatives, professionals and staff had confidence in the management.

There were systems in place to monitor and improve quality including seeking the views of people and relatives.

Monitoring had identified where improvements were necessary and action had been taken.

Staff were committed to the ethos of the organisation and were able to share their views with each other and the management.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 and 6 October 2016 and was announced. We announced the inspection because we wanted to ensure there would be people available when we visited and that they could be supported to take part in the inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not completed a Provider Information Record (PIR) because they had not been asked to do so. A PIR 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 were able to gather updated information contained in this form during our inspection.

During our inspection we observed care practices, spoke with six people, three relatives, nine members of staff, and the registered manager. We also looked at three people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, training records and the minutes of meetings.

We also spoke with a healthcare professional and two social care professionals who had regular contact with the staff and people living in The Sheiling Special Education Trust.

Good

Is the service safe?

Our findings

At our last inspection we had concerns about how some aspects of risk were addressed through care planning. There was a breach of regulation. At this inspection we found that improvements had been made.

Relatives and professionals told us they thought the service was safe. One relative told us: "I believe they are 100% safe. Staff always keep in regular contact and monitor them closely." Most people were not able to tell us about their experience because they did not use words as their main form of communication and the inspection was not a familiar experience. We observed that people were relaxed with staff; often smiling and initiating interaction.

People were at a reduced risk of harm because staff were able to describe consistently the measures they took to keep people safe. This understanding reflected care plans that were written to mitigate assessed risks. For example staff described how they protected people from risks associated with their health and those associated with how they managed their emotions. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, staff carried medicines and an up to date protocol for people who were at risk of medical emergencies. People were encouraged to play a part in the management of risks and so increase their independence. Where people had difficulties managing their emotions in response to the environment, care plans included how sensory input could help them manage their response. These "sensory diets" were used in ways that put people in control whenever possible. For example one person carried their own rucksack containing things that helped them to calm themselves if necessary. Relatives understood the measures that were in place and felt informed. One relative told us: "I have been involved in how they manage risks. They always explain plans with me."

Staff were able to describe possible indications of abuse and were confident they would notice these in the people they worked with. They knew how to report any concerns they had both within the organisation and how to involve other appropriate agencies. Visitors were also given information about safeguarding that highlighted the importance of sharing any concerns they may have and how they could do this. This promoted an environment that acknowledged everyone's responsibilities and role in keeping people safe.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. Sometimes people needed staff to intervene to keep them safe using physical interventions they had been trained in using. The guidance for staff around these interventions was clear and every incident was monitored by senior and specialist staff to ensure that the least restrictive responses were used and people were kept safe. Staff described the training they received in these responses as appropriate and understood their responsibilities to report and record incidents.

There were enough, safely recruited, staff to meet people's needs safely. People did not have to wait to receive care or support and staff were able to spend time with people when they needed and wanted it. We discussed staffing levels with the registered manager who described how they monitored people's needs and identified when additional funding was needed to provide one to one support for people.

People received their medicines and creams as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. Some people living in the service took complementary medicines. These were taken after discussion between families and staff and where appropriate for the person. These discussions were not explicitly recorded in line with the Mental Capacity Act 2005. We highlighted this with senior staff and the registered manager who stated they would review this as part of their wider review of records. There was a policy in place that ensured that these complementary medicines were also checked by the person's GP. There were robust systems in place for checking that medicines were all being given as prescribed and ensuring action was taken if improvements were needed.

Good

Is the service effective?

Our findings

At our last inspection we had concerns about an aspect of staff training and there was a breach of regulation. At this inspection we found that improvements had been made. 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Some people living in the home were able to make decisions about their care and they did so throughout our inspection. Where people were not able to make decisions this had been assessed and decisions made on their behalf reflected the principles of the MCA. Staff understood how this legislation provided a framework to their work and talked about the importance of considering the least restrictive option and encouraging choice wherever possible. People's preferences were respected and relatives were able to contribute to decisions appropriately. The registered manager told us they were reviewing how they recorded these decisions as part of a wider piece of work underway to improve the effectiveness of recording for people and the organisation.

The service had applied for Deprivation of Liberty Safeguards (DoLS) where necessary. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely.

Staff told us they had the skills they needed to do their jobs and that they were encouraged to reflect on their practice in both regular supervision sessions and in their day to day work. They told us they felt supported and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke competently about the needs of people they were supporting and told us that their training was appropriate for their role. Training reflected national changes such as the introduction of the Care Certificate which ensures that new staff receive a comprehensive induction to care work. There was a system in place for ensuring that staff training was kept up to date and staff were supported to work towards nationally recognised care qualifications alongside practical training and assessments of their competency. A member of staff who was new to the team described their induction as appropriate including opportunity to shadow more experienced staff. Another member of staff told us "The staff team really support each other…no one is ever far away." Another member of staff reflected on the

support and training they received and told us: "I'm growing."

People, relatives and staff said the food was good. Mealtimes were a social event with people and staff eating together. This reflected the ethos of the service in respect of sharing experiences and enabled people to develop their ability to take part in meals as a social event. Where people found this difficult they were supported sensitively to take part in ways that met their needs. We joined people during lunchtime. The time people were at the table was marked at the start by a blessing and afterwards by giving thanks. This provided a framework to the meal that people took part in as a group. Preparing food for others was also encouraged and supported with people baking and preparing meals in the evenings and at weekends.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. Some people needed food prepared in a particular way so that they could eat safely. This information was stored in the places where food was prepared and a member of staff who prepared lunches described how all staff understood the importance of this information. We saw that people had food provided in a way that was safe for them to eat.

People had access to health care. There was a nurse employed by the organisation and people were supported to access community and specialist services. Relatives told us that health was supported effectively and they were kept informed appropriately. One relative described how good communication between the care staff, the nurse and themselves and between the nurse and specialists had led to positive health outcomes. They told us: "The nurse is brilliant; very on the ball."

Some of the people living in the service had difficulties with communication due to the nature of their impairment. Assessments stated how people may show the signs and symptoms of illness and staff understood this information. We spoke with a health professional who described the work the service had done to support people to access the local GP surgery. This included training staff at the surgery, arranging appropriately timed appointments and supporting people to become familiar with the surgery at times when they did not have an appointment. Staff also supported people to become familiar with the environment at other medical appointments such as consultant and dentist appointments. This helped reduce people's anxiety and made access to health care more effective for individuals.

Good

Is the service caring?

Our findings

People told us they liked staff. Most people did not communicate with us using words due to the nature of their impairment. We saw they were comfortable with staff; initiating contact, asking for support and sharing information. Relatives felt their loved one was cared for and about by staff. One relative described how they experienced their loved ones relationships with staff: "It is a community. I only had to see their face. They were beaming. There was always someone saying hello."

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. They understood the importance of their relationships with family and friends and these were supported. People were enabled to stay in touch with family through phone calls, text and video calls. One relative described how they received a phone call from staff, before speaking with their relative, to update them on current and relevant information that their relative would not be able to share themselves. This made the phone calls a positive experience for both parties. Staff were attentive to people and were both familiar and respectful in their conversations. This created an informal caring atmosphere where people, many of whom had impairments that affected their ability to relate to others, were welcomed, responded to and spoken with.

People were supported to make choices throughout the day and care provided reflected this. In an educational environment some aspects of life needed to be determined by routine, for example people attended college at set times. Opportunities for developing skills around making choices and decisions were supported and promoted by staff who offered choices and encouraged people to express their preferences and to say no to things and situations they did not want.
Staff described the importance of respect for individuals when providing care and how they learned from the people they were supporting. They described small details that people appreciated and valued when they were supported with personal care. This respect was apparent when people were in groups also. In these situations we observed support being provided with a subtlety that promoted privacy and dignity.

Independence was promoted alongside interdependence within the group. People were able to do things for themselves with staff providing support to scaffold these skills. For example where people could use IT effectively they were able to research activities they would like to do and then staff supported them to realise these plans. People were also encouraged to consider others, and staff observed that this developed amongst the group whilst they were students together.

Speaking up was promoted amongst the student group with support provided at weekly meetings and this in turn fed into a larger student council. If people needed support with decision making and it was appropriate they had access to independent advocacy.

Communication support was evident throughout the service and one of its functions was to enable people to play an active part in their own plans. Education targets were set for students and these had been made more accessible and were on display in people's rooms. This gave people the opportunity to understand

what they were aiming for and contribute to the process.

Good

Is the service responsive?

Our findings

People received the support they needed in ways that suited them. We observed staff supporting people attentively throughout our inspection. This included whilst people were moving between places and activities and when they were engaged in activities. Relatives reinforced that they felt their loved ones received support that met their needs and had helped them to develop new skills. Relatives also told us they were informed and consulted appropriately and this made them confident in the care their loved one received. One relative described a planned support for a time that may have been difficult for their loved one. They summarised their view that support had been well considered and planned by saying: "I know they are really thinking about them."

People were supported using personalised approaches that met their assessed needs. Care and support needs were assessed by care staff and specialists in conjunction with families and people. Assessments were recorded alongside personalised plans to meet these needs that were understood by staff. The philosophy of the service emphasised holistic approaches to wellbeing and development and this was reflected in care plans that addressed physical, emotional, communication and social needs.

Staff paid attention to whether the support they were providing was meeting people's needs and checked with them, where possible, whilst providing care and support. Staff used their reflections to review and discuss people's current needs at regular team meetings and during handovers. This approach enabled staff to provide consistent personalised and responsive care. Staff knew people well and were able to describe recent reviews and changes in their support needs with confidence. For example, staff described how individual staff reflection on personal care practice had led to a team meeting discussion about appropriate support for people with shaving. This had led to a review of people's support plans and the staff felt confident that people were receiving more personalised support that met their individual support and development needs around personal grooming.

Staff kept records which provided information about the care people received and this meant that care could be reviewed effectively and changes made when they became necessary. We found examples of small gaps in recording and discussed these with senior staff. They explained that this was monitored and staff had received training on the importance and purpose of recording as part of a wider piece of work about records kept by the service. The registered manager explained that they were working with other senior staff to review all recording systems to ensure the records kept reflected the needs of both individuals and the organisation. They explained that they were doing this work as they had identified that some information was currently duplicated and this increased the risk of conflicting information for staff.

People were able to approach staff throughout our inspection and we saw that staff responded with the time and attention the person needed to express their needs both with and without words. We also saw that people were encouraged to take part in weekly student meetings and this gave them opportunities to contribute to decisions about the whole home rather than their own individual care. The decisions made at these meetings were recorded in ways that reinforced people's learning about choice. Each week people chose a meal to be shared. A picture of their meal choice was displayed alongside the name of the person

who had chosen it to remind people of the choice they had made. This helped people develop an understanding of how their choices led to tangible results.

Activities, beyond the college day, were planned for groups and individuals . These activities reflected people's choices such as places or events they had expressed an interest in going to and group activities reflecting the ethos of the community. People enjoyed a wide range of activities including music, using IT, swimming, meals out and walks.

Relatives and professionals told us they would be comfortable raising concerns and complaints. One relative told us: "I would feel very comfortable talking to any staff. "There had been no complaints received in the year prior to our inspection. However the service logged concerns raised by people, staff, relatives and other stakeholders and we saw that these were addressed and actions taken to improve the service. For example if staff discussed practice concerns these were addressed quickly. Within the two houses there were notice boards populated with communication aids to help people communicate how they felt. This was used by staff to support people to express when they were not happy about something so that this could be responded to.

Good

Is the service well-led?

Our findings

The Sheiling Special Education Trust was held in high esteem by the people living there, relatives, professionals and staff. One person told us: "I like it here." Another person told us: "I'm happy here. It is good."

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety and care plans. These audits had been effective in ensuring change. For example a recent audit of care plans had identified that recording around the MCA was not always clear. This had led to a staff training session which had been successful in enhancing staff understanding of the principles of the MCA. It had also contributed to an on going review of reporting processes which was being undertaken by senior staff.

The registered manager worked closely with the manager of the school, the head of the college and trustees to ensure ongoing improvement to the quality of care people received and the support available to staff. There was a joint development plan in place with both care and education plans recorded and monitored by the management team and trustees. This showed developments reflecting enhanced quality of care experienced by individuals , improved support and training for staff and organisational goals. The plan reflected: increased involvement in the wider community by people; improved recording around people's health needs; the development of outdoor areas; and improvements in staff training.

Feedback from people and staff was used to inform this process. People's preferences and views contributed to these developments through staff awareness of issues affecting them. For example plans around the physical layout of the houses had addressed difficulties people experienced with some aspects of their environment. People also contributed through the student council which formalised their voices in decision making processes. For example the student council had decided on the equipment to go in outdoor areas.

The registered manager described their commitment to achieving a valued staff team in order to achieve the best care for people. Comments from staff indicated that this commitment was reflected in their experience. Staff had a shared understanding of the ethos of the organisation and understood their responsibilities. They described both individual and a team commitment to ensuring that people were safe, valued and had the opportunity to develop during their time at the college. One member of staff described how they had had a long career and they felt more supported than they had in any previous jobs. Staff meeting minutes reflected discussion, reflection and challenge regarding practice and a staff team who sought to improve the experience of people through team work. Staff, relatives and professionals told us that the management team were accessible and that they felt heard.

Professionals were confident in the management of the home and told us that they experienced a team that were receptive and responsive.