

# Minearch Limited

# The Shieling

## Inspection report

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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

The Shieling is a residential care home providing personal care for up to 29 people aged 65 and over. At the time of the inspection the service was supporting 28 people.

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

People and their relatives felt safe at the home. One person said, "I feel safe here, the care is good, they [the staff] look after you." We saw and people told us there were enough staff at the home to help people when needed. The home had systems in place to safeguard people from abuse and staff understood their responsibilities regarding safeguarding. Overall, the environment was safe, well-maintained and clean. We identified some relatively minor repairs that needed doing, which were completed by the end of the inspection.

People were 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; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink and were offered regular drinks and snacks throughout the day. Feedback about the quality and choice of food was positive. One relative commented, "The food is lovely, food and drink throughout the day, whatever [Relative] wants. [Relative] has put weight on." Staff effectively assisted people to access other healthcare services when needed.

Some aspects of the environment were not in line with the home's otherwise high standards respecting and promoting people's privacy and dignity. Examples of this included staff having to access a cleaning storage area via a person's room and some furniture at the home was worn and undignified. We have made a recommendation for the provider to address these issues. People and their relatives gave us positive feedback about the staff at the home. One person commented, "They [the staff] are very caring...they go out of their way." Staff knew the people they were supporting well and were quick to recognise when people needed care and support.

People's care plans were person-centred, informative and both gave staff the information they needed to get to know people and support them safely. People and their relatives were happy with the range of activities on offer at the home and staff had created various areas of interest around the home helping to share information and stimulate conversation. Staff also supported people to keep up with their religious preferences.

People and their relatives said the home was well-led. Comments included, "The manager is great, she's on the ball." There was a positive culture amongst staff at the home and staff worked to the principle 'we work in our residents' home, they do not live in our work place'.

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

The last rating for this service was good (published 17 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# The Shieling

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Shieling is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at the service and 14 relatives about their experience of the care provided. We spoke with eight members of staff including the registered provider, registered manager, senior carer, care workers and other staff. We also spoke with one visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Overall, the home was safe, well-maintained and clean. We identified some environmental issues that required attention, such as two window restrictors not working, the cleaning trolley was briefly left unattended and the lock to the laundry needed repairing. However, staff at the home took immediate action to address and resolve these issues.
- Staff regularly carried out checks of the environment and the home had a variety of up-to-date safety certificates.
- Fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.

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

- People and their relatives told us they felt safe at the home. Comments included, "I feel safe here, the care is good, they [the staff] look after you" and "[Relative's] been here three years I can come any time of day, I've never walked in and felt that [Relative] is in a vulnerable position, it feels like a safe environment."
- Staff understood their role and responsibilities in safeguarding people from abuse and had received training on this topic.
- Information and guidance about how to raise safeguarding concerns was accessible throughout the home and the home had appropriate systems in place to manage any such concerns if and when they arose.

### Staffing and recruitment

- People and their relatives said there were enough staff at the home to assist them when needed. Comments included, "They come when I call them" and "[If I call for help] someone comes to me straight away, no problems."
- We observed there were enough staff on duty to promptly help people when needed.
- Staff were safely recruited by the home and appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

### Using medicines safely

- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- The home had clear quality assurance systems and checks in place to ensure the safety and quality of medicines administration was maintained.
- People were happy with how staff managed their medicines and we observed good medicines administration practice during our inspection.

### Preventing and controlling infection

- The home was clean and free from unpleasant odours throughout our inspection.
- Staff received training on this topic and used personal protective equipment (PPE) when required.
- Some of the communal area chairs were partly worn and the material had darkened with wear and tear.

We discussed this with the registered provider and registered manager as a potential infection prevention and control risk. They explained that the chairs were due to be replaced and the order for new chairs was finalised by the end of our inspection.

### Learning lessons when things go wrong

- Accidents and incidents were appropriately managed by staff. Appropriate action was taken in response to any accidents and incidents and this information was reviewed to gather and share any additional learning for staff.
- Relevant policies and procedures were in place to help guide staff.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff were effective in helping them to access other healthcare services when needed. Comments included, "Health professionals are contacted when needed, they [the staff] are brilliant" and "The doctor comes in if I'm not well and the practice nurse."
- Staff effectively monitored people's health and made referrals to other healthcare professionals when needed. One health professional we spoke with said staff were responsive, well-trained and recognised when additional clinical support was required.

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

- The registered manager assessed and documented people's needs before they moved into the home, making sure staff could safely and effectively meet their needs.
- People's individual equality and diversity needs were considered during the assessment and care planning process, such as age, disability and religion.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives gave us positive feedback about the food at the home. Comments included, "The food is good we have a menu I can choose what I want" and "The food is lovely, food and drink throughout the day, whatever [Relative] wants. [Relative] has put weight on."
- The lunchtime meal we observed during our inspection was a positive and sociable experience for people. People appeared to enjoy their food and were assisted by attentive and helpful staff. The meal we sampled was well-balanced and there were alternative options available for people if needed.
- People were effectively supported to have enough to eat and drink throughout the day. For example, we saw staff regularly offering people drinks and snacks.
- Staff offered people the support they needed with their food and drink.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the staff's training and skills.
- New staff were supported with an induction into their role at the home and staff received ongoing training relevant to their roles.
- Staff told us they felt effectively equipped for their roles and they received regular support through an effective supervision system. However, we discussed with the registered manager that the home's training and supervision records could be improved to enable easier and quicker oversight.

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

- Staff supported people to personalise their rooms with their preferred style of decoration and personal items.
- The home was bright, attractively decorated and homely. People were happy and settled in their surroundings.
- Some of the people living at the home were living with dementia. Adaptations had been made to assist people living with dementia in finding their way around the home, such as easy-read signage.

#### 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about people's capacity and consent and understood the principles of the MCA.
- Staff obtained people's consent to their care and treatment. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records were maintained.
- DoLS applications and authorisations were appropriately managed by staff at the home.
- We discussed with the registered manager that some additional formalised documentation was required regarding people's consent to the use of CCTV in communal areas of the home.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Some aspects of the environment were not in line with the home's otherwise high standards respecting and promoting people's privacy and dignity. For example, the home's cleaning materials and equipment were stored in a cupboard that could only be accessed via a person's room. The registered provider told us the person did have any concerns about this. However, this resulted in regular, unavoidable and inappropriate intrusion into the person's room and put their privacy and dignity at risk. We discussed this with the registered provider and registered manager who accepted this oversight, recognised the potential impact and began planning alternative storage arrangements. Shortly after the inspection the registered provider confirmed changes had been made to the way that this storage area was accessed.
- We also found some of the communal area chairs were partly worn and the material had darkened with wear and tear. Replacement chairs were ordered by the end of the inspection but their condition at the time of the inspection detracted from the otherwise dignified environment.

We recommend the provider reviews and improves the environment of the home to ensure people's privacy and dignity needs are always respected.

- Staff treated people with dignity and respect throughout our inspection. For example, we observed staff assisting a person with a hoist and whilst doing so they spoke with the person in a caring and reassuring manner.
- People and their relatives told us staff respected their privacy at the home and we saw staff respectfully knocking on people's doors before entering. One relative commented, "Staff respect mum's privacy, she likes time to herself sometimes. They take her food to her room if she wants"
- Staff supported people to maintain their appearance; people appeared well-dressed and dignified.
- People's confidential information, such as care plans, was stored securely in the office and could only be accessed by people who needed to see it.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave us positive feedback about the staff at the home. Comments included, "They [the staff] are very caring...they go out of their way" and "The staff are caring, they have a laugh with the residents here. They know [Relative] well."
- Staff knew the people they were supporting well and clearly had developed a good rapport with them. Examples of this included, regularly sharing jokes and smiles with people and using people's preferred names when speaking with them.

- Staff understood and adapted to people's individual needs. For example, one person became upset as someone important to them had recently died. Staff were quick to recognise this and comforted the person with kind words and a cup of tea.

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

- Staff supported people to make decisions for themselves, as far as possible, and respected people's right to make decisions about their care. Comments included, "They listen to me if I need anything the staff go out of their way to help us" and "They [the staff] support [Relative's] independence, she chooses her own clothes and food."
- Staff at the home encouraged people and their relatives to share their views about their care and the home in general. The registered manager held regular residents' meetings and had an 'open door' policy inviting people and their relatives to come and talk whenever needed.
- Staff supported people to seek the support of independent advocacy services when needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred, informative and both gave staff the information they needed to get to know people and support them safely. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- Care plans were regularly reviewed to ensure they remained accurate and people and their relatives were involved in the care planning and review process. One relative commented, "[We have] good communication with the staff, they don't hesitate to get in touch. We were involved in the care planning and any reviews, no problem."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were happy with the range of activities on offer at the home. Comments included, "There are plenty of activities" and "The activities are good, they have a few live performers and there's a nice space outside."
- The home had a well-maintained decking area and gardens. Due to the weather and time of year people were not accessing these outdoor areas during our inspection. However, one person told us about how they enjoyed planting bulbs and flowers in the warmer weather.
- Staff had created various areas of interest around the home helping to share information and stimulate conversation. Examples of this included a display area showing people's wedding photos and another area dedicated to showcasing people's involvement and contribution to various armed forces in their lifetime.
- Staff supported people to keep up with their religious preferences. For example, faith ministers of different denominations regularly visited the home to carry out services. The registered manager also explained how they and their staff would research any spiritual and cultural needs they were unfamiliar with, when the need arose.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their individual communication needs and staff supported people appropriately with any such needs.

- None of the people supported by the service at the time of our inspection had any particularly complex communication needs. However, we found the service was able to provide information in alternative ways if needed, such as braille and easy-read.

#### Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since our last inspection. However, there was a policy and procedure in place to guide people, their relatives and staff when required.
- People and their relatives said they felt the registered manager and other staff were approachable and supportive regarding any issues or concerns.

#### End of life care and support

- Staff gave people and, where appropriate, their relatives the opportunity to discuss and plan their end of life wishes. This included clear documentation about people's wishes regarding resuscitation.
- Staff ensured people's end of life wishes were met. For example, one person requested a visit from a faith minister before they died, and staff helped to arrange this.
- Staff treated people and their relatives with sensitivity and compassion in these circumstances. They also worked in partnership with other health professionals to ensure that people experienced a comfortable, dignified and pain free death.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives said the home was well-led. Comments included, "The manager is great, she's on the ball" and "I'm very happy with management, we have regular catch-ups and they always have time for you."
- There was a positive culture amongst staff at the home focused on delivering high-quality and personalised care. The registered manager explained that staff worked to the principle 'we work in our residents' home, they do not live in our work place'.
- Staff knew the people they were supporting well and had developed positive relationships with them and their relatives.
- The registered manager was passionate, experienced and understood their responsibilities regarding the duty of candour and promoted openness and transparency from staff.

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

- Ratings from the last CQC inspection were clearly displayed within the home, as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff engaged well with people living at the home and their relatives. People and their relatives were given appropriate opportunities to give their feedback about the running of the home and the quality of care being provided. Examples of this included, regular residents' meetings and an annual satisfaction questionnaire.
- Staff at the home had effective relationships with other health and social care professionals to ensure people's health and wellbeing was maintained. For example, the health professional we spoke with said the staff worked well with them and they had confidence in the quality of care at the home.

Continuous learning and improving care

- The home had systems in place to monitor, assess and improve the quality and safety of service being provided. Some of this documentation could be more organised and clearer. We noted that the home had

just employed an additional member of staff to assist with this.

- The registered manager and provider had a positive working relationship, and both were committed to the continuous improvement of the home. One relative said, "[Registered manager] is great, she tries so hard for people here and she's always working hard to make the place better."