

Minearch Limited

The Shieling

Inspection report

286 Southport Road
Lydiate
Liverpool
Merseyside
L31 4EQ
Tel: 0151 531 9791

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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?

Requires improvement 

Overall summary

This unannounced inspection of The Shieling took place on 9 & 10 April 2015.

The Shieling is a purpose-built residential home located in a semirural environment. It has extensive grounds and farmland to the back. Car parking is available on site. The home has good links with public transport. The Shieling offers care for a maximum of 29 people.

A registered manager was in post. '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 who lived at The Shieling were able to tell us what made them feel safe. This included feeling comfortable when staff were providing care and support. Relatives told us, "The staff do all they can to make sure everyone is safe" and "The manager will do all they can to sort things out for you, you only have to ask."

Summary of findings

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident.

Our observations showed people were supported by sufficient numbers of staff who completed regular checks to ensure people's safety, comfort and wellbeing. People told us there were sufficient staff available to support them.

We saw the necessary recruitment checks had been undertaken to ensure staff employed were suitable to work with vulnerable people.

We found medicines were administered safely to people. People told us they received their medicines on time and we saw medicines were subject to regular review by their GP.

Care files seen showed staff had completed risk assessments to assess and monitor people's health. These recorded staff actions to help keep people safe.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment.

People received the support they needed to optimise their health. This included appointments with external health care professionals. A person said, "I can see my doctor any time."

The manager provided us with a staff training plan and this showed staff received training to ensure they had the skills and knowledge to support people. Supervision meetings and staff appraisals were on-going.

The manager informed us people who lived at The Shieling were able to make their own decisions about their daily life and care needs. Staff support was however available to assist people to make key decisions regarding their care. We saw this followed good practice in line with the Mental Capacity Act (MCA) (2005) Code of Practice.

We observed the lunch time meal and this was seen as a sociable occasion for people to get together and enjoy each other's company. Menus were available and the chef told us how people's dietary requirements and preferences were taken into account.

Staff interaction with people was warm, respectful and demonstrated a good knowledge and understanding of people's individual needs, choices and preferences. People's comments included, "The staff are always polite when talking to me" and "You could not have more kindness".

Staff had a good knowledge of people's care needs to provide care that ensured their comfort and wellbeing.

People's care needs were recorded in a plan of care and support was given in accordance with individual need.

There was a relaxed atmosphere in the home with plenty of chat and laughter between the people who lived there and the staff. People could take part in various social activities at the home and attend regular residents' meetings.

A process was in place for managing complaints and this was displayed in the home. People and relatives told us they had confidence in the manager to investigate any concerns arising.

We received positive feedback about the manager from staff, people who lived at the home and relatives. We were told the manager was approachable and ensured the home ran well. A relative told us, "We're so happy we found this home."

We found on inspection that some issues requiring the home to notify the Care Quality Commission (CQC) had not been made.. These were sent in to us during the inspection.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home.

Systems were in place to monitor to assure the service and to improve practice.

Summary of findings

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 safe.

People who lived at The Shielling told us what made them feel safe. This included feeling comfortable when staff provided care and support. Relatives also told us the home provided a safe service.

Medicines were administered safely to people. Staff received medicine training, so they had the knowledge and skills to administer medicines safely.

Recruitment checks were undertaken to ensure staff were suitable to work with vulnerable people.

Sufficient number of staff were employed to provide care and support to help keep people safe and to offer support in accordance with individual need.

Staff had completed risk assessments to assess and monitor people's health. We saw this in areas such as, falls, nutrition, mobility and pressure relief. Actions were recorded to ensure people's safety and wellbeing.

Good



Is the service effective?

The service was effective.

People living at the home had been assessed as having capacity to make decisions regarding their care. The manager and staff understood and were following the principles of the Mental Capacity Act (2005).

Feedback from people about the choice of food was mixed and the manager was informed about their comments. People's dietary needs had been assessed and staff supported people with their meals.

Staff told us they were supported through induction, on-going training and appraisal.

Good



Is the service caring?

The service was caring.

Staff interaction with people was warm, respectful and demonstrated a good knowledge and understanding of people's individual needs, choices and preferences. Staff had a good knowledge of people's care needs and to provide care that ensured their comfort and wellbeing.

People and their relatives expressed satisfaction around the standard of care and the kind, respectful nature of the staff. Our observations showed staff were polite and helpful in all ways.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care needs were recorded in a plan of care and support was given in accordance with individual need. People who lived at the home and relatives were involved in the plan of care however this was not always recorded to evidence their involvement.

There was a relaxed atmosphere in the home with plenty of chat and laughter between the people who lived there and the staff. People could take part in various social activities at the home.

A process was in place for managing complaints and this was displayed in the home. People and relatives told us they had confidence in the manager to investigate concerns.

Is the service well-led?

The service was not always well led.

We found on inspection that some issues requiring the service to notify the Care Quality Commission (CQC) had not been made.

The home had a registered manager in post. We received positive feedback about the manager from staff, people who lived at the home and relatives. We were told the manager was approachable, accessible and ensured the home ran well.

The manager was supported by senior care staff and it was evident all staff worked well together to ensure people received a good standard of care.

The home had a number of systems in place to monitor the quality of the service provided and improve practice.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home.

Requires improvement



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 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 unannounced inspection took place on 9th and 10th April 2015. The inspection team consisted of an adult social care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before our inspection we reviewed the information we held about the home. This usually includes a review of the Provider Information Return (PIR). However, we had not

requested the provider submit a PIR prior to this inspection. The 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 looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spent time with seven people who lived at the home. We spoke with the provider (owner), registered manager, five care staff, the chef and a member of the domestic team. We also spoke with nine relatives and sought the views of an external health professional who was visiting during the inspection.

We looked at the care records for four people, three staff recruitment files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room, lounges and external grounds.

Is the service safe?

Our findings

People who lived at The Shieling were able to tell us what made them feel safe. This included feeling comfortable when staff were providing care and also having a good standard of equipment available to help them walk and bathe safely. A person went on to say that staff attitude helped them feel safe. They told us, “The staff are marvellous, very helpful and sympathetic.” Relatives reported the care was consistent which helped lead to good standards of safety and they felt reassured by the provision of equipment to keep their family member safe following a fall. Relatives said, “The staff do all they can to make sure everyone is safe” and “The manager will do all they can to sort things out for you, you only have to ask.”

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident. Safeguarding policies and procedures were available including the Local Authority’s procedure for reporting issues. Contact details for the Local Authority were easily available for staff to refer to.

We looked at how the home was staffed. Staff told us that there were enough staff on duty to ensure people received the support they needed. Our observations showed people were supported safely by the staff. People had access to aids to help them walk, for example a walking frame and staff provided the help they needed when transferring. We saw all staff chatting to people in the dining room, lounges and also in people’s bedrooms throughout the day. Staff checked up on people’s safety ensuring their comfort and wellbeing.

People who lived at the home told us the staffing levels were safe. Their comments included, “If I had an accident the carers would be here so quickly” and, “The staff are always checking on us and if I need someone there are plenty of carers around. I am never rushed.”

We looked at the staffing rota and this showed the number of staff available. The staff ratio was consistently in place to provide necessary safe care. At the time of our inspection the manager was on duty with five care staff to support 29 people. Three domestic staff and a chef were also working. A number of care staff held a senior role and took charge in the absence of the manager.

Care files seen showed staff had completed risk assessments to assess and monitor people’s health. We saw this in areas such as, falls, nutrition, mobility and pressure relief. Actions were recorded to ensure people’s safety and wellbeing and the use of equipment such as, alarm mats, pressure relieving mattresses and bedrails recorded.

We looked at how staff were recruited. We saw three staff files and asked the manager for copies of applications forms, references and identification of prospective employees. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff working at the home. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. The appropriate checks were in place to ensure prospective staff were suitable to work with vulnerable people.

A number of people received support with their finances. Feedback from relatives was ‘mixed’ as to how these were managed by the staff though no one raised any concerns regarding this. The manager agreed to speak with relatives to provide clarity around the home’s policy on dealing with people’s finances. We saw balance checks were undertaken regularly for people’s financial records.

We looked at how medicines were managed in the home. Medicines were kept secure in locked medicine trolleys. The majority of medicines were administered from a blister pack (medicines dispensed in a sealed pack). We checked a sample of medicines in stock against the medication administration records and found these to be correct.

We observed a senior member of the care team administering the morning and lunch time medicines. They made sure people had a drink with their medicines and signed the MAR (medicine administration record) once the medicines had been taken. This helped reduce the risk of errors and our findings indicated that people had been administered their medicines as prescribed. People told us they had their medicines on time and we saw people’s medicines were subject to regular review by their GP to monitor efficacy.

Staff competencies around the safe management of medicines were checked to ensure they had the knowledge and skills to administer medicines safely to people. Staff

Is the service safe?

told us they underwent a thorough training programme prior to being allowed to administer medicines. They told us this included a period of shadowing and observation by senior staff. Staff training records recorded this training and medicine competency checks.

People's medical conditions and medicines were recorded in their care file. Staff had a good knowledge of people's medicines though there was no detailed plan of care in place to support this practice. The manager agreed to look at ways of recording this.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks of equipment such as, moving and handling aids and fire prevention were undertaken; maintenance work was completed in a timely way to ensure the home was kept in a good state of repair.

We found the home to be spotlessly clean and staff advised us they had plenty of gloves, aprons and hand gel in accordance with good standards of infection control.

Is the service effective?

Our findings

People told us they had access to external health care professionals when they needed them. A person told us their GP saw them regularly and they were waiting for a hospital appointment which the staff had helped arrange. The person said the staff were prompt in getting appointments made and “You are not left waiting and waiting.” During the inspection a person enquired about a forthcoming hospital appointment, staff quickly sourced the information they needed, which was reassuring.

The four care files we looked at showed people had regular health and social care appointments such as, a GP, optician, district nurse team and appointments with local hospitals. During our inspection an external health care professional was visiting the home. They told us the staff were quick to respond to people’s needs and made sure referrals were made at the appropriate time, so people got the care they needed. The manager also made contact with a GP and a consultant for advice and arrangements were made for a GP appointment for a person whose condition had deteriorated. A relative said, “The manager sorts out appointments very quickly and I am always told about it.” For a person who needed equipment to maintain their safety and comfort this had been sought at the appropriate time.

The manager provided us with a current training plan and we saw evidence of course certificates in staff files and induction for new staff. Staff had received training in a number of areas. For example, moving and handling, safeguarding, infection control, health and safety, medicines, dignity and end of life care. A number of people had some short term memory loss and staff had attended dementia and mental health awareness training. A dignity champion and end of life champion were appointed to oversee training in these specialisms and to support staff. Specific training had also been given in care practices such as, catheter care and care of a person who has suffered stroke. Staff told us they received a good standard of training and were able to tell us how they put their learning into practise.

We saw systems were in place to provide staff support. These included monthly staff meetings, supervisions and an annual appraisal. Dates were recorded when these were held. Staff said they received good training and support. They told us the manager had an ‘open’ door policy and

supervisions and staff meetings were held regularly. They told us staff meetings were a good way of sharing information. Agenda items were structured and covered issues such as, staff training, catering, social activities.

The manager informed us all staff were trained at NVQ (National Vocational Qualification)/Diploma level. This was confirmed when looking at records and staff told us about the NVQ courses they had completed or were undertaking.

People did not give an opinion about staff training but they spoke generally about how good the staff were in taking care of them and staff had time to talk with them. Relatives told us the staff were well trained and staff communicated with them around their family member’s health. Their comments included, “The slightest concern they tell us, (manager) runs the place so well I’ve every confidence in (manager)” and “I come here quite regularly and (family member) is well cared for. I have absolute confidence in the staff, (family member) had quite a number of falls and they always ring me.”

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager informed us that mostly people were able to make decisions around their daily life though gave examples of when ‘best interest’ meetings around specific care needs had been held. This had involved relatives and external health professionals to support people’s care and welfare. This followed good practice in line with the MCA Code of Practice. The manager informed us staff sought consent from people and their relatives and involved them in key decisions around daily life and support. Although we saw this in practise, it was not always recorded. The manager agreed to look at ways of recording this to evidence the decisions made. Relatives told us they attended meetings with the manager to discuss their family member’s support. A relative said, “I am fully involved in all ways.”

The manager informed us no one was supported on a Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is

Is the service effective?

in their best interests. The manager and staff were aware of the process involved if a referral was needed; the manager and senior care staff were attending DoLS training this month to update their knowledge.

We observed the lunch time meal and this was seen as a sociable occasion for people to get together and enjoy each other's company. Dining room tables were laid with tablecloths and centre pieces.

The majority of people attended the dining room for lunch. People were given plenty of time to enjoy their meal and staff offered assistance to people who required some support. People told us they had plenty to eat and drink, the food was served hot and they could take time eating their meals.

People were approached each day to select their choices for the following day and the menu board and menus was used to help people choose. The chef told us people were offered a choice of two hot meals and a lighter meal in the evening. They also told us how people's dietary requirements and preferences were assessed and taken into account when planning the menu.

When we asked people about the choice of food we however received mixed comments. These included, "There is enough choice for me, I'm not fussy about food", "I like the meals", "The meals are very nice indeed", "If you don't fancy it, they ask you what you want", "I'm very fussy with my food, I don't like their gravy or cabbage and there's quite a bit of that", "We don't get much fresh fruit, a banana for breakfast if I ask for it" and "We don't always get fresh fruit." The manager agreed to review the menu and discuss with people their menu options, particularly around choice of fruit and vegetables.

On the second day of the inspection a basket of fruit was made available and offered to people throughout the day. Drinks were plentiful and biscuits offered mid-morning and afternoon. One person told us they often had homemade cakes in the afternoon.

Relatives told us people were offered an alternative meal if they did not like what was on the menu and meals were freshly cooked.

Is the service caring?

Our findings

Staff interaction with people was warm, respectful and demonstrated a good knowledge and understanding of people's individual needs, choices and preferences. Staff also had a good knowledge of people's care needs to provide care that ensured their comfort and wellbeing.

We asked people if they were treated with kindness and respect. They confirmed this and told us, "The staff are always polite when talking to me" and "You could not have more kindness." Relatives said, "We are just so happy we found this home", "I would say they are very kind and caring", "They treat people with utmost respect" and "I come here quite regularly and (family member) is well cared for." One person told us the staff were, "Like a family."

We observed staff supporting people with aspect of care and daily living. For example, supporting people with their walking, meals and repositioning of a person in bed to assure their comfort. The support was given when people needed it and in a way they liked. Staff were gentle, respectful and kind in their approach. They explained to people what they were going to do and they did not rush them. Staff offered plenty of reassurance whilst helping people and ensured their comfort before attending to someone else.

We observed staff using people's preferred name of address and talking with people in private about their health. One person said, "They (staff) always close the door and they always knock before coming into bedroom." People and relatives said privacy and dignity was always respected by the staff in their day to day working.

People told us staff listened to them and took into account their wishes. A person told us if they had a headache they asked for a tablet and this was brought to them straightaway. Likewise another person said if they did not want to enjoy in the social activities of the day, staff understood and respected their wish. With regards to staff encouraging independence people told us, "I get myself washed and dressed and I go upstairs on my own," and "I like to do things for myself but the staff are here to help me if I need it." A relative said, "They're (staff) marvellous, they encourage (family member) to maintain individuality." A number of relatives reported their family member needed a lot of help which the staff provided.

The manager was aware of how to contact local advocacy services and information was available for people to refer to should they need this support.

Information about the home was displayed and relatives told us they were able to visit at any time and have meals with their family member.

Is the service responsive?

Our findings

We asked people to tell us how they were involved with planning their care and how staff involved them in their care, treatment and support. People we spoke with were unsure about written care plans but were able to tell us that staff talked with them about their support and health. A number of relatives told us they were involved with care plans or attended meetings with the manager and staff if their family member's needs changed or they wanted to have an informal chat. For a relative who requested further discussion with the manager about their family member's care, this was brought to the manager's attention. Care documents showed some evidence of people's involvement and/or relative involvement in the plan of care. We discussed with the manager ways of better evidencing this in the person's care file.

We looked at three people's care files and we saw people had a plan of care. Care plans recorded individual needs and choices and the majority were reviewed to reflect any changes with regards to a person's health and support. We found for one person their plan of care for mobility had not been fully updated following a stay in hospital to evidence the current treatment plan. This was brought to the manager's attention and the care plan was updated immediately. Although we found some missing information we saw support given was in accordance with the advice given by the hospital and district nurse team. A relative told us the staff had acted on the information from the hospital as soon as their family member returned to the home. The support provided was recorded in the daily records.

We observed staff responding to people's needs on an individual basis. For example, one person required two hourly positional changes whilst in bed to assure their comfort. This was provided by the staff. At lunch time a person was helped to the dining room a little earlier as they required more assistance with their meals. Staff had responded to this need to ensure they were not rushed and for them to have sufficient time to help them.

There was a relaxed atmosphere in the home with plenty of chat and laughter between the people who lived there and the staff. We asked people to tell us about the social aspects of the home and how they spent their day. An activities programme was in place and people told us these were arranged by the staff. This included afternoon teas with the chef, quizzes, music and armchair exercises. A number of people told us they were happy to read their book and watch television though one person reported they were bored. People and relatives told us there were no organised trips out from the home, these were arranged by families. During the inspection the chef accompanied a number of people to the village hall next door to take part in line dancing. Relatives told us social activities were provided by the staff and people enjoy socialising with each other and using the garden in warmer months.

Details of people's social background and interests were recorded in a social profile to help staff get to know the people they supported. Talking with staff confirmed their knowledge about people's family and social background.

People told us the staff listened to them and acted on what they said. People we spoke with were not aware of the complaints' procedure but said they would be happy to raise a concern with the manager and that they would sort out the issue. Relatives reported the same. A relative said, "The slightest concern they tell us, the manager runs the place so well I've every confidence in the manager." People had access to a complaints' procedure and this was displayed in the main entrance of the home. The manager told us they had not received any complaints or concerns since the last inspection.

Arrangements for feedback about the service included satisfaction surveys for people who lived at the home and for relatives. Residents' meetings were held and people told us how much they enjoyed taking part.

Is the service well-led?

Our findings

The home had a registered manager in post. We received positive feedback about the manager from staff, people who lived at the home and relatives. Staff told us the manager was approachable, accessible and ensured the home ran well. A relative told us, “We’re so happy we found this home. We spoke with the provider (owner) about their values for the home. They said this was to ‘provide care with passion and heart’ and to ‘ensure people were treated the way we would all want to be treated’. The provider also discussed the encouragement given to staff to further their careers through the home’s on-going training programme. Through our inspection we were able to see a strong commitment to these values.

We found on inspection that some issues requiring the home to notify the Care Quality Commission (CQC) had not been made. These included three statutory notifications for serious injuries to people. The manager sent in the notifications of these incidences during the inspection and informed us they would review the regulations and guidance available regarding notifications. This however showed a failure in the way the home monitored and reported on areas of risk.

Staff told us the management of the home was open and transparent and that everyone worked as a team. The manager was supported by senior care staff and it was evident all staff worked well together to ensure people received a good standard of care. A member of the care team told us they were able to raise new ideas and make suggestions to improve the service. They said the manager listened and would make changes if appropriate.

The home had a number of systems in place to monitor the quality of the service provided and improve practice. The manager showed us a number of audits (checks) on how the home was operating. This included health and safety checks of the environment, infection control, incident reporting, contracts for services and equipment to the home, fire prevention and medicines. Where actions had been identified these had been undertaken and lessons learnt shared with the staff to drive forward improvements.

During the inspection we saw staff completing stock balance checks for a number of medicines to ensure these were correct. They told us these checks were completed at each shift change to reduce the risk of errors occurring. Medicine audits had been completed and this included a review of MARs to ensure medicines were administered to people in accordance with their prescription. An external medicine audit was completed by the home’s pharmacist and we saw evidence of the home working in partnership with the pharmacist regarding current medicine supplies.

The manager had signed up to undertaking an annual external quality assurance award. This looked at how the service was operating and included feedback from people who lived at the home, relatives and staff. The manager informed us the award was due for renewal in June 2015. An audit was completed in June 2014 as part of the award. This collated people’s views about the home via satisfaction surveys. The surveys included areas such as, accommodation, activities, attitude of staff and cleanliness. The results showed overall satisfaction for the service with a percentage score of ‘excellent’ in some areas. Comments from people and relatives included, “Staff are very good. Manager excellent”, “The caring and friendliness of the staff is second to none” and “It’s just like home from home.” The manager advised us they had responded to any queries raised in the surveys and the result of the audit made available to people.

As part of monitoring infection control, an external infection audit by a local community health team was completed in May 2014 and the home achieved 97% for infection control standards.

People told us they were able to speak with the manager and staff at any time and were able to raise suggestions at the residents’ meetings. An initiative which has been discussed with people and relatives was in respect of developing a small patio area with patio furniture. This area will be enclosed and have a soft safe flooring for outside use to help ensure people’s safety. The manager told us this work was due to commence shortly. People and relatives we spoke with were pleased regarding this development, as it would enable people to access the garden more freely.