Surrey and Borders Partnership NHS Foundation Trust

The Shieling

Inspection report

St Ebbas
Hook Road
Epsom
Surrey
KT19 8QJ

Tel: 01372203014
Website: www.sabp.nhs.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 Shieling is a care home which provides care and support for up to ten people who have a severe learning disability, such as autism. At the time of our visit there were nine people living at the home.

This was an unannounced inspection which took place on 24 February 2016.

There was a registered manager 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 and associated Regulations about how the service is run. The registered manager was present during our inspection.

People lived in an environment that was safe, supportive, kind and caring. Staff had a good relationship with people, understood their individual needs and respected people.

The registered manager ensured enough staff were on duty each day to enable people to participate in their individual activities, whether this was indoors or outside of the home.

Staff encouraged people to be independent and to do things for themselves, such as help around the home or get involved in the cooking. For example, people were involved in making lunch on the day of the inspection.

Staff understood the legal requirements in relation to any restrictions for people and ensured these were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people in an individualised way and activities were arranged which meant something to people.

People's care would not be interrupted if there was an emergency in the home or the home had to close for a period of time. Staff had up to date fire training and regularly practised fire drills and evacuations.

People were kept safe because risks had been identified and assessed. People were not prevented from doing things they enjoyed because of potential risk. Instead staff developed ways to keep people free from harm to ensure they could continue their preferred activity. For example, by being accompanied by staff or using facilities on the St Ebbas site, or using a special seatbelt when they went out in the vehicle.

Staff were provided with training specific to the needs of people which allowed them to carry out their role in an effective way. Staff met together regularly and felt supported by the registered manager. Staff were able to meet their line manager on a one to one basis regularly to discuss their work. There was a good

culture and ethos within the home and staff worked well together as a team.

Medicines were stored and administered in a safe way. Regular governance audits were undertaken within the home to help ensure people were receiving a good quality of care. Appropriate checks were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event.

People were supported to keep healthy and had access to external health services. Professional involvement was sought by staff when appropriate. People's care records contained sufficient information to enable a member of staff to understand the care a person required.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home.

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.

There were enough staff deployed to meet people's needs.

Guidance was available for staff on people's individual risks.

Medicines were managed, administered and stored safely.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Is the service effective?

Good

The service was effective.

Where people were unable to make decisions for themselves, or their liberty was restricted, staff knew how to follow legal guidance.

People were provided with a good range of foods.

Staff met with their line manager regularly and were provided with appropriate training which enabled them to carry out their role competently.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff were kind and caring with people and supported people to make their own decisions.

Staff knew people well and people were encouraged to be independent and make their own decisions.

Relatives and visitors were able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities that interested them.

Care records were comprehensive and gave staff relevant information about people.

Complaint procedures were available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager whom everyone was complimentary about.

Staff felt supported and there was a good culture within the home.

People, relatives and staff were involved in the running of the home.

Quality assurance checks were completed to ensure staff and the environment were meeting the needs of people.

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 was an unannounced inspection that took place on 24 February 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As people who lived in The Shieling were unable to tell us about their experiences, we observed the care and support being provided and talked to relatives and other people involved during and following the inspection.

As part of the inspection we spoke with the Trust service manager, the registered manager, three staff, four relative and one health and social care professional. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plan in detail, five medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

On this occasion we did not review the Provider Information Return (PIR). This 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. This was because we carried out our inspection sooner than we had planned.

We last inspected The Shieling in July 2014 where we found some care records had not been reviewed regularly. We found during this inspection that care records were up to date and current.

Good

Is the service safe?

Our findings

Relative's told us they felt their family member was safe. One relative told us, "They understand him and staff have a constant watch over him." Another said, I have no problems with him being here. We wanted to find a service that he was safe in. I was impressed from the off with the security, staffing and safe environment."

People were cared for by a sufficient number of staff deployed to meet their needs. People were cared for by enough staff to ensure if people wished to go out this could happen and still leave enough staff in the home for those who remained behind. Staff told us if a trip was organised when everyone was going out together then additional staff were brought in or requested. One person required one to one support from staff and we saw they received that throughout the inspection. People did not have to wait to be attended to and there was always a staff member around to offer support if people required it.

People were cared for by a consistent staff team which meant people knew staff well. The registered manager told us they never used agency staff during staff shortage. They said they had a, "Good team of staff who worked together to cover shifts" to ensure there were the correct number of staff on duty each day.

Staff recorded any accidents or incidents in order to help ensure people were kept safe and action was taken if recurrent accidents were happening. The log included the details of any incident and how it had been dealt with by staff. We saw there had only been three incidents in the last twelve months.

People were supported to live as active a life as possible, but in a safe way. Staff had reviewed people's individual circumstances to identify where they may be at risk. For example, going out in the home's vehicle or to the local town, moving around the house or the grounds and when they ate their meals. Staff told us one person would pick up unattended drinks and would eat and drink things very fast which could present a choking risk. They said staff, "Make sure that we not leave food or drinks around." This person's care record had a clear risk assessment and plan for managing this risk which was consistent with what staff had told us. It was evident risks for people were well managed as there had been very few incidences logged in the incident and accident folder.

Staff understood safeguarding procedures and told us who they would go to if they had any concerns relating to abuse. People had access to information on safeguarding should they need it. There was an on-call manager on duty each day which staff could access at any time. One staff member told us they would, "Discuss it immediately with my line manager or if they were not around I would call the on-call manager." Another staff member they would suspect abuse if they observed, "Any change in their behaviour. We work with them so closely we could tell if something had upset them by how they react and respond." There was also a whistleblowing policy in place for staff so they would know how to report any general concerns they may have about the home or staff.

In the event of an emergency people would continue to receive care. Each person had an individual personal evacuation plan (PEEP) which detailed their needs should they need to evacuate the building.

There was information and guidance available for staff in relation to contingency planning and actions. Staff were up to date with their fire training and we read regular fire drills and evacuations were carried out. The home had recently undergone a Trust fire safety risk assessment.

People received medicines which were stored appropriately and handled by staff in a safe way. Medicines Administration Records (MAR) contained photographs to ensure the medicine was given to the right person. There was information on how people liked to take their medicines. For example, with a drink or from a spoon. Each person had a sheet which detailed which medicines they were on and why they were taking them. We saw a signature list which showed which staff had been trained in medicines administration. Guidance was available to staff on when to give PRN (as required) medicines, which included the reason the person may need it together with the types of behaviour a person may display to indicate they required it. Where people had received PRN medicines this had been recorded appropriately. For example, we read in the daily notes that one person had been given a PRN and noted this had been recorded correctly on their MAR. Staff recorded the temperature of the medicines cabinet to ensure medicines were stored appropriately. Medicines were audited and accounted for. A medicines tracker sheet was used by staff to count medicines in and out.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Good

Is the service effective?

Our findings

One relative told us, "Staff are very good. They make sure people eat properly which is so important."

People were supported to have a varied diet. We looked at the menus and saw that people were provided with a good range of food which included healthy options. People were offered a choice of drinks throughout the day and when people indicated they wished a drink we saw staff made this for them immediately. There was plenty of fresh vegetables and fruit available for people.

People could make their own decisions about what they ate. We noted people had what they wished for lunch. For example, one person had a sandwich but others had soup. Some people went food shopping with staff and selected the foods that were bought. The registered manager told us they had visual aids which they planned to use to so people could participate more. Once daily menus were chosen pictures would be displayed on a board for people to see.

People's dietary requirements and dietary risks had been identified by staff and guidance sought in order to keep them safe from the risk of choking. One person in particular tended to 'bolt' their food and staff had involvement from the Trust dietician and the Speech and Language Therapy team (SaLT). SaLT guidance was displayed clearly in the kitchen and staff monitored this person during the lunchtime to prompt them to slow down if they were eating too quickly.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments and best interests decisions were clearly documented and also presented in easy read format for people to understand. For example, in relation to people who may lack capacity to understand the need to take their medicines. A member of staff said, "I have attended best interests meetings and it is important to have everyone there to get a good understanding of what is in their best interests."

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). The registered manager had submitted applications in relation to people. For example, in respect of people who could not leave the home without the support of staff.

People were supported by staff who received appropriate and relevant training. For example, training in autism or epilepsy. Staff had also received training from SaLT in relation to the risks associated for people at risk of dysphagia (difficulty in swallowing). Staff told us they felt they were provided with enough training to ensure they felt comfortable and competent in their role. Staff worked independently throughout the day.

Staff undertook the provider's mandatory training. For example, in first aid, health and safety, infection control and safeguarding.

Staff had the opportunity to meet with their line manager on a one to one basis as they had supervisions and appraisals. This allowed them to discuss any training requirements or concerns. It was also a chance for staff to discuss professional development. The registered manager told us the staff team worked well together. We saw this happen throughout the day.

People's communication needs were identified. We read in people's care plans how staff had identified signs, or body language of individuals and translated that into what it meant. Each person had a DisDAT tool in their care records which helped identify cues such as distress in people who had limited communication.

Staff supported people to remain healthy and ensured they had access to external support when they needed it. Each person had a health action plan in place which detailed the health care professionals involved in their care, for example the GP, optician, dentist or dietician. We were told by a professional that staff acted on any guidance they gave them. We read staff had requested an x-ray for one person when they were concerned about their mobility.

Good

Is the service caring?

Our findings

One relative told us, "Very happy. He is very much liked by staff." Another said to us, "He has not been in a better place. Entirely satisfied." A further commented, "We love him being there." A professional told us, "I am always welcomed and people are well care for. It's one of the best (homes I visit)."

People were treated with respect and attention. We heard staff speak appropriately to people and take time to listen to a person when they were attempting to relay their needs. There was a good atmosphere in the home and people appeared settled and content. Staff warned people who were having soup that it may be hot and one person's lunch, who came in for their lunch slightly later than other people, was served when they sat down rather than being left at the table getting cold.

People lived in the home in which they were made to feel part of. They were supported by staff to be independent when possible. For example, we saw people helping with the laundry or assist with making the lunch. People's rooms were cosy and individualised and some people went out to other locations on the St Ebbas site for a walk or coffee at the day centre unaccompanied by staff.

People's privacy was protected and they could make their own decisions and choices. The registered manager told us how they had lined the glass in the front door with a screen film, which meant visitors to the home would not be able to see straight into the hall area of the home. People made their own decisions about their lunch choices and where they sat during the morning and afternoon. A member of staff told us, "All of our residents are offered privacy. We ask for consent before giving personal care. People have their own money and clothes." During lunchtime one person kept getting up as they did not like sitting for a long time. Staff did not pressure them to sit down but worked around this person's individual needs with a patient approach.

Staff ensured people retained their dignity. We saw people looking well-presented and appropriately dressed for the weather. On occasions we noticed staff adjust one person's trousers in order to preserve this person's respectability. Staff did this in an unobtrusive and discreet way, talking with the person all the time.

People were made to feel as though they mattered. When people returned from a morning walk and coffee, they were greeted by staff in the home in a welcoming way. Staff checked whether people were okay and if they'd had a good time. It was evident people were comfortable with staff and enjoyed their presence as people responded to staff with a smile, taking their hand or making gestures to show they were listening to them. One person was sitting in the kitchen areas whilst others were helping staff make the lunch. Although this person was unable to participate, staff had put an apron on them to make them feel involved.

People were supported to access advocacy services should they need them. Some people living in the home had advocates involved in their care who were able to speak up on their behalf.

Relatives were able to visit when they wanted and were made to feel welcome. A relative told us the staff really care about their family member.

Good

Is the service responsive?

Our findings

One relative said, "They bring him home to me on a Saturday so we can have time together." Another told us, "They understand him." A further said, "It'd be impossible for him to participate in a lot of activities" but they said that staff, "Know the kind of things he likes."

People were supported to go to or try activities which meant something to them. One person went swimming which was a pastime they enjoyed. Others took part in collecting and delivery the post to the different locations on the St Ebbas site. Staff worked closely with an external organisation which offered activities, friendships and volunteers for people living with a disability.

People were supported to go out and about when they wished and maintain relationships that meant something to them. For example, people went for a walk and a coffee at the day centre during the morning and at other times went to the cinema, into the local town or for meals out. One person's care records stated, 'keep close contact with family'. We read how this person was supported to see their family twice a week. Another person was supported by staff to visit a close relative in hospital when they were an in-patient.

Care plans were comprehensive and contained relevant information on people to ensure they received the correct support and treatment. They contained a lot of pictoral information, suitable for people with autism and learning disabilities. People also had hospital passports. This is a document which includes useful information about the person should they need to go into hospital. Each person had separate information which recorded who was important to them, their likes and dislikes. For example, one person had a fear of dogs and guidance was in place on what to do it confronted with a dog when out of the home. Relatives told us they were involved in their family members care plan. One relative said, "I have been very involved in all aspects of his care."

People received responsive care. For example, one person's care plan stated, 'needs to have staff training in autism'. We checked the training records and saw that all staff working in the home had received this training.

There was a complaints procedure available for people in a format they could understand. We found there had been no complaints in the last twelve months.

Good

Is the service well-led?

Our findings

A relative told us the (registered) manager was, "Wonderful – so affectionate, very caring." Another said of the staff, "It's like an extended family – that's how we feel about them."

People were cared for by a team of staff who had worked in the home for a long period of time which meant staff knew them well and knew their history. For example, the registered manager had been in post for 38 years and people had 'grown up' with the majority of the other care staff as they had cared for them in previous locations. A relative said one of the best things was, "The continuity of staff." Another told us, "I've never had a problem. I feel I could say whatever I wanted as the staff and manager are receptive, we have a good relationship."

People, relatives and staff were involved in the decisions about the home. Regular meetings were held which covered a range of topics, including activities, staffing, food and general information about the home. Suggestions from these meetings were listened to and acted upon. For example, families had asked for more garden furniture and they and staff had raised funds to achieve this. Meetings with people were held over snacks and drinks which staff had found was a good way of engaging with people and encouraging them to participate. A relative said they attended everything they could possibly go to remain involved.

Relatives were encouraged to give their feedback of the home. We looked at some questionnaires which had been returned by relatives and noted that relatives were either, 'completely' or, 'very' satisfied with the care that was being provided to their family member. It was clear from responses that the only concern family had was that the home would not close.

People lived in a home that was quality assured. Staff carried out regular audits and checks around the home to check on the safety and quality of the care being provided to people. Actions identified in these audits were completed. For example, staff undertook an infection control audit and the kitchen needed a deep clean. This had been done. Other audits included mattresses, cleaning, medicines, fire safety and vehicle checks.

People received appropriate care from a staff team who had a good ethos and displayed a positive culture. People lived in a suitable and safe environment which had recently been refurbished. Trust audit visits took place to check the quality of the care being provided by staff. These audits focussed on different aspects of the home, such as records, medicines or cleanliness.