

Mitchell's Care Homes Limited

The Sheiling

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 11 October 2016. The Sheiling is registered to provide accommodation for up to 10 people who have a learning disability including autism. Some of the people who live at the service also have physical disabilities. At the time of our inspection the service provided care to 10 people.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff informed us and we saw from records that there were not always enough staff to support the needs of people that required one to one support. However on the day of the inspection people received support from staff when they needed.

The provider did not have robust processes that had ensured people finances were managed appropriately which is subject to an investigation. However the registered manager was fully aware of the processes to follow in house.

People were protected from the risk of abuse and staff understood their roles and responsibilities. People told us that they felt safe and relatives had peace of mind that their family members were looked after in a safe environment. Appropriate recruitment checks were undertaken before staff started work. There were appropriate plans in place in the event the service needed to be evacuated.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way and those that could were encouraged and supported to manage their own medicines.

Staff receiving appropriate training and supervision to provide effective care to people.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. MCA assessments were completed where needed. Staff understood MCA and why it was important to understand if people had capacity to make decisions.

People enjoyed the food at the service. Staff supported people's nutritional and hydration needs and people accessed health care professionals when needed.

Staff were caring and considerate to people's needs. People said that staff were caring and kind to them and treated them with dignity. People and relatives were involved in their care planning and the care that was provided was person centred.

Care plans were detailed and provided guidance to staff on how best to support people. Staff communicated with each other the changes to people's care.

People were supported to follow their interests and take part in social activities, education and work opportunities. People said that they enjoyed going out and lived their lives to the fullest.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.

The provider had systems in place to regularly assess and monitor the quality of the care provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe in relation to staffing levels.

There were not always enough staff at the service to support people's one to one needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good 

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of people's health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness, dignity and respect.

People's privacy were respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People were supported to remain as independent as they could be.

People's relatives were able to visit when they wished.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the service and outside.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not have robust processes that had ensured people finances were managed appropriately. However the registered manager was fully aware of the processes to follow in house.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service.

The registered manager of the service was described as good and very supportive.

The Sheiling

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 which took place on the 11 October 2016. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed 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 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 provider is required to tell us about by law.

During the visit we spoke with the registered manager, five people and two members of staff. For those people who were unable to communicate with us we spent time observing the interactions between them and staff. We looked at a sample of three care plans of people who used the service, medicine administration records, three recruitment files for staff, and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. After the inspection we spoke with two relatives of people.

The service was last inspected on the 12 June 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us that staff were always there when they needed them. On the day of the inspection people's needs were met because there were enough staff deployed at the service. Although the PIR that was completed by the registered manager had not highlighted the need for additional staff and we found at the inspection that staff responded to and anticipated people's needs, staff said at times they needed an additional carer during the day. One member of staff said, "I don't think there are enough staff with so many service users with different needs, the behaviours of people increase due to the lack of staff able to offer support." They told us that people who were less 'challenging' did not get the attention they needed. Another member of staff said, "I feel that there could be more staff, another carer would be good, then the manager could also get on with their duties."

The registered manager told us that three care staff were required on duty each day and two care staff at night. They told us that some people required more one to one from staff to reduce their risk of displaying certain challenging behaviours and they had contacted the funding authorities in relation to providing some additional one to one support for these people. The registered manager said that although they were rostered on as the third carer they spent part of the day driving people to and from their activities and they supported staff's view that an additional carer was needed.

We were provided with evidence after the inspection that an additional carer had been rostered on to provide care. However the lack of staff had impacted on the care that people were having.

We recommend that the provider ensures that there are always enough staff so that people's needs are always being met.

People said that they felt safe with staff at the service. They told us that they had never felt unsure of how they were going to be treated and felt very comfortable around staff. People told us that they were able to ensure their personal belongings were kept safe as they all had keys to lock their bedrooms when they went out. One person said, "I lock my door to stop anyone looking in my room when I'm not here." Relatives said that that they felt their family members were safe at the service and did not worry about the care that they received.

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would report any concerns to the manager or whoever was in charge and refer to the safeguarding team (at the local authority)." They said, "We will work with the victim and help them feel that whatever is happening they will be safe." One person was able to describe how staff supported and helped them feel safe when they had been the victim of abuse. Another member of staff was able to describe the different types of abuse that may occur and how to support people. Staff said that they knew about the whistleblowing policy and would have no hesitation in reporting concerns. There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people.

Assessments were undertaken to identify risks to people. People had walking aids to assist them. The staff

were vigilant and we observed staff reminded people to be cautious when they walked. Risks were assessed in relation to people's nutrition, mobility, behaviours, accessing the community, personal care, choking and medicine administration. There were risk management care plans to minimise, if not to eliminate risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff were aware of the risks to people. One member of staff said, "One person coughs when they eat, we make sure that they have softer food. We make sure people are safe and careful when they are walking, we make sure the floor is clear."

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how the incident was followed up and what steps had been taken. However we did raise with the registered manager that the member of staff witnessing the incident was not always the staff member completing the incident information which meant there was a risk that the most accurate information was not being recorded. The registered manager told us that they would ensure that staff that witnessed or reported the incident would complete the forms in the future.

There were appropriate plans in place in the event of an emergency such as a fire. Each person had a personal evacuation plan detailing the support they needed. There was a file left downstairs that could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a business continuity plan in the event the building needed to be evacuated. The plan detailed what neighbouring services would take people in the short term. Other people would need to be evacuated to hospital because of the nature of their conditions. One member of staff described in detail to us how people would be evacuated if there was a fire. They told us that regular training was provided and we confirmed this from the records.

People's medicines were managed safely and those who were able understood the medicines that they received. One person told us that they were given the option to manage their own medicine and we saw that they understood what they needed to do should they require to take their medicine. One person said, "If I need to take my medicine I ask staff to support me." Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. We saw one member of staff administer medicines, we heard them explaining to people what the medicine was and gave them time to swallow the medicine before they left them.

There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There were PRN (as and when) medicine guidelines for staff with details of what signs the person may show should they need pain relief.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. Staff told us about the selection procedure that they went through to ensure that they were safe to start work. Staff said they were interviewed for the job and had to provide two references and had to undergo police checks. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for

the positions applied for.

Is the service effective?

Our findings

People received care from staff that had the training and experience to meet their needs. Staff said that they completed an induction before they started work and shadowed other staff to observe care. One member of staff said of the induction, "It was very good; all the clients have personal things that they like and shadowing staff helped me understand this." Staff were kept up to date with the service's required mandatory training which included areas specific to the people who lived there. The training included autism, challenging behaviour, moving and handling, dementia and training around anxieties. Staff told us that the training provided was effective and helped them in their roles. One member of staff said, "The training is very good at the moment, we do some online training and hands on. New staff are encouraged to do the care certificate; you always have to refresh yourself." We observed good practice by staff on the day of the inspection, particularly in relation to understanding how to support people with a learning disability.

We saw that staff's competencies were assessed regularly and recorded. Staff confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "We have our one to ones, we always get good communication, we are asked how we feel, it's an opportunity to express ourselves." Another member of staff said, "It's useful to get the feedback and find out what I need to learn."

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. The 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. There were detailed MCA assessments for people including for when people required clinical treatments (such as a blood test), where they wanted to live, the use of window restrictors and management of finances. The assessments were supported with best interest decisions. Appropriate DoLS applications had been submitted to the Local Authority for example, in relation to the locked front door.

People said that they enjoyed the food and were given choices. One person said, "I love the food" whilst another said, "The food is delicious." A third person told us that they could have a cooked breakfast in the morning if they wanted.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People were able to choose what meals they wanted and for those who could not read there were pictorial menus. The meal time was an enjoyable experience with staff on hand for people. People had different meals on the day dependant on their preferences and dietary needs (including spiritual). People were offered drinks through the day and people accessed the kitchen when they wanted for drinks and snacks. People were weighed regularly and where staff had a concern the appropriate health care professional was consulted. One person was supported to eat healthier and as a result had lost weight which benefitted them.

People's care records showed relevant health and social care professionals were involved with people's care. These included GPs, optician, dentist, Speech and Language Therapists (SaLT) and mental health professionals. Those that were able to communicate with us understood health care and how they could access professionals if they needed. People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Our findings

People we spoke with said that the staff were caring towards them. One person said, "Staff are brilliant, I love everyone." Another person said, "You have a laugh with staff, they are very caring." Relatives we spoke with were complimentary about the staff. One told us, "Staff are friendly and nice." Relatives told us that they were always welcomed at the service and encouraged by staff to visit their family members.

Staff and the registered manager showed concern for people's wellbeing in a caring and meaningful way throughout the inspection. We observed several occasions of staff responding to people in a caring way. One person was holding a ball and another person took the ball from them. Staff immediately responded by finding a ball for the person to play with to ensure that they did not become distressed. On another occasion a person was showing signs of anxiety and staff picked up on this immediately. One person told us, "Staff understand my problems." Despite our presence staff ensured that the needs of the people were their priority. They offered reassurance to people in a gentle way and people responded to this. One member of staff said, "I do enjoy working here, we are all here for the people that live here. When you come to work they (people) are happy to see us." Another told us, "I want people to know that they can come to me, they come to me with their problems."

Staff treated people in a respectful and dignified way. When personal care needed to be delivered staff approached people discreetly to ask them if they needed some support. One member of staff quietly told one person that they may want to pull their trousers up a little and the person responded. Staff provided personal care behind closed doors and when people were using the toilet without locking the door staff ensured the person was not disturbed. Staff were aware of the importance to people to maintain their appearance and supported men to shave if they wanted. One member of staff said, "If I go into a person's room I will knock on the door. If people want to have a chat to me about something personal then we will find somewhere private to talk." Another member of staff said, "You respect people's choices." They gave an example of asking people what clothes they wanted to wear or where they wanted to sit in the lounge.

People were supported to be independent. One person told us, "I have my independence; I go out when I want to." Another person said, "I love it here so much, I can do what I want." Whilst another said, "I help with the office work doing the filing and I help prepare salads." We saw that staff encouraged and supported people to make their drinks and tidy their rooms. People's rooms were personalised and people were encouraged to choose the décor that they wanted in their rooms. The registered manager told us that people's rooms were being redecorated. They said that each person was going to be supported to choose the colours that they wanted their rooms to be painted and one person we asked confirmed this. You could tell the interests and hobbies people had from the personal items that they had in their rooms.

It was clear from observations that staff knew people. Some people were unable to verbally communicate however staff understood from the signs that people used what people wanted. One relative told us, "(The family member) can't talk, they use sign language and staff understand them." There was laughter and chatting between people and staff and people looked to staff for support and encouragement when we asked people questions about living at the service. People were able to make choices about when to get up

in the morning, what they wanted to eat and drink and when they wanted to have their meals. When we arrived at the service one person was still in bed. Staff told us that this person chose to lie in bed that morning and staff had respected this.

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. People had lived at the service for many years and the care plans were updated to reflect the changing needs of people. There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicines, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. All of the relatives we spoke with told us that staff contacted them if there was any concern about their family member.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. We heard this being discussed on the day of the inspection. One member of staff told us, "Handovers are useful, we get to find out what has happened with people during the night and day." Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. Staff told us that they read people's care plans. One said, "We need to understand the needs of people and to support and care for them."

People were supported to follow their interests and take part in social activities, education and work opportunities. People confirmed that there was a range of activities for them to take part in if they wished to. One person told us that they enjoyed going out to various day centres and taking part in events that were important to them. The person played us some music that they created at one of the music groups they had attended. Other people's art work was displayed around the service and people told us that enjoyed going to the art groups and that their art had been shown at an exhibition. Each day people attended various day centres where they took part in music, art and sensory sessions. People told us they had a keyworker and that this was important to them. A key worker is a named member of staff responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. One relative said that their family member was given opportunities to visit their place of worship.

Other activities included pony rides, cinema, bowling and meals out. On the day of the inspection one person asked if they could go out for lunch. All the people at the service were asked if they wanted to go and this was arranged. On days that people wanted to stay at the service staff supported them with hobbies. On the day of the inspection one person was doing art whilst another person played games. One relative said, "(The family member) does activities every day, they take (the family member) out every day." Holidays were also being planned for people and people openly discussed with us where they wanted to go. The registered manager told us that they wanted to ensure that people had the holidays that they wanted. One member of staff said, "People are not bored, they are very engaged with the community."

Complaints and concerns were taken seriously. The complaints procedure was in an accessible format and

was on display on the noticeboard. People told us (and we also confirmed from the residents meetings) that they were reminded about the complaints policy and what they needed to do if they were not happy about something. There had been four complaints since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses.

Is the service well-led?

Our findings

The provider did not have robust processes that had ensured people finances were managed appropriately which is subject to an investigation. However the registered manager was fully aware of the processes to follow in house. The system in place protected the person from any potential financial abuse. The PIR that was completed by the registered manager prior to the inspection on the whole reflected our findings on the day. Although the PIR had not detailed the need for more staff to support people it did state that additional staff training needed to be provided and this was being implemented.

People and relatives were happy with the management of the service. On the day people were engaging and talking with the registered manager and were relaxed in their company. One person described the registered manager as, "Saving my life." Another said, "You can speak to him, you have a laugh with him." One relative said, "I'm really okay with the manager, he lets me know if anything changes, if there is a meeting the manager involves us," whilst another said, "He is a very caring manager."

There was a comprehensive system of audits that were being used to improve the quality of care and monthly care reviews looked at all aspects of care planning. The provider undertook audits around staff training, activities and the environment. Each audit included an action of things that required improvement and time scales for these improvements. It had been identified that the service required updating and work was taking place during the inspection to make these improvements. This included the redecoration and updates in people's rooms and improvements to the communal areas. Daily checks of the kitchen were completed and monthly checks were undertaken that included moving and handling, legionella checks, infection control, fire exits, clinical waste, first aid box, care at night and nutrition.

People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One person told us that they liked the meetings as it gave them a chance to say what they wanted. Minutes of the meetings were in a format that people understood. People were asked about menu choices, where they would like to go on holiday, people's birthdays and how they wanted the service to look. As a result of the meetings changes had been made to the menus and holidays were being arranged around people's preferences.

People's and relatives feedback about how to improve the service was sought. Surveys were sent out each year and the feedback from these were all positive. One person stated on their survey, 'I would tell my family and friends that this is a good place to live'.

During the inspection the registered manager was present with people and actively encouraged people and staff to voice any concerns. After the inspection the registered manager updated us on matters that we had brought to their attention to assure us that these had been addressed.

Staff morale was good and staff worked well together as a team. One member of staff said, "We work so well as a team here, the staff are so nice. I feel valued, the clients value my trust." They said of the registered manager, "He thanks us a lot, I get praised." Another member of staff said, "They (management) do

recognise the hard work. I feel valued by the manager." Staff attended regular meetings and were encouraged to participate in the running of the service. Discussions included any additional training that may be useful, care planning and safeguarding incidents. Any learning was discussed and changes made where needed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.