Surrey and Borders Partnership NHS Foundation Trust

The Shieling

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this unannounced inspection to The Shieling on 20 April 2018. The Shieling is registered to provide accommodation with personal care for up to 10 people with physical and learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit nine people lived at the service.

At the last inspection on 24 February 2016, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

Staff provided people's care in a safe way. They understood the risks involved in people's care and managed these safely. Staff recorded and responded to accidents and incidents and learnt from mistakes. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. People's medicines were managed safely and people received their medicines in line with the prescription guidelines.

People lived in an environment that was suitable for their needs. It was clean and hygienic and people's rooms were personalised and homely. People were cared for by staff who were trained for their role and the providers' recruitment procedures helped ensure the service employed only suitable staff. Staff understood their responsibilities in terms of keeping people safe and protecting them from abuse. In the event of an emergency people's care would continue uninterrupted.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training in this area and knew how the principles of the Act applied in their work.

People's nutritional needs were assessed and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Staff understood people's healthcare needs and supported them to maintain good health.

People were cared for by kind staff who treated people with respect. People were enabled to have privacy if they wished and encouraged to be as independent as they could. There was a complaints procedure in place should people or their relatives wish to make a complaint.

People received a service that was responsive to their needs. People's care plans reflected their individual needs and preferences about their care. Staff told us that care plans provided sufficient information on how to care for people. People had access to a range of activities.

Quality assurance checks were carried out help ensure people continued to receive a safe and appropriate

service. Staff felt involved in the running of the service and told us they felt supported in their role. The registered manager worked with external agencies to provide suitable care to people, following guidance where necessary. The registered manager was continually looking for ways in which to improve the care provision. There was an open person-centred culture within the service, however we did find the registered provider had not taken prompt action to enable people in their daily life's through the use of new technology. We made a recommendation to the registered provider in relation to this.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2018. The service was inspected by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed this prior to our inspection.

Prior to the inspection we received feedback from one healthcare professional. At the inspection we spoke with one person, the registered manager, three support staff and one healthcare professional. We were unable to speak to people due to their communication needs so instead we carried out observations of interactions between staff and people. Following the inspection we spoke with three relative's to get their feedback on the care their family member was receiving.

Whilst at the service we reviewed documentation in relation to people's care and the service that they received. This included four care plans, medicines records, records of audits, training records, complaints and accident and incidents, together with other relevant documentation.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe at The Shieling. One relative told us, "Very safe. No concerns. The back garden is safe and he is not in danger." Another relative said, "The fact that he has settled tells me he feels safe."

Risk assessments had been carried out to ensure that people receiving care were kept safe. This included where people were at risk of falls or if they had any particular needs when going outside of the home. One person had suffered a fall recently and the registered manager had reviewed and updated their risk assessment. Another person was cared for much of the time in bed and their bed was lowered and mats in place to reduce their risk of falling out. This same person was at risk of pressure sores due to their reduced mobility. To manage this risk staff checked their skin daily and encouraged the person to reposition whilst in bed. A staff member said, "(I would feel a risk assessment was appropriate) when someone was at risk of choking or there was something that could be dangerous for people."

People were cared for by a sufficient number of staff. The registered manager told us that five care staff were on duty in the morning, four during the afternoon and two waking staff during the night. They said they rarely went below these numbers and if need be they would use bank staff to maintain the staff levels. Staff confirmed this with us. We did not see people waiting for staff to assist them or long periods of time when there was no staff around. At lunchtime people who required support to eat received this without waiting. A relative told us, "[The registered manager] is on to it now. There was a lot of agency at one time, but not now." A staff member said, "We can do everything we need to do. There's time for personal care, exercises, observations and activities."

People's care would not be interrupted in the event of an emergency, such as a fire. People had individual evacuation information which would help staff or the emergency services support people to evacuate the building safely. Staff were knowledgeable in the role in this event and were able to tell us where the meeting points were outside. Fire audits were carried out and we read that actions had been identified at the last audit. These included mandatory signage on doors and one fire door not closing properly. We read that the fire door had been fixed.

People lived in an environment that was clean and hygienic with no malodours. We saw all areas of the service were kept tidy. A relative told us they never had any concerns that the home was not clean when they visited. There was liquid soap and paper towels at all basins. Staff told us they had access to personal protective equipment (PPE) and used this when providing personal care to people. We saw a cleaner at the service throughout our inspection, cleaning bathrooms and people's rooms. A healthcare professional told us, "The environment is always clean."

There was evidence of learning from incidents that occurred. Staff recorded any accidents or incidents people experienced. This included details of the incident, together with action taken and outcome. We read a relative had complained about staff speaking in their own language in front of people. This had been resolved and in turn was discussed at the next staff meeting to remind staff of the importance of showing

people respect. There was also evidence of staff meetings being used to discuss medicines error and learning from these.

People were care for by staff who had received training in safeguarding and recognised the signs of abuse. Staff told us they discussed safeguarding at team meetings and said they had been reminded staff of their responsibilities to report any concerns they had about abuse or people's safety. The registered manager worked with the local authority and the provider carried out full internal investigations in response to any safeguarding concerns. A relative told us, "He is always treated nicely by staff." Another relative said, "He can let you know if things are not right." A staff member told us, "I'd report anything to the person in charge or the manager. My next port of call would be social services or the police." A second told us, "I have a duty to report."

People received the medicines they required and medicines were stored securely and appropriately. The service used a system where people's medicines were already dispensed into small pots with their names on the lids. The lids were biodegradable which meant any confidential information could be easily disposed of. People's medicines were in locked cabinets in their rooms and we saw daily temperature checks were carried out. A staff member told us they had their medicines competency assessed annually through observation. We confirmed this from the records we reviewed. We observed a staff member administer medicines to two people and found they followed best practice.

We had previously checked the provider's recruitment processes and had no concerns. Prospective staff were required to submit an application form with details of their qualifications, training and employment history. There was evidence the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Good

Is the service effective?

Our findings

A relative told us they felt staff were competent and well trained. Staff told us they had access to the training they needed to provide people's care. They said this was done through a mixture of face to face training and e-learning. A staff member told us they had got a thorough induction at the service. They said, "I was supernumery for the first week and was shadowing only. I got trained to use the hoist and they (the manager) made sure I read all the care plans and risk assessments." Another staff member told us the training was relevant for their role. A third said, "Most of the training is relevant. I am due to do epilepsy training."

Staff had opportunities for professional development as well as meeting with their line manager to discuss aspects of their role. The registered manager told us that staff had personal development plans and as such some staff were going to undertake training so they could take on the responsibility of medicines administration. A staff member said, "Supervisions are very useful. We talk about service users and activities and anything we need for our job."

The registered manager took proactive steps to help ensure they were keeping abreast of best practice. We noted they had undertaken a management course in policies and procedures for nurses and managers. There was also local and national guidance for staff displayed in the office, such as how to recognise pain in people with a learning disability.

People's needs were assessed before they moved in to The Shieling. On the whole people had lived at the service for a number of years and we saw that the funding authority's information about a person was held on their file. This detailed the person's care needs and as such formed the basis of a person's care plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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).

People's care was provided in accordance with the MCA. Staff had received training on the principles of the Act and how these principles applied in their work. Were people were being restricted we read decision specific mental capacity assessments for these restrictions. One person had mental capacity assessments relating to blood tests, money and leaving the service. Where people did not have family the service had ensured that an advocate was involved to assist in making decisions. Where people lacked capacity best interests decisions had been made and as such DoLS applications submitted. A staff member told us, "[Name] likes to choose, but he wouldn't be able to understand if he went into hospital, so we would have to do a best interest for him."

People's dietary needs were recorded and where professional input was needed this was sought, such as the Speech and Language Therapy team for one person who was at risk of choking. Appropriate foods were provided to people and we saw that the menus contained a good range of nutritious foods. A relative told us, "It's all well cooked food." A healthcare professional told us, "His meals looked nutritious." People's weights were monitored so staff were aware of anyone losing or gaining weight. We saw one person had the involvement of the dietician due to some weight loss. One person was at risk of choking and required pureed foods and thickened drinks. We saw staff prepare a drink for this person in line with their care plan.

Staff supported people to maintain good health. There was evidence that staff supported people to attend GP appointments and other evidence which demonstrated input from a district nurse, psychiatrist, dentist or optician. One person's mobility had declined and the registered manager was engaging with a physiotherapist to commence hydro-pool sessions. Another person had a persistent problem with a swollen foot and they had been taken to the GP. A relative told us, "Staff were exemplary at getting him to hospital and staying with him. They kept in constant contact with me." A healthcare professional told us, "When I come in I find staff have already informed the GP. They are very supportive to me and they assist me."

People lived in an environment that was suitable for their needs. The Shieling consists of one floor with three lounge areas and two dining areas. Large spacious bathrooms with a shower, bath or an adapted bath are available for use. People had been provided with appropriate equipment for their needs, such as one person who had a pressure mattress in place as they were at risk of developing pressure sores. A relative told us, "He needs a safe environment – he is quite settled."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. There were positive relationships observed between staff and people and staff clearly knew people well. We asked one person if they liked living at The Shieling and they told us, "I do." A relative told us, "The staff are all very kind." Another relative said, "I am quite happy with his care."

People were shown respect by staff. The registered manager told us they had removed all notices relevant to staff from the hallway of the service. This resulted in the service feeling much more homely. A relative told us, "I have absolute faith in the staff." A second relative said, "Staff do not speak over him." A healthcare professional said, "Staff are always polite and treat service users as friends. This is a good place. People are treated with so much respect." A second healthcare professional said when they visited they felt, "He was always treated with dignity and respect." A staff member told us, "I would always make sure the door was shut if people were bathing, I always give people choices and give them space if they want it."

People were encouraged to be independent and make their own choices. People's care plans detailed what they were able to do themselves, such as clearing tables. The registered manager told us that the breakfast regime had changed in that cereals and bowls were put on tables and people decided what they wanted, rather than staff deciding for people. We saw people assisted by staff to make drinks and the lunch. One person was in the kitchen requesting a drink and we heard the person lead the interaction and staff prompting them to open cupboards and choose what they wanted. The person then made their own tea. A relative told us, "Staff encourage him to choose what he wants; clothes, food. They give him a choice." Another relative said, "He is dictating his life. He can make choices."

People's individual communication needs were recognised. Some people required pictorial aids to assist them in decision making; other people used a form of sign language. One person had particular words they used to express themselves and these were recorded. Their care plan stated for example that if they said, "teat" this meant they wanted a cup of tea. We saw the registered manager using Makaton (a form of sign language) to speak to one person. A relative told us, "They use visual aids to help him make his own choices about things." He seems happy and contented from the way he acts." A staff member told us, "We have a menu board and picture cards that we use. Some people use bits of Makaton to make choices." A staff member told us, "Each person has their different ways. [Name] takes you by the hand if he wants to go out."

Staff knew people well. One person was recorded as eating their meals with a spoon. When we asked staff about this person they were able to tell us that this was the utensil they used. A healthcare professional visited to treat someone and the registered manager knew that this person preferred a male staff member to be present at the same time. This was confirmed by the healthcare professional. A relative told us, "He is very well cared for and staff know him. It's just the way staff are as they've known him for a long time." A healthcare professional told us, "The staff have a good rapport with the resident whose behaviour can be challenging at times. However, the staff are very familiar with the resident and seem to know how to respond and work with him to the best advantage."

People lived in an environment that felt like a home and had a calm atmosphere. People's rooms were individualised and comfortable and they had been involved in choosing the soft furnishings. There was gentle, soothing music playing throughout the morning for people sitting relaxing in one lounge area. People were clearly comfortable moving around their home accessing all different areas as well as returning to their rooms when they wished some privacy. A relative told us, "It is a home. The days of being an institution have gone. It's got a heart now."

People were supported to maintain relationships close to them. One person's family visited weekly and another stayed away each weekend with a close friend. Other people were taken to see their family members. A relative told us, "I visit regularly at all different time. Whenever I go I see staff interacting with people. They are certainly not putting things on for me." Another relative said, "I visit regularly and take [name] out if he wants to go. His well-being is directed by his actions." A third told us, "I'm happy if he is happy."

Good

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Each person had a care plan drawn up from their initial assessment. Care plans provided information for staff about people's needs and their preferences about their care. One person was recorded as liking to stay in bed in the morning with a cup of tea. Daily notes showed that this person was recorded as having a cup of tea regularly before personal care. Another person was recorded as, "Doesn't like crowds, if admitted to hospital would need a room of his own." A relative told us, "They (staff) do everything I expect of them. They take him out for meals and for days out. If he wants a beer they get one for him, if he wants a meal out, they take him."

We read how all aspects of a person's life affecting their day to day care was covered; including their mobility, communication, eating and drinking, personal care, psychological support and end of life care wishes. The registered manager said that should someone move in to The Shieling with individual needs in relation to their sexuality they said, "It would be important to find out more information about them so they can express their needs." We found people's preferences which were recorded in their care plan were followed by staff. For example, in the case of one person who liked their medicines given to them on a spoon. One person who had autism had information in their care plan on how this affected them, such as not always liking to engage with people socially but was happy to engage with people in his room. Another person's needs had changed they now required a hoist to transfer. There was clear guidance for staff on this and it documented that staff were to provide reassurance and to support them to transfer slowly.

People had access to a range of activities and the registered manager told us they had started to reconsider activities in line with people aging and what they may prefer to do. They said they had stopped activities such as, "walking around the complex or going for drives" and there was a change of focus to ensure people had a set destination and reason for going places, such as visiting the park. Where people had a particular faith this was recognised as in the case of one person who went to church each week. One person said, "Go for a walk" and we saw staff take them out on a trip to a local park. A relative told us, "He is encouraged to participate in society." Another relative said, "I base everything on the way [name] is. Staff try to keep him active – he can be happy and contented sometimes doing very little." A third told us, "Staff spend quite a lot of time with him."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. One complaint had been made about the service in the last 24 months. The complaints log demonstrated that the complaint had been investigated and responded to appropriately. A relative told us, "I've never had any problems." A second relative told us they felt comfortable speaking to staff and they would listen to them. A healthcare professional said, "Any issues and the manager is on top of it." A staff member told us (if someone wished to make a complaint), "There is a book in the office or I would tell them to see the manager."

The registered manager told us that they were not providing any end of life care at the time of our inspection but this was something they were aware that they needed to start discussions on with staff, people and their relatives.

Good

Is the service well-led?

Our findings

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

We received positive feedback from relatives, healthcare professionals and staff about the way the registered manager led the service. One relative told us, "I feel good about the home manager. She is kind and caring. She is very quickly on to things and give you time and will listen." Another relative said, "We have a chat. She is quite receptive." A third said, "she phones me up if there is anything I need to know." A staff member told us, "I couldn't find fault in the leadership." A second said, "[The registered manager] is very supportive – she's lovely." A healthcare professional said, "The manager always helps me."

There was a positive and open culture within the staff team. One staff member told us, "There is plenty of structure here and it is a friendly and professional team." A second staff member said, "[Registered manager] takes time to thank me." Another staff member added, "The (registered) manager has made positive changes for the people living here."

Although the registered manager had a clear vision on how they wished the service to improve and they felt resources were available to them in order to do this, we found the registered provider had not always taken action to support this. We found that people had been issued with their own iPad and the registered provider had a communications lead who was working with people supporting them in how to use these, either to play games, communicate or as an interactive tool. There was also an interactive whiteboard which had been installed at the service. The intention was that this would be used to assist with people's communication and to support choice. However, we found that although the whiteboard had been installed several weeks ago it was not operational as the provider's technology team had not yet connected it. The registered manager told us they felt frustrated that it was not able to be used.

We recommend the registered provider ensures that resources are available in a timely manner to promote people's skill development through the use of new technology.

Staff were involved in the running of the service. There were regular staff meetings which covered topics relating to all aspects of the service. A staff member told us, "We had a staff meeting yesterday and we discussed training and fire safety." A second staff member said, "We are encouraged to make suggestions."

Although there was no formal survey carried out each year with people, relatives and stakeholders, the registered manager told us that they had regular contact with relatives and as such listened to their comments, feedback and suggestions.

There was a clear staff structure within the service with senior management, the registered manager, deputy

manager, senior care workers and care workers. The registered manager told us they felt supported by senior management and they were open with us about the key challenges they had within the service. As such they had created an overarching action plan which they were working through. There was a programme of governance checks within the service. Weekly water checks were carried out including rooms that were not regularly in use. Weekly call alarm checks were made. Vehicles used by staff were checked and first aid boxes checked. Health and safety audits monitored the temperature of the building, the condition of the environment, whether hazardous substances were stored appropriately and clinical waste was disposed of safely. Internal and external medicines audits were completed as well as infection control audits.

Other audits included a provider Care Excellence Review. We noted some actions had arisen for the one carried out in March 2018. This included updating care plans, reviewing activities, ensuring staff were up to date on training and the interactive whiteboard was up and running. We found most of the actions were work in progress and included in the registered manager's overarching action plan.

The registered manager had good links with both internal and external agencies. As a NHS Trust service they had access to specialists to support people living at The Shieling. In addition, it was clear from the interaction between them and the visiting healthcare professional that they had a good working relationship. A healthcare professional told us, "The service appears to be well managed, the manger has been actively involved in our visits, always attending our sessions so she knows where we are at and we can advise what the staff should be doing."