

# Progress Pathways Limited

# The Sheiling

## Inspection report

Squires Hill  
Marham  
Kings Lynn  
Norfolk  
PE33 9JT

Date of inspection visit:  
18 July 2016

Date of publication:  
12 September 2016

### 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

This inspection took place on 18 July 2016 and was unannounced. The Sheiling is a service that provides accommodation for up to three people who have a learning disability. On the day of the inspection, there were three people living at the service.

There was a registered manager employed at the home. 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 also a director in the business and therefore the provider. The provider has been referred to as the registered manager throughout this report.

Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures.

Checks were carried out to ensure the premises were safe, such as fire safety checks, water temperatures and health and safety.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. There were sufficient staff employed to meet the needs of each individual living at the service. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe.

Staff received a comprehensive induction and on going training, tailored to the needs of the people they supported. Staff were knowledgeable about the Mental Capacity Act and enabled people to make decisions for themselves as far as possible. Staff were supported through regular supervisions.

Care plans were written in a person centred approach and detailed how people wished to be supported. Where possible people were involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this.

The registered manager encouraged an open, inclusive culture within the home. Relatives were free to visit their family members and were warmly welcomed. Relatives said they felt comfortable raising any issues or concerns directly with the manager. There were arrangements in place to deal with people's complaints and

issues appropriately.

The management team assessed and monitored the quality of the service. A number of audits that had taken place. This ensured the service continued to be monitored and improvements were made when they were identified.

## 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.

Comprehensive risk assessments were in place for peoples support and were reviewed and managed in a way which enabled people to be as independent as possible.

Recruitment policies were in place and focussed on ensuring that only staff that could meet the needs of the people that used the service were employed.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who had received training, supervision and support.

Staff had good access to training to assist them in providing a high standard of care to people.

Where people communicated in non-verbal ways staff were trained and were familiar with these.

### Is the service caring?

Good ●

The service was caring.

Staff understood each person's choices and preferences, and knew how to communicate with people effectively.

People were treated with dignity and respect.

Relatives were positive about the care and support provided by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was flexible and responsive to their individual needs and preferences.

Staff were creative in enabling people to live as full a life as possible.

Care plans were personalised and people and their families had been involved in developing these.

### Is the service well-led?

Good ●

The service was well led.

The registered manager worked in partnership with other organisations at a local and national level to make sure the service were following up to date practice and providing a high quality service to people.

The registered manager had a clear vision and researched and introduced systems to improve people's quality of life.

People were supported by a motivated and dedicated team of management and staff.

# 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 inspection took place on 18 July 2016. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. The inspection was completed by one inspector.

Before the visit we asked the provider to complete a 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.

Before we carried out this inspection, we also reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

People who used the service were unable to tell us verbally about their experience of care. However, staff who knew people well were able to assist some people to communicate their views in other ways. We made observations of people's experience of care and how staff interacted with people. This enabled us to better understand people's experience of the support they received. We also spoke with two people's relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two care staff and the registered manager. During the inspection we looked at two people's support plans as well as records in relation to the management of the service including staff recruitment records, staff supervisions, complaints procedures and quality assurance records.

# Is the service safe?

## Our findings

There were systems in place protect people from abuse and avoidable harm. People's relatives told us they felt their family member was safe. One said, "My relative is safe, I have no question about that." Staff had a clear understanding of their responsibility in relation to safeguarding people. All staff we spoke with were able to describe the correct safeguarding procedures should they suspect people were at risk of harm.

Positive risk taking was integral to people's support plans and to the ethos of the service. The risks to people who lived at the service and staff had been identified, robustly recorded and regularly reviewed. Assessments were carried out around activities people undertook, community access as well as car journeys. Staff worked to reduce identified risks to people's health, safety and wellbeing when providing support. Plans were in place to ensure people and the staff who were supporting them were as safe as possible whilst going about their daily lives and enjoying their chosen activities. These were very individual to the person and gave staff information on what the risk was and how to mitigate it.

Hazards in the service were risk assessed and managed. There were up-to-date maintenance contractors' reports, including the landlord's gas safety certificate, the electrical wiring, and the safety of electrical appliances. Fire equipment was checked and serviced regularly. Records we viewed were all up to date.

Staff had been recruited safely and appropriately. Records we looked at contained completed application forms and recruitment information. We could see that staff did not start working at the service until a Disclosure and Barring Service (DBS) check was obtained. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff we spoke with described the recruitment process they undertook when applying to work at the service. One staff member told us, "My DBS came through first and then other checks, only then I could start work."

There were sufficient staff on duty to meet people's individual needs safely. Where people required one-to-one support from staff this was provided. Staff confirmed this with one saying, "There are always enough staff, there has to be here."

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet, staff held the keys with them securely. Where people were prescribed medicines on 'a when necessary' (PRN) basis, there were clear instructions for staff so they could recognise when the medicine was needed. Medicines received from and returned to the pharmacy were recorded.

Audits of medicines and medicine administration record (MAR) charts were carried out; these covered medicines and the levels of medicine stock to ensure that all medicines supplied were accounted for. This meant that medicines were stored safely, and that people were protected from the unsafe access and potential misuse of medicines.

# Is the service effective?

## Our findings

People received effective care because staff were knowledgeable and well supported through continuous learning and constructive supervision. Staff were enthusiastic about their job roles, the training they had undertaken and the support they received. People's relatives that we spoke with told us, "The staff are well trained. They are consistent in their approach which is what my [relative] needs."

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.

We looked at how the MCA was being implemented and checked whether the service was working within the principles of the MCA. We also reviewed whether any conditions on authorisations to deprive a person of their liberty were being met.

The staff we spoke with had a comprehensive understanding of the MCA. They were able to explain to us in detail not only what the Act covered but also how it applied to the people they were supporting. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They described to us how they supported people to try and make their own decisions through the use of symbols, pictures and sign language. Staff understood that decisions should be made in a person's best interests when they were unable to make it themselves. People were consistently asked for their consent and offered choices as staff were supporting them. We heard staff asking questions such as, "Which one would you like?" "What would you like to do?" and "Would you like to do that now?"

We saw that significant work had gone into carrying out capacity assessments with people. The team were proactive in their attempts to support people to understand the decision being made. The MCA is underpinned by some key principles. Principle two details that any person being supported to make their own decisions must be given all practicable help before anyone treats them as not being able to make their own decisions.

We saw that staff at The Sheiling went to far reaching efforts to support people to make their own decisions. For example, the decision to be made for one person was about whether the person had the capacity to manage their own finances and understand the value of their money. Staff had spent time with the person supporting them with their expenditure and recording as part of their capacity assessment their response to the financial transaction. We also saw that the same person was being supported through the use of replica money to understand the value. Staff told us that they would not always assume that the person did not have the capacity to understand how to manage their own finances; they would re-visit this with them.



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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate applications to lawfully deprive people of their liberty had been submitted to the authorising body. Whilst the DoLS applications were with the local authority for consideration, a weekly DoLS review record was being maintained by staff. This document was being used to record any updates in respect of the reason the DoLS application was submitted and ensured that the most up to date situation was recorded and the restrictions were in the person's best interests.

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. Staff received training that the provider deemed mandatory such as first aid, fire safety, medicines and infection control. One member of staff told us that once they had completed the medicines training they still needed to be observed three times administering people's medicines before they were permitted to carry out this task. Additional training relevant to the needs of the people they were supporting was also provided; this included training in behaviours that may challenge others. Staff also undertook training in how to communicate with people through a version of sign language known as Makaton. People living at the service used Makaton, in order to communicate. Makaton is a language programme based upon signs and symbols used with speech to help people to communicate. Staff told us that additional training was available to them and that this was also a developmental opportunity for them.

People's healthcare needs were monitored and information within support plans ensured that staff had information on how care should be delivered effectively. Regular health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing.

One of the health and social care professionals that we spoke with was, however, concerned that staff had failed to follow guidance in place around one person's specialist diet when the person had moved to the service. We spoke with the registered manager about this who told us that whilst there had been some confusion by a staff member initially, the service was working to the guidance. We were also told that staff were following the recommended specialist diet, appropriate foods were being purchased and the team were liaising with the dietician.

## Is the service caring?

### Our findings

Relatives were most complimentary about the caring nature of the staff team and had nothing but praise and complement for the service their relative received. We were told, "It is absolutely fantastic. I cannot speak highly enough of them. The staff really care." Another relative said, "It's extremely good, [relative] is really happy there." We were also told, "My [relative] is happy to go out but always happy to go back. They [relative] used to be somewhere and they would scream when it was time to go back. Now they run to the door. Actions speak louder than words."

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. They could also tell us about people's preferred routines and how they could reduce any behaviour that could challenge others from occurring through following them.

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

People were encouraged to express their views and to make choices. There was information in people's support plans about their preferences and choices regarding how they wanted to be supported by staff and we saw that this was respected. Relatives were involved in people's care assessments prior to moving to The Sheiling and then also invited to formal reviews when they took place. One relative told us, "I am invited to all reviews. They [staff and the registered manager] are aware that I want to be fully involved in [relatives] care. We discuss changes to [relatives] care plans. They arrange reviews and ensure that the date works for all of us, if it doesn't they will always change it."

We found that a key working system was used to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, as well as supporting them with changes in health, social and emotional needs. Keyworkers at the service supported people to hold keyworker meetings where they reviewed what the person liked and didn't like about their support and where they lived. Staff we spoke with told us that the keyworker also met with people to review their support plan and discuss their goals and what they would like to achieve. We saw that the staff had made this information accessible to people through the use of Widget symbols. Widget is a system which aids communication through the use of symbols which support written text to make the meaning clearer and easier to understand.

Staff encouraged people to be as independent as possible. One staff member told us, "It's great [person] can now pick out their own clothing. That is rewarding for me and makes it a good day." Another member of staff said, "We help people to make their own choices, informed choices. We offer choice using pictures or objects to help people be independent and make their own decisions."

One relative we spoke to told us how their family member was being supported to express their view. They said, "What I really like most is that they take [relatives] views and act on them. [Relative] picks out trips for example. It is all about what [relative] wants. They [staff] are encouraging independence."

We saw staff were discreet when discussing people's personal care needs with them and ensured that personal support was provided in private. The staff we spoke with explained how they maintained people's privacy and dignity, One staff member said, "I offer people choices and ensure that I respect their dignity at all times." We observed staff knocking on people's bedroom doors and waiting before entering.

## Is the service responsive?

### Our findings

The service was very responsive to people's needs. People were cared for by a team of staff that knew them well and that had an in-depth understanding of their care and support needs. People were also supported to gain maximum independence through a proactive approach by the staff. Due to people having behaviours that may have challenged themselves and others, the service followed an approach to supporting people, positive behavioural support (PBS). PBS is a way of supporting people who display, or are at risk of displaying, behaviour which challenges services. One relative told us, "My [relative] potentially could need restraining for their own safety. The staff don't ever need to do this but they are trained just in case. They also trained me in this. They were willing to do this to make sure that we are all on the 'same page' and consistent with [relative] when they come to visit me at home. They are fantastic."

Care plans were up to date, reviewed as needed and contained information about people and their preferences. We looked at one person's care plan which contained a positive behaviour support plan. This plan was a detailed strategy created to help manage behaviour which others may find challenging. The behaviour support plan provided the staff with step by step guidance on supporting the person to enjoy their life whilst enabling staff to understand when they needed to intervene to prevent an episode of challenging behaviour escalating.

People received personalised support based on their individual needs. Staff demonstrated great skill in providing person centred care for each person. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Staff had an excellent understanding of people's support needs and the staff we spoke with told us it was extremely important to people that there was consistent approach to communication. We saw that people were supported to understand what was happening in the day and make plans for their future using the communication system Widget.

Information in Widget format was used extensively within the service to support people and communicate. One person used Widget symbols to plan their day and the structure of it, using a Widget symbol to identify what was going to be happening. Staff told us that it was very important that this person had their plan in place and were supported to return to update their plan throughout the day. We saw throughout our inspection that people were supported by staff to carry out this task.

Additional work had taken place with people using Widget symbols to help them develop their comprehension of their environment, daily living skills and to maximise their independence. One person worked with staff around safety considerations such as road traffic, safety and healthy lifestyles choices. People were also being supported by staff to develop their handwriting skills. We told by one relative, "They enable my [relative] to live their life but they also encourage independence and skills such as how to tidy up."

People used their Widget plans to help them manage other areas of their lives. One person had a countdown chart of when they would next see their relative which enabled them to understand how long it

would be and they could actively be involved in changing the chart each day. Another person used a Widget plan to count down how long it was until they were purchasing their next computer game. Both of these examples demonstrated how staff supported people to be aware of their plans and was fundamental to how the service communicated with people to reduce any behaviours which may have potentially challenged.

Staff spoke with pride about the people they cared for and their accomplishments. The staff we spoke with told us about the support they offered people and the approaches they used to help people achieve their full potential. One staff member told us about supporting one person to achieve swimming sessions which had been a challenge due to the persons understanding of the outside world. The staff member said, "[Person] now goes swimming every week. I have never seen [person] laugh so much. It makes me smile too." A relative said, "My relative is coming on leaps and bounds. When they first moved here they had no speech, we were told when they were young that they wouldn't ever speak. Now because of their hard work [relative] is saying so many words." During our visit we saw a staff member working with the person on practising their use of sign language and speech.

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. We saw people were able to spend time how they wanted. Some people chose to listen to music or watch television in the communal lounge. During our inspection one person was supported to go out for a picnic to an area that staff told us they loved going to. Another person was receiving one to one support from a staff member and was able to choose what music they wished to listen to and which board game they wanted a staff member to play with them.

Records showed the service had not received any formal complaints in the last 12 months. We saw that information on how to make a complaint was available in a symbol format and was displayed on the notice board within the hallway. Relatives and staff we spoke with told us the manager was approachable and if they had any concerns, they would speak with the manager. Relatives were aware of how to complain, we saw the complaints process was available in the service.

# Is the service well-led?

## Our findings

The registered manager and staff demonstrated a commitment to continuously improving the quality of the service people received. Relatives we spoke with were collectively all very complementary about the registered manager and the way the service was led. One relative told us, "I can't speak highly enough of the manager." We were also told by another relative, "The manager is very approachable. She also asks us what she can do to support us as well."

Despite people having complex needs and at times requiring two to one staff support, we could see that the staff team worked cohesively which helped them to provide good care for people and enabled them to feel supported within the work environment. Staff told us about the ethos and culture of the team that had been developed. One staff member said, "It's about supporting people to be happy and live their lives the way they want to." The registered manager described their approach and the culture of the service and said, "I instil a no blame culture. Staff can speak up if there is a concern or they make a mistake and we can fix it. As a result the service and staff are relaxed. The staff work very hard."

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

Staff and peoples relatives told us that the registered manager was approachable and supportive and they could speak to her at any time. One staff member said, "I feel so supported. If the manager isn't here, I know she is always at the end of the telephone line for us."

The service demonstrated inspiring leadership and management. We found that the registered manager participated in a number of forums for exchanging information and ideas and providing people with best practice. The registered manager had accredited the service with the British Institute for Learning Disabilities (BILD). This enabled them to access current information so they could they deliver effective care and support based on best practice. The registered manager also told us that they had recently presented at a BILD conference workshop. The workshop was about the use of individualised protocols for day to day living.

In addition the registered manager told us that they had worked with Warwick University on a project called 'Who's challenging who?' We were told that the aim of this piece of work was to develop better communications systems for people with a learning disability.

We found quality monitoring systems were well established and used for evaluating information about the service. There was a timetable of audits that had been undertaken and those that were planned to be completed. Staff had received a presentation on what audits were and what they were used for. Checks were carried out in a number of areas of service delivery such as medicines, infection control, complaints and serious incidents. Monthly reviews of any necessary physical interventions carried out with people were

carried out. This enable the registered manager to monitor the number of times a person may have had a physical intervention, in order that they could ascertain that it was not occurring too frequently and only when absolutely necessary.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture, with discussions about people's weekly progress, updates for staff, audits and the importance of consistency for people's support. Staff we spoke with told us that they found the staff meetings helpful and that they were able to contribute to them.

Records showed that the provider had systems in place to monitor the quality. People were supplied with a pictorial survey which used both symbols and photographs and covered areas such as whether the person was happy with their bedroom or not. The completed surveys also included an explanation of how staff had supported the person with completing it. We saw records from a relative's satisfaction survey which had been undertaken. One family had described The Sheiling in their response as, 'absolutely outstanding.'

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.