

Progress Pathways Limited

The Sheiling

Inspection report

Squires Hill
Marham
Kings Lynn
Norfolk
PE33 9JT

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07 March 2019
08 March 2019

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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

About the service:

The Sheiling is a small residential care home registered to provide personal care. Staff provide care and support for up to three younger adults who have a learning disability and whose behaviours may be challenging. At the time of our visit there were three people using the service.

People's experience of using this service:

- The staff team were committed to ensuring people lived fulfilling lives. The whole focus of people's care was person centred and focused on promoting their independence and social inclusion. Staff and the management team empowered people to have as much control over their lives as possible and to achieve their maximum potential. The service had taken steps to meet people's communication needs and we saw a range of communication plans and tools that were in use. These had been tailored to each individual and ensured effective communication took place.
- Staff empowered people with complex needs and behaviours to feel a part of their community, and to achieve their goals. Each person had a personalised pictorial activity plan and were supported to take part in activities of their choosing. Staff supported people by responding to their communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- People were protected by staff who understood how to protect them from avoidable harm. The risks to people's health and wellbeing were assessed and action taken to reduce them. There were enough staff deployed to keep people safe. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. There were systems to learn from mistakes including the detailed analysis of accidents and incidents.
- Staff received training to enable them to do their jobs well. People were provided with care and support which protected them from discrimination. They were supported to maintain a healthy diet and had access to other health and social care agencies when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was adapted to meet their needs
- There were kind and caring relationships between people and staff which were based on dignity and respect. People and their relatives were involved with decisions and felt that staff respected their wishes. Families were welcomed to the service at any time.
- People had care and support provided which met their preferences. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life

care.

- Staff enjoyed working at the service and felt respected and valued. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

More information is in Detailed Findings below.

Rating at last inspection: At our last inspection (report published 10 September 2016) we rated the service as Good. This rating has not changed and the service remains Good.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

The Sheiling

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

The Sheiling is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure someone would be available to assist us with our inspection.

Inspection site visit activity started on 7 March 2019 and ended on the 8 March 2019. We visited the service

location on 7 March 2019 to talk with people using the service, staff and to look at records. On the 8 March 2019 we spoke with relatives on the phone to gain their feedback about the service.

What we did:

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this ten months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. People using the service were not able to talk with us about their care experiences so we spoke with three relatives. We had discussions with four staff members that included the registered manager, the deputy manager and two care and staff support.

We reviewed care plans for two people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings' minutes and quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us they had no concerns about the safety of their family members living at the service. One relative said, "[Name of family member] always has one staff to support them at all times."
- Staff understood their roles and responsibilities to safeguard people and were supported by up to date and clear policies and procedures. One staff member told us, "We have training in safeguarding and I would report any concerns I had straight away."
- All the staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training. When safeguarding concerns were raised we saw that action was taken to protect people from further harm.

Assessing risk, safety monitoring and management:

- Risks to people had been assessed and their safety monitored. There were detailed risk management plans to identify all the risks present within a person's life. These included accessing the community, environmental risks and behavioural plans.
- Risk assessments were reviewed on a regular basis or when there was a change in a person's individual circumstances.
- Each person's support plan was personalised to them and detailed the behaviours they might need support to manage. They described what triggers a person may have and the best and least restrictive way to make sure people were kept safe. Staff felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

Staffing and recruitment:

- Relatives and staff told us staffing levels were appropriate to meet people's needs. One relative whose family member had staff support at all times said, "They manage this [level of support] at all times."
- Staff also felt staffing levels were sufficient to meet people's needs and one told us, "The staffing here is very good. It's exceptional."
- The staff rotas showed there were consistent staff to support each individual.
- Records demonstrated that the service carried out safe and thorough recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

Using medicines safely:

- There were robust systems in place to ensure medicines were stored and administered safely by trained staff. One relative told us they felt their family member's medication was well managed, "There have never been any problems."
- The practice at the service was for two staff to support each person to take their medication. One member of staff administered the medication and the other member of staff observed. Staff confirmed this was the usual practice and one said, "We always do the medication in pairs."
- We saw medication administration records (MAR) had been completed accurately after each person had received their medicine.
- Staff told us and records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene.
- There were guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and reviewed by the registered manager.
- The service supported people with complex needs that changed regularly. Staff told us that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required.
- The PIR informed us that there was a serious untoward incident analysis procedure in place to analyse any serious incidents. This meant that staff could identify any issues and put in place recommendations to ensure there was no reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The needs of people were assessed prior to them living at the service so that the support they needed could be identified. There was information about the healthcare professionals that needed to be involved in the persons care to ensure care was based on up to date legislation, standards and best practice.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. This meant people's needs and choices were thoroughly assessed to help ensure they received effective care and support.
- A relative told us about the assessment process that took place with their family member. They said, "[Name offamily member] was in a different service before but needed to find a more suitable place to live. Everything fell into place nicely. The transition was planned very well and [name of relative] has settled in really well."

Staff support: induction, training, skills and experience:

- People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "In my opinion the staff are very well trained. They know how to look after [name of relative] who has some challenging needs, but they get it just right."
- Staff told us and records confirmed they had completed induction training when they first commenced work at the service. They explained they had worked alongside, and shadowed more experienced members of staff, which had allowed them to get to know people before working independently.
- Staff confirmed they received on-going and specialist training that was applicable to their roles. This included training in positive behaviour support. This training focused on positive approaches to behaviour when supporting individuals in a sensitive and caring way.
- Staff felt appreciated and were encouraged to increase and develop their skills and knowledge. There were regular team meetings and supervision meetings if staff felt they needed extra support or training.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to maintain a healthy and balanced diet. We saw that people were supported with pictorial menu plans and were given the structure and routine around food and mealtimes that they required.
- The staff all had a good knowledge of what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing.
- Care plans documented people's preferences and any requirements they had with food and drink.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- People were supported to lead healthy lifestyles, make healthy choices and have access to appropriate healthcare. A relative told us, "The staff arrange and support [relative] to visit health appointments."
- Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed regularly to check they had been updated in line with their needs.
- People were supported by staff to use and access a wide variety of other services and social care professionals.

Adapting service, design, decoration to meet people's needs:

- There was a homely environment and was well maintained. Regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

Ensuring consent to care and treatment in line with law and guidance:

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA. At the time of our visit there was no one living at the service being deprived of their liberty. We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Staff were passionate about providing a friendly and caring environment for the people using the service. They had detailed knowledge of the people they supported and had developed positive relationships with them. One relative said, "The staff have all been brilliant. When new staff are recruited, they are not just thrown in at the deep end. They shadow more experienced staff until they know how to care for [name of relative] properly."
- During our inspection, we saw that staff were kind and caring towards people and gave them the time they needed to communicate and complete the routines that were important to them.
- Staff told us that working on a one to one basis with people helped them to build up relationships and get to know each person as an individual. One staff member told us, "We are like a small family." Another told us, "You can't help but make a connection and bond in some way."
- People had a positive behaviour support plan in place to ensure they were being supported in the way they wanted and preferred.

Supporting people to express their views and be involved in making decisions about their care:

- The PIR informed us that people met with their key workers on a monthly basis to discuss their care and support where possible. Where people had support from family, key workers would meet with family members and ensure they were happy with the care and support their family members received.
- People were involved in every aspect of their care and support. For example, we saw that people organised their day with staff using individual schedules and pictorial prompts because their routines were extremely important.
- Staff worked in ways to support people to make their needs known, where they were unable to do this for themselves. For example, we saw one person being supported to complete their schedule or time table for the following week. We saw they made all the choices about what they wanted to do.
- We saw that people could have access to an advocate for support when making care and support decisions. No one was using the services of an advocate at the time of our visit.

Respecting and promoting people's privacy, dignity and independence:

- The privacy and dignity of each person was respected by all staff. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.
- Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. Staff

were able to give us examples of how they maintained people's privacy and dignity.

- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. We have rated this Good and noted that there were some elements of outstanding.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care was completely bespoke and tailored to meet the needs of each person and where possible people and their relatives were fully involved in their care. One relative told us, "Staff have an excellent understanding of [name of relative] and have a drive and passion to help them achieve as much as they can."
- Staff were passionate about supporting people to try new experiences. A staff member said, "We are always trying to think out of the box and see what else is possible. We want the best for these guys and we never give up trying to make things better for them."
- The provider completed a very comprehensive assessment before a care package was agreed. This focused on what was most important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, their health needs, beliefs, hobbies and interests.
- Relatives told us their family members were central to their care. Comments from relatives included, "Communication is excellent and we are listened to." Another told us, "[Name of relative] has some behaviours that are difficult to manage. I have been able to give the staff some help and advice which they have used to support [name of relative]."
- The service had taken innovative steps to meet people's information and communication needs. There was an array of communication plans and tools that were tailored to meet each person's communication needs. The service used pictorial timetables and technology to support people with preparing and understanding a wide variety of tasks.
- People's cultural needs were identified in their care plans. For example, if people wanted staff of a particular gender to meet their personal support needs the service could provide this. Staff liaised with people and their families to ensure that any needs relating to their religion or family traditions were met.
- Relatives told us people took part in activities at the service and in the wider community. Activities were chosen by each person and were personalised to meet their needs. One relative said their family member was supported to take part in activities in the community and the staff were excellent at providing the right support.
- People using the service always had suitable numbers of staff to support them when accessing the community and activities of their choice. This ensured they were well supported and could be kept safe if they became anxious.
- People had a copy of an accessible information standard leaflet. These could be provided in easy read format. However easy read formats were not always appropriate for people using the service. The PIR informed us that the service used a computer programme called 'communicate in print', which could turn words into symbols.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure in place that was accessible to people's relatives. One relative told us, "I haven't had to make any complaints but I would if I needed to."
- We were told that people living at the service would find it very difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- Staff told us they would raise any changes in behaviour or any concerns that a person may not be happy to the management team. We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support:

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- The registered manager and the deputy manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They confirmed that they understood their right to share any concerns about the care at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and the staff team were clear about their roles, and understood quality performance, risks and regulatory requirements.
- We found a clear management structure in place and the registered manager and senior staff had the skills and knowledge to perform their roles.
- People and relatives spoke positively about the leadership of the home. One relative said, "[Name of registered and deputy manager] are very approachable and I can always talk to them. The home is very well managed."
- Staff praised the support they received from the registered manager and the deputy manager. One member of staff told us, "I love it here. We are like a family and we get lots of support." A second member of staff commented, "[Names of registered and deputy manager] are very supportive and have an open-door policy. We can talk about anything."
- The PIR informed us that there was a champion system in place that empowered staff to drive improvements and new initiatives. Staff felt empowered to lead within their own areas of the service and initiate new ways of working.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The PIR informed us that people where possible and relatives were asked to fill in an annual survey to get

their feedback on the service.

- Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.
- The service worked passionately to meet people's communication needs. Where there were communication difficulties the staff worked on a variety of adapted communication styles to enable them to communicate with people and understand their support needs.

Continuous learning and improving care:

- The PIR informs us that there was an eight-weekly reflection sheet in place to enable staff to reflect on good practice and what they could have done better; to constantly improve practice.
- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- There were internal systems in place to report accidents and incidents, which were investigated by the management team and staff. The registered manager told us that following any incidents there would be a review where staff involved were de-briefed on the incident, support plans would be updated and if needed new strategies introduced.

Working in partnership with others:

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, health professionals such as GP practice's. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.
- The service was a member of BILD (British Institute of Learning Disabilities) and the Challenging Behaviour Society and received regular updates on best practice. The service worked closely with professionals such as Speech and Language therapist and received regular updates from Norfolk County Council about changes to practice.