Mitchell's Care Homes Limited

The Sheiling

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

The Sheiling is a care home providing accommodation, personal care and support for up to ten adults who have a learning disability, physical disability or mental health conditions.

When we carried out our unannounced inspection on 15 January 2018, there were ten people living at the home at the time of our inspection.

There was a registered manager in place. 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.

People were treated by staff who were kind and caring. Staff treated people with respect and maintained their dignity. People were able to make their own choices and encouraged to be independent. People received care that was personalised to their individual needs. Support plans reflected people's needs and preferences

People were supported by sufficient numbers of staff to meet their needs and keep them safe. Good recruitment procedures were followed to ensure only suitable staff were employed. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. The provider did not have robust processes that had ensured people finances were managed appropriately which was subject to an investigation. However, we had no concerns about the processes within The Sheiling in relation to people's finances.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were analysed and discussed within the team so lessons were learnt. Regular checks were carried out at the service to ensure the home was safe and well maintained and the provider had a contingency plan to ensure that people's care would continue in the event of an emergency.

There were good medicine management processes in place and where people lived was clean and hygienic. The home was adapted to help ensure it was suitable for people and their needs.

People's needs had been assessed before they moved into the home. Staff had the training and support they needed to carry out their roles effectively. All staff attended an induction when they started work and were required to undertake a nationally recognised set of care standards.

People's rights under the Mental Capacity Act 2005 were respected. Where people lacked capacity the legal requirements were followed to help ensure decisions were made in their best interests.

People were able to make choices about the food they ate and where people had a specific diet this was

provided to them. People were supported to maintain good health and to obtain treatment when they needed it. Each person had a health action plan which detailed their health needs and the support they needed.

People had opportunities to take part in activities that reflected their interests. People were supported to access the local community which enabled them to meet people outside of the service. There were appropriate procedures for managing complaints.

People, relatives and staff felt the service was well managed by the registered manager. There was the opportunity for everyone to give their feedback and suggestions and these were reviewed and the registered manager responded positively to feedback.

The staff and provider's quality monitoring systems were effective in ensuring people received good quality care and support. Staff had established effective links with external agencies and health and social care professionals to ensure people received the care they needed. The standard of record-keeping was good. People's care records were kept up to date and stored accessibly yet 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?

Good

The service was safe.

There were enough staff deployed to meet people's needs and keep them safe.

People's risks had been identified and appropriate action taken. People received the medicines that they were prescribed.

Staff understood their roles in relation to safeguarding people and the staff followed good infection control procedures.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Is the service effective?

Good

The service was effective.

Staff had access to the support, supervision and training they needed to support people effectively.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were given a choice of foods and were encouraged to eat a healthy diet.

People had access to healthcare professionals should they need them.

Adaptations were made in the home to help meet people's needs.

Is the service caring?

Good

The service was caring.

People received kind care from staff who knew people well.

People were treated with respect and dignity.

People were encouraged to make their own choices and to be independent.

Is the service responsive?

Good

The service was responsive.

People received care that reflected their individual needs and preferences.

People had access to activities they enjoyed.

People were involved in their local community.

There was a complaints procedure in place should people have the need to raise complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership for the service.

People were encouraged to give their views about the care they received.

Quality monitoring systems were in place to help ensure people received a good standard of care.

Records were kept confidentially and there was a good standard of record keeping.

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 checked 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 15 January 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we gathered information about the service. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service 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). 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.

As part of our inspection we spoke briefly with two people. We also spoke with four relatives and three staff, plus the registered manager. We observed caring interactions between people and staff. We reviewed the care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff, people and relatives.

Our last inspection was in October 2016 in which we gave the service a 'Requires Improvement' rating.

Good

Is the service safe?

Our findings

Relative's told us they felt their family member was safe living at The Sheiling. One relative told us, "The staff know her very well and they are very diligent." Another said, "I think she is safe because staff are very good."

Risks to people had been identified and guidelines were in place to help staff to ensure people were kept safe. Risk assessments covered areas such as moving and handling mobility, eating and drinking and personal care. One person displayed behaviours such as pinching and slapping. We read guidance and information in place which demonstrated staff had considered why this person behaved in this way and suggested ways in which to reduce the risk of harm to themselves or others. This included distracting the person by trying a new activity and recognising positive behaviours by giving a 'thumbs up' sign. We saw staff do this when the person cleared some cups from the lounge into the kitchen. A staff member told us, "[Name] is at risk of falls and she uses a walker. We walk beside her when we are out. When we went on holiday we did a risk assessment and decided that for long walks we would use the wheelchair which she was happy with. But we wouldn't use if for short journeys as we wouldn't keep her in the wheelchair if she could walk." A relative told us, "They (staff) are there to give her support when she needs it (to keep her safe)."

Accidents and incidents were recorded in detail by staff and reviewed by the registered manager to identify actions that could be taken to prevent the event recurring. Accident and incident records were also analysed monthly by the registered provider to look for trends or emerging patterns.

There were a sufficient number of staff deployed to keep people safe and meet their needs. The rota was planned to ensure there was always a driver on duty to enable people to attend external activities. We saw people being taken out throughout the day and there was always enough staff to support them whilst leaving sufficient staff within the service to attend to those people who remained. Staff told us they felt there were enough staff to meet people's needs. A relative told us, "They are very fortunate to have the staff levels they have."

People were protected from potential abuse because staff understood their roles in keeping people safe. We also noted that information in relation to safeguarding was displayed in pictorial format for people to see. We read in the provider's Provider Information Return (PIR), 'staff
receive training and on-going competency assessment so that they can recognise potential abuse and know how to act in such cases'. We found this to be the case. All staff attended safeguarding training in their induction and regular refresher training. Staff knew how to raise any concerns they had outside the home if necessary, for example with the local authority safeguarding team. Where safeguarding incidents had occurred the registered manager had worked with the external agencies and provided them with the information they required. A staff member told us, "I would raise the alarm. I wouldn't let any staff member put any of the client's in danger."

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form, provide references, proof of identity, proof of address and a Disclosure and Barring

Service (DBS) certificate before staff starting to work at The Sheiling. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff maintained appropriate standards of fire safety. Regular in-house checks were made on the fire alarm system and routine fire drills were carried out. There was a fire risk assessment in place for the home and a personalised emergency evacuation plan had been developed for each person. For example, one person's detailed that they would need to use a wheelchair outdoors. In the event of an emergency the provider had developed a contingency plan which provided guidance for staff. If people had to move out of The Sheiling they would be relocated to another of the provider's locations.

Medicines were managed and administered safely. Medicines were stored safely and staff checked the temperature of the storage facility to help ensure medicines were kept at an appropriate temperature. Each person had a Medicine Management Record (MAR) and we found that these were completed properly with no gaps or omissions. Where people had been on leave with their family we saw this was recorded accurately on their MAR chart. People who required PRN (as needed) medicines had protocols in place to guide staff on why it may be needed, dosage and frequency. Where people had received PRN medicines staff clearly recorded the reason why.

People lived in an environment that was clean and hygienic. We read in the provider's PIR, 'staff uses protective personal equipment and also colour coding system are used to stop cross infection'. We found this to be the case. There was a cleaning schedule in place which ensured that all areas of the home were cleaned regularly and people were involved in helping to keep their home clean. We observed the kitchen was clean and tidy and there was sufficient protective equipment available for staff, such as gloves and aprons. A staff member told us, "We put soiled items in the red laundry bad and pads are disposed of appropriately. There are blue gloves that we use for food hygiene. If we're cleaning the floors we need to use the appropriate coloured mops. Cleanliness is a high priority." Another staff member said, "The place is always clean and there are no smells." A relative told us, "The house is always clean and hygienic, there is a lot of floor cleaning that goes on."

Good

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. A relative told us, "She was originally here on respite, but she asked if she could come back for dinner and then moved in a month later. It was a gradual transition. Any issues were discussed and sorted between us and [the registered manager]."

People were cared for by staff who had access to the training and support they needed to carry out their roles. New staff underwent an induction and were expected to complete the Care Certificate if they had not already done so. The Care Certificate is a set of nationally agreed standards that health and social care workers should demonstrate in their daily lives. Staff were encouraged to work towards other relevant qualifications in health and social care. The provider supported staff to achieve these qualifications by arranging an assessor who observed staff and provided them with feedback and advice about their practice. A staff member told us, "The training is good. It works well. I feel happy and confident." Another staff member said, "The induction was good and we have so much training to do. It's very good." A relative told us, "Staff are very well trained. They instinctively do the right thing at the right time. They respond very quickly to prevent things going wrong."

The registered manager told us that they arranged additional training when required to meet people's needs. One person had emotional needs and the registered manager had arranged training for staff to enable them to provide the support the person required. A staff member said, "[Name] is very good at organising training if we want it. We had autism training and Makaton (a form of sign language) as well. We've also had dementia training because some people are starting to exhibit more dementia type symptoms." A relative told us, "The staff are trained well. She has particular needs and they attend to those."

Staff had the opportunity to meet with their line manager on a one to one basis to discuss all aspects of their work. This was used as an opportunity to talk about any additional training that was required.

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 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider told us in their PIR, 'staff understand and have a good working knowledge of the deprivation of liberty safeguards and Mental Capacity Act 2005 (MCA) and they put these into practice to ensure that

people's human and legal rights are respected'. We found this to be the case. Staff followed appropriate procedures to ensure that people's rights under the MCA were protected. Capacity assessments had been carried out where necessary to determine whether people needed support when decisions that affected them were being made. Staff presented information to people in ways they best understood, which helped their decision-making, for example in pictorial format. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. For example, in the case of one person who required some medical intervention. We read that the person's GP had been involved in the best interests discussions in relation to this. Where people were subject to restrictions for their own safety, applications for DoLS authorisations had been submitted to the local authority. A staff member told us, "Everyone is deemed to have capacity. Each situation is different and we need to support people to make decisions when they can. That's why we have picture charts to help them. We can't deprive people of their liberty." A relative told us, "They listen to her."

People had a choice of foods made available to them and where people had a specific dietary or cultural diet requirement this was provided to them. We read that where people were at risk of choking, guidance was sought from the Speech and Language Therapy team. Any guidelines put in place by healthcare professionals had been incorporated in people's care plans and was followed by staff. One person ate specific foods and we noted they had a separate menu in order to ensure they ate the foods they wished. The communal menu was planned in advance and checked by a dietician to help ensure it contained a good balance of healthy and nutritious and appropriate foods.

People benefitted from the use of technology to assist them in making their own choices and to help them to remain independent. The registered manager showed us they used electronic tablets to assist people in making meal choices. These had programmes which displayed different types of foods and menus.

People were supported to stay healthy and to obtain treatment if they needed it. We saw evidence of people attending a variety of health appointments, which included an annual health check by the GP. Records demonstrated that people's healthcare needs were monitored by staff and that relevant healthcare professionals were consulted about people's care where necessary. Where recommendations were made, staff followed this up. For example, one person had been for a healthcare appointment and it was suggested a medicines review should take place and a referral to the psychologist made and occupational therapist had to be made. We noted these had all happened. Staff had developed a heath action plan for each person which recorded their medical history, any health needs they had and any treatment they received. Each person had a hospital passport, which provided important information for medical staff in the event of a hospital admission. A relative told us, "They are very supportive when she is unwell and they are on the phone to me." Another relative said, "They let me know of anything that may concern me, for example if she is unwell."

Staff sought guidance from other professionals to help ensure people would receive effective care. One person had been diagnosed with epilepsy and although they had not had any seizures for a number of years, staff had arranged for a neurologist to assess the person with regard to this.

People lived in an environment that was suitable for their needs. The living accommodation was large and spacious and gave people room to move about without risk. Each person had their own bedroom which contained personal belongings and there were a sufficient number of bathroom facilities on both the ground and first floor for people together with a large kitchen area. One bathroom had recently been converted to a wet room to accommodate some people who had reduced mobility.

Good

Is the service caring?

Our findings

The provider told us in their PIR, 'when we recruit new staff, we draw up a person specification. This includes the key personal qualities that we desire. These are: kindness, compassion, respect for others, empowerment and promotion of dignity'. The feedback from relatives supported this as they told us there was a kind and caring atmosphere in the home where people were happy. One relative said, "It ticks all the boxes. There are consistent staff and they know her well." Another relative told us, "They (staff) are very kind. She is happy." A third said, "The staff are always nice and helpful. She always seems happy."

Relatives told us that staff treated their family members with respect and maintained their dignity. One relative said, "She is always immaculate in terms of her personal care. Her teeth are perfect and staff take care." They added, "Staff knock on her door. They don't just barge in." Another told us, "She always looks well looked after." A staff member told us, "It's the way you speak to people. If they ask for something you give it to them. If they go to their room you knock. They ask you and you respond."

People were shown attention by staff and were made to feel as though they mattered. One relative told us, "[Name] is very happy there. In fact they all seem to be very happy. Staff are very caring." Whilst we spoke with staff during the inspection they were interrupted by people at times. Without exception on each occasion staff put the person's needs, rather than ours, first. We observed a staff member engaging with one person during the morning. They were helping them focus on their colouring. The staff member interacted with the person pleasantly and in turn the person was seen to smile and make happy noises. When we arrived we were introduced to people and one person came to talk to us. As they spoke they were cuddling a staff member and were clearly very fond of them. A staff member told us, "I get to know people by giving them attention and my time."

People were understood by staff. We saw a staff member spend time with one person. They were patient with them and they used communication signs to focus the person on what was happening. The staff member provided regular updates to the person telling them how long it would be until they went out and we saw they accompanied this person out at the time they had been told. A relative told us, "The staff do a wonderful job. I am amazed at how good they are."

People were encouraged to make choices about their daily lives and to remain as independent as possible. During our inspection we saw two people go out independently. Other people who remained in the home chose what they wished to do. For example, one person sat and did their colouring another person chose to walk around the house. People were involved in the running of the house in that they undertook cleaning tasks and assisted at meals times. For example, the communal menu showed that one person liked to bring out the cereal for breakfast and another liked to make the toast. One person told us how they had cleaned the bathrooms and they enjoyed doing the cleaning and another helped with the laundry and we saw them helping to put it away during the morning. This same person brought the post to the registered manager when it arrived. As part of belonging to a local church group people had been supported to conduct elements of the religious services, such as leading the prayers or teaching the congregation actions to their songs. As such people had grown in confidence. A relative told us, "During her reviews she gives her views

and staff listen and discuss them."

People's privacy was respected. We noted that some people's bedroom doors were locked. The registered manager told us that this was because people preferred their rooms locked when they were away from the home. People held their own keys and could lock and unlock their doors as they wished. One relative told us, "She now has a key to her bedroom which means she can lock it when she wishes. It is a lot better as people don't disturb her."

People's cultural and spiritual needs were recognised. The provider has stated in their PIR, 'the plans take account of things that define service users i.e. their cultural background, gender and religious preferences'. We found this to be the case. Some people attended the local church for services. Another person practised a different faith and as such they attended their local place of worship once a month. This was clearly detailed in their activity schedule and there was a specific care plan in place for this. This same person had specific foods they liked and again we read their care plan recorded that they enjoyed particular foods that, 'tasted of being at home'.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs and relative's wishes. A relative said, "Staff know she has had pneumonia and they always make sure they keep her warm." Another relative told us staff were responsive to people. They said, "She has emotional needs and these are met by staff." We were told that a relative had called staff mid-morning and asked that their family member came to them for home leave for a few days. Staff responded immediately by organising the person's medicines and changing their plans for the day to accommodate the relative and as such the person was taken to their relative's house for their period of leave. The registered manager told us, "Why wouldn't [name] want him home with her. He is her son after all. He enjoys spending time there."

Each person had an allocated keyworker who played an important role in monitoring the service people received. Keyworkers reviewed people's support plans to help ensure they reflected the most current information about a person and they recorded aspects of a person's care over a period of time. This could include any positives, negatives or wishes. A staff member told us, "We have got to know our service users well and we know them as individuals. As a keyworker we are there for people if they wish to talk to us, have concerns or personal issues and we support them to do things that they want, like go on holiday."

People's supports plans covered all aspects of a person's care needs. They included their likes and dislikes, information about nutrition, socialising, mobility, sleep and communication. Pictures were used to help demonstrate people's individuality. For example, in the case of one person who did not like others invading their personal space. There were plans for personal care, life skills and activities. One person communicated through sounds and some Makaton and we saw staff use this when telling the person they were going out for lunch. A staff member told us, "I look in the care plans and I read the care that is needed and I see that being given by staff."

People's support plans were individualised. One person had behaviours that may cause themselves or others harm and we read a behaviour management strategy care plan for them. Another person had diabetes and there was a specific care plan relating to this which covered the signs of hyperglycaemic attack (caused by high blood sugar levels) and hypoglycaemic attack (caused by low blood sugar levels).

Although no one was receiving end of life care and the majority of people living at The Sheiling were young adults, the registered manager told us that as a result of one person's relative developing a funeral plan for their family member they had made it their task for this year to look at doing this with other people. They told us, "It is a sensitive but important topic."

People had opportunities to participate in activities that met their individual needs. A relative told us, "They support her in her activities. They are definitely person-centred, it's amazing. She wanted an art therapy course and they organised it for her." Another relative said, "When I ring her she has always done something or been somewhere." The provider told us in their PIR, 'most of our service users attend day care and have the opportunity to explore in their preferred activity of choices'. We found this to be the case. Each person had a weekly activities schedule. The registered manager told us activities were always planned but that

people's schedules were flexible to take account of their individual needs. Two people had been on holiday in the summer with staff support. For them, this was the first time they had been abroad for a number of years. We were shown pictures from the planning of the holiday, through to the choosing of the destination and the holiday itself. It was clear from these that staff had taken time with people to support them to make their own decisions and help them by arranging passports, flights and accommodation. The photographs showed people had enjoyed the holiday. A relative wrote to thank staff saying, 'It's lovely to see and to know how she has come on. It really surprises me. She seems a very happy person. I think it is a really good idea for [name] and [name] to go to Spain for the week. That will certainly suit them'. Other activities included swimming, music, horse riding, trampolining and attending day centres. A relative told us, "(Day centre) has been an absolute godsend to her. She loves it." Where people spent more time indoors there were electronic tablets which they could use to listen to music, for example. One person told us, "I love it here. I love the activities that go on."

People were active in their local community and regularly walked to local shops, pubs, cafes and church. Several people visited the local church regularly which had set up a special group for people living at The Sheiling as well as other local adults with a learning disability. People had established friendships through their attendance and in turn when out in town people from the congregation recognised and spoke with them. Activities within the group included religious teaching as well as singing, dancing, drama and artwork. The registered manager provided a staff member to help with transport for members in order to ensure people were able to attend. Representatives from the church reported, 'we have always been welcomed by the manager and other staff and have been able to enjoy contact and conversations in the lounge with members of the group and other residents'.

There were appropriate procedures for managing complaints. We noted this was also in pictorial format so people could understand it. We noted one complaint had been received since our last inspection and we read that the registered manager had met with the complainant to discuss their concerns and address them. A relative told us they had not needed to make a complaint however they said, "I have made a few suggestions and these have been acted on very quickly. Everything I suggested has happened."

Good

Is the service well-led?

Our findings

Relatives gave us positive feedback in relation to the registered manager and staff. One relative said, "[Name] is brilliant. He is always in contact and shows concern. He is always doing that bit extra and is taking the house in the right direction." They went on to name some individual staff who they felt were also very good. Another relative told us, "He does very well and he keeps me informed." A third said, "I speak to the manager every month. He is very open. If he thinks I can help him with something he lets me know." Another relative had written in their survey feedback, 'the home manager is fully committed to the service users'.

Staff said they received good support from the registered manager and deputy manager. One staff member told us, "[Registered manager] listens. He's brilliant. Very caring about the individuals and ever so supportive. He has worked so hard." They told us they felt valued by the registered manager and deputy manager and said, "That's why I enjoy the job so much. Everybody supports each other and [registered manager] and [deputy manager] have got all the staff pulling in the same direction." Another staff member said, "He is very good. He is there to support you. It's great team work we have going on here." In turn the registered manager praised the staff. He told us, "I have a very good team of staff."

The registered manager worked in conjunction with external agencies and health care professionals in relation to people's care. They told us they had a good relationship with the local psychiatrist and as such felt supported by them and respected their input. They added, "I have good support and working relationships with all the professionals and agencies I deal with regularly."

The registered manager had people's interest and well-being as a high priority. They told us how they funded one to one care for one person as it was required but funding was not forthcoming from the local authority. In addition, this person's opportunity to attend a day centre had changed and as such the registered manager was championing to get alternative opportunities arranged for this person. They had also worked with social services to increase the package another person had in order that they could go to an alternative day centre. They told us, "It is my job to always advocate for the service users." A relative told us, "They (staff) fought hard to get her a wheelchair that actually fits her and a correct bed and they continue to fight for people."

Staff looked for ways to continually improve the service people received. They told us how they had improved the garden area which including purchasing new furniture and fitting a hand rail for the access into the garden. In addition, one bathroom had been refurbished and turned into a wet room.

The home's quality monitoring systems helped ensure people received a good quality of care. The provider had told us in their PIR, 'we consistently measure against regulatory compliance objectives as well as conducting internal auditing procedures to effectively monitor and improve performance'. We saw evidence of this at our inspection. Staff and the management team carried out regular checks on key aspects of the service including health and safety, medicines management, infection control and fire safety. We saw that any shortfalls identified through these checks were addressed. For example, fire exits signs were needed in

some areas of the house and people's individual evacuation plans had been reviewed. A member of the provider's senior management team carried out monthly audits looking at different CQC key lines of enquiry each time. We noted they covered all topics and checked for evidence that staff were achieving them. For example, they checked that staff had undertaken equality and diversity training, they noted staff referred to NICE guidance for some aspects of care and that staff interviewed had a good knowledge in certain areas.

People, relatives and advocates had the opportunity to give their feedback about the service. House meetings were held and we read that topics covered included suggestions for days out, cleaning rota's, general maintenance around the house, menus and holidays. We noted that the registered manager made a point of thanking each person in turn for their contribution to chores within the house. Minutes of meetings were produced in pictorial format and where people could they had signed to indicate they had seen them. We also saw people had been shown the last CQC report and had signed to indicate they had seen it.

We looked at the results of the most recent survey in relation to The Sheiling. We read that everyone was happy with the service that was provided and responses were positive. Some comments included, 'gets daily support with staff at all times', 'happy with the support' and, 'all in all she is happy and enjoys her life'. Professional feedback was equally positive, with one professional writing, 'care plan was very detailed and customer involved during decision making' and another noting,' don't have any concerns'. A healthcare professional had written, 'the environment is clean and in good order' and another, 'seems to understand their client's needs and showed compassion towards residents'.

Staff also had meetings in which they discussed all aspects of the home. One staff member told us, "I can't imagine any one of us not feeling comfortable to give ideas or suggestions and I know that [registered manager] would listen." We noted from the most recent meeting that support plans, risks assessments and the mental capacity act had been discussed. In addition staff talked about new training resources, accidents and incidents as well as any safeguarding issues. Where any of these had occurred staff discussed them individually as an opportunity for lessons learned.

Responsibilities within the staff team were clear. In addition to staff meetings, the registered manager attended manager's meetings to cover wider topics in relation to the registered provider. For example, the last meeting looked at CQCs new framework, service user contracts and fire risk assessments for each location. The registered manager also attended courses and management training throughout the year to assist them with the skills they needed to lead the service effectively. On the day of our inspection, the registered manager had accompanied a person to a health appointment. When we arrived staff took us to the staff member in charge in the registered manager's absence. This staff member assisted us with our inspection until the registered manager arrived. Staff told us there was always a driver on the rota which ensured people could access their activities and they said the driver was flexible and made sure they were available for people. Each shift had a shift leader who was competency to administer medicines and first aid. Other staff told us they worked particular shifts but had the opportunity to alter these to meet people's needs. The registered manager told us they were supported by the registered provider and that senior management were brilliant.

Records held for people were organised and well maintained. Charts were up to date and detailed and daily notes showed three detailed entries each day. These described what a person had done, how they had presented, what they had eaten and other relevant information. Records were stored securely but easily accessible to staff.

The provider did not have robust processes that had ensured people finances were managed appropriately which was subject to an investigation. However, we had no concerns about the procedures in relation to

finances at The Sheiling. The registered manager told us, "The whole organisation has shifted. There are now triple checks and if we are looking to spend over £50 we need to get it approved."