

Parkcare Homes (No.2) Limited

# The Shieling

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Shieling is a residential care home providing personal care to up to ten people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were ten people using the service.

The Shieling accommodates people in one adapted building.

### People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right Support

People lived in a clean, comfortable and homely environment, but some aspects of it were unsafe. Such as, sharp edges in one of the bathrooms and people were not always protected from the risk of potential harm from accessing cleaning materials that could be hazardous.

Once our concerns were brought to the senior management's attention; immediate action was taken to reduce the risk to people and make the environment safe.

Not everyone was being supported in a way that enabled them to have choice and control in their daily lives.

### Right Care

People's care, treatment and support plans did not always reflect people's up to date needs, and the current support being given. People had not received health care reviews and hospital passports were out of date. This did not promote their well-being and enjoyment of life.

People received their medicines as prescribed, but staff did not follow the provider's medicine policy and procedure around record keeping and working practice.

People who had individual ways of communicating, using body language and sounds, could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them. However, people's care plans were not updated to reflect people's

communication methods accurately.

People could take part in activities and pursue interests that were tailored to them. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

There was a lack of visible leadership and staff were reluctant to report incidents. The quality assurance and audit systems in the service were not used effectively. Shortfalls in quality and practice were either not identified or not acted upon. Therefore, people's health and safety was put at risk.

People experienced a risk of harm because of a lack of protection, when staff did not report a safeguarding incident appropriately. Once the management team were made aware of the issue then appropriate action was taken to report the incident to the authorities, obtain treatment for the person and conduct an internal investigation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 January 2019).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

We received concerns in relation to staffing, infection prevention and control and a lack of effective management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service has changed from good to requires improvement, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Shielling on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding and good governance, due to a lack of reporting and disregarding a person's need for care and treatment, a lack of effective oversight and mitigation of risk and poor record keeping.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Shieling

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

The Shieling is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Instead there was an interim manager in place. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. We have referred to the interim manager as 'the manager' throughout this report.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or their representative would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with three service users and received feedback from three relatives about their experience of the care provided. We spoke with ten members of staff including a managing director, an associate director of quality, an operations manager, the manager, two deputy managers, one senior care staff and three care staff.

We reviewed a range of records. This included four people's care records and 10 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the managing director and the director of quality to validate evidence taken away from the service and sent to us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People experienced a risk of harm because of a lack of protection. Staff did not report or record a burn injury to one person in 2021. There was a lack of care and support as the person was left to treat their burn by themselves. The relative of this person said, "I feel let down by the staff."
- Staff had received training on safeguarding but failed to follow the provider's policies and procedures.

The actions of the staff disregarded the needs of a person for care and treatment and was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were notified about the person's injury, a month after it occurred, by the person's GP who made a safeguarding alert to the local authority. Action was then taken by the management team to report the incident, and undertake an internal investigation, which was ongoing at the time of our inspection.

Using medicines safely

- The provider's medicines policy was in date and clearly explained the expectations for safe medicines management. However, this was not always followed by staff.
- People could not be sure they received medicines safely. There were a number of recording errors being repeated on different dates such as using the wrong codes, failing to sign when medicines were administered and administering medicines before they were due.
- Staff supervision and competency records were in place but ineffective at ensuring people received their medicines safely.
- The management team were keeping a record of medicine errors and completing audits; but failed to ensure improvements were made around staff practice.

We found no evidence that people had been harmed however, the systems for records and audits were not robust enough to demonstrate medicines were being effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People's support plans and risk assessments were not always reviewed appropriately to ensure they were relevant to their needs, leaving some people unable to have choice and control in their daily lives. For



example, we saw one person who did not use words to communicate. Their support plan clearly stated they used Makaton and picture cards to help make choices, for example healthy food choices. However, on enquiring into this we found photos for food were not available and staff were confused as to what the person used. The operations manager said the person took staff to the cupboards and chose food by pointing. The quality director said some staff used cards to communicate with the person and others did not. They also said the person hardly used Makaton. However, this was in their support plan as a life goal which stated the person would be more proactive with Makaton and picture cards.

- People's health and wellbeing was not always actively promoted. For example, support plans showed some people were not accessing health care reviews with outside professionals and their hospital passport information was out of date.
- At the time of our inspection the management team were reviewing accidents and incidents and had an action plan in place to update support plans and risk assessments.

### Staffing and recruitment

- The provider had used its emergency staffing plan due to a recent outbreak of COVID-19 affecting staff and people living at the service. At the time of our inspection the outbreak was over, and people had come out of isolation. Agency staff and staff from a sister service were being used to fill gaps in the rota.
- There were enough staff on duty to meet people's needs. We observed that the service was calm, quiet and people followed their daily routines. For example, people were busy going out and about in the community with staff.
- Staff were recruited safely.
- Agency staff checks were completed, and an induction carried out before they started work.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

### Visiting in care homes

- The visiting arrangements at the service followed government guidance. People were able to leave the service to go into the community or visit their relatives and friends.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no registered manager. There was a management team of deputy managers, the manager and directors. Although each member of staff was enthusiastic about what they were doing, there was a lack of continuity and gaps in their oversight of the service.
- Quality assurance and auditing systems were in place, but these were not carried out effectively. The systems and audits failed to pick up on shortfalls.
- There was a lack of action on issues which had been highlighted. For example, poor record keeping, a lack of updating for care plans and risk assessments and poor medicine management.
- Staff did not always follow the provider's policies and procedures. For example, around safeguarding and medicines management. This put people at risk of harm.
- The service did not use the information in its audits to learn and improve practice in the service. For example, there was a record kept of multiple medicine errors over the last 12 months. Checks of the medicine records showed that staff continued to make the same errors.
- Staff training was in place and supervisions/competency checks were carried out by the management team. On speaking with staff, they felt supported and the agency staff felt introduced to the service and understood people's needs. They said they would refer to the support plans for information, however these were not always up to date.

The provider's quality assurance systems were ineffective and failed to assess and monitor quality and safety and mitigate risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014.

- The managing director said they were aware of some of the issues we raised. They assured us these would be addressed and rectified straight away.
- People and relatives gave us some good feedback about the service, staff and management team. Three relatives said, "I have confidence in the deputy manager, who is approachable and very sympathetic", "The staff are fantastic" and "[Name of person] is extremely happy there and receives good care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although COVID-19 restrictions affected the way the service would usually have liaised and interacted with staff, people, relatives and outside agencies, the service strived to keep everyone informed and up to date.
- During the coronavirus pandemic the service used phone calls, emails and IT (virtual meetings) to ensure people and relatives remained in contact with each other. When restrictions to visiting lifted the service was proactive at ensuring relatives were welcomed back into the service, following government guidance.
- The manager worked in partnership with key organisations to support care provision; for example, using the local authority and specialist IPC team for advice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to protect people from abuse and improper treatment. Staff failed to understand their role and responsibilities around prevention, identifying and reporting abuse when providing care and treatment. People's care and treatment was provided in a way that disregarded their needs.</p> <p>Regulation 13(1) (2)(4)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems and processes to ensure they assessed and monitored their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who use the service and staff.</p> <p>Regulation 17(1)(2)</p>