Minearch Limited

The Shieling

Inspection report

286 Southport Road
Lydiate
Liverpool
Merseyside
L31 4EQ

Tel: 01515319791

Date of inspection visit:
01 June 2017
05 June 2017

Date of publication:
13 January 2020

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 1 and 5 of June 2017. The first day on the inspection was unannounced. At the last inspection we found that the registered manager had not submitted statutory notifications to the Commission as they were required to do. At this inspection we found the registered manager was meeting the relevant requirements. All notifiable incidences occurring in the home since our last inspection had been reported to the Commission without delay.

The Shieling is a purpose-built residential home located in a semi-rural environment in Merseyside. The home provides personal care and accommodation for a maximum of 29 people. There is a registered manager in post 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 2008 and associated Regulations about how the service is run. There were 29 people living in the home on the day of our inspection.

People told us staff were very kind, polite and maintained their privacy and dignity. We observed extremely positive interaction between the staff and people they supported. Staff spoke enthusiastically about the people who lived in the home. They provided compassionate care and support towards people and their relatives.

People's individual needs and preferences were respected by staff. People told us they were listened to and their views taken into account when deciding how to spend their day. A 'residents' committee' was consulted and asked for their opinions on many issues and plans for the home, including the recruitment of staff.

Facilities were available for relatives to stay overnight at the home, if their family member was in very poor health and they wanted to remain close by.

The registered manager had recognised relatives' anxieties about their family member living in a care home. They had set up a support group to enable relatives to meet to share their experiences.

The home had well-kept gardens and places for people to spend time with family members in private.

There was a very positive atmosphere within the home and people were very much at the heart of the service. People and their relatives were enabled to be involved in their care and staff ensured people had a meaningful and enjoyable life. A full programme of activities and events were available for people living at the home to participate in.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint. The home had received an exceptional number of compliments and extremely positive feedback.

People received their medicines safely, when they needed them. Risk assessments had been undertaken to support people safely and in accordance with their individual needs. There were enough staff on duty to provide care and support to people living in the home.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager. They were appreciated and rewarded for their good work. The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. People living in the home were involved in the recruitment process.

People told us the staff had a good understanding of their care needs and their individual needs and preferences were respected by staff. Care plans provided information to inform staff about people's support needs, routines and preferences. Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat. Changes were regularly made to the menus to accommodate people's suggestions for new choices and their preferences.

There was a strong emphasis on continually striving to improve. The registered manager was proactive in sharing their ideas, information and training they had put in place at the home with other home managers. Their attendance and input at the Care Home Innovation Project (CHIP) meetings every two weeks had seen changes made for people in the home. The necessity for hospital admissions was reduced and people were treated in the home or received advice from health care professionals via video link.

The home had good links with the local community; volunteers from local groups spent time in the home to learn about the needs of older people and provide activities.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service. Safety checks of the environment and equipment were completed regularly. The registered manager and deputy manager were committed to continuously finding ways to improve the home, for the benefit of the people who lived there.

The manager was aware of their responsibility to notify the Care Quality Commission (CQC) of any notifiable incidents in the home. The ratings from the last inspection were prominently displayed, as required.

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 remained safe.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Is the service effective?

Good

The service remained effective.

People's health and wellbeing needs were closely monitored and the staff worked very well with other health and social care professionals to make sure people received the care and support they needed and to prevent hospital admissions.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People told us staff were very kind, polite and maintained their privacy and dignity. We observed extremely positive interaction between the staff and people they supported. Staff spoke enthusiastically about the people who lived in the home. They provided compassionate care and support towards people and their relatives.

People's individual needs and preferences were respected by staff. A 'residents' committee' was consulted and asked for their opinions on many issues and plans for the home, including the recruitment of staff.

The registered manager had set up a support group to enable relatives to meet to share their experiences.

Is the service responsive?

Good

The service remained responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a registered manager. People, relatives and staff were very complimentary about the registered manager's leadership and management of the home.

The registered manager was proactive in sharing their ideas, information and training they had put in place at the home with other home managers.

People living in the home and relatives were able to share their views and were able to provide feedback about the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

The Shieling

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 and 5 June 2017 and was unannounced. We last completed a comprehensive inspection of The Shieling in April 2015. The service was rated as 'good.'

The inspection team consisted of an adult social care inspector, a Pharmacist and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the Contracts and Commissioning team and Infection Prevention and Control team at the local authority to see if they had any updates about the home.

During the inspection we spoke with eight people who were living at the home and 12 relatives. We spoke with a total of six staff, including the registered manager, care staff and the cook.

We looked at the care records for four people living at the home, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, dining area and lounge. We observed people and staff during lunch.

Good

Is the service safe?

Our findings

We asked people what made them feel safe in the home. Their comments included, "My belongings are very safe", "I can lock my door if I want to" and "There are always plenty of staff on duty."

There were 29 people living in the home at the time of our inspection. There was the registered manager, deputy manager or principle carer, and five care staff on duty. Additional care staff worked each morning from 9am to 12.30pm and between 4pm and 6.30pm. Three care staff worked each night. The registered manager said they and the deputy manager worked one day each at the weekend to provide management support.

There were ancillary staff such as, a cook, kitchen assistant, maintenance person and domestic cover.

The registered manager told us there was very little absence from care staff and any additional cover was provided from the existing staff team or their own 'bank' staff. Only in an extreme emergency would they use agency staff and then would use the same staff member for consistency as they would know the people in the home. However they had not needed to use agency staff for some time. The registered manager had already recruited staff to cover two carers who were due to go on maternity leave in the near future.

We looked at staffing rotas and found there were consistent numbers of staff working each day, including at the weekend. Staff we spoke with felt there was enough staff working in the home on each shift to support people safely.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

People living in the home were involved in the recruitment process. Prospective staff were invited to join people in the home for a social occasion or a residents' meeting and people were given the opportunity to ask them questions. They were then asked by the manager for their feedback.

We found the home to be clean and tidy with no unpleasant odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. We found the bedrooms to be tidy and clean. Feedback about the cleanliness of the home was very positive from people and their relatives. Five staff worked each day to ensure the home was clean. Domestic staff completed cleaning checklists which showed the work they had carried out.

Disposable aprons and gloves plus hand sanitisers were available for staff to use, and were used throughout the day. An external infection control audit (check) had been carried out by the Infection Prevention Control

team in November 2016. The Shieling was awarded a score of 94%. The kitchen in the home had been inspected in January 2017 by the local authority food safety officer and awarded a food hygiene rating of 5 (very good).

We reviewed the storage and handling of medicines as well as many of the Medication Administration Records (MARs), stock checks and other medicine records for people living in the home.

Staff were administering medicines in the home and we discussed with and saw evidence staff were trained in the safe administration of medicines and the registered manager checked competencies on a regular basis. We found that staff had a good knowledge of people's medicines.

Medicines were stored in a locked trolley which was kept in the dining area. We found it was locked and secured to the wall when it was not in use. The key to the medication locker and cupboards was in the possession of the Senior Care Assistant and handed over after each shift. Documentation for the transfer of keys was completed.

Records of room temperature monitoring were not kept. The room temperature at time of inspection at 10am was 26.1C which was within safe range. The drug trolleys were secured next to a radiator. The pharmacist advised the registered manager to move the trolley in view of temperature control, particularly during the winter months when the nearby radiator would be turned on. By the end of the inspection a decision had been taken to relocate the radiator.

The medicine fridge was kept in the dining area and the temperature of the fridge was checked twice daily and recorded. The temperature of the fridge was within safe range; if medicines are not stored at the correct temperature, it can affect how they work.

Some people were prescribed controlled medication. No anomalies in records were found. Checks were undertaken at end of each shift and at night. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

We checked a sample of medicines, including eye drops, ear drops and food supplements stored in the fridge and an external medicines cupboard. We found they were all were in date and within the manufacturers expiry date.

MAR charts we viewed contained photographs of people to assist with accurate identification, as well as information regarding any allergies that people had and the charts had been completed fully. There was a 'resident list' to check against administration. A staff list was also available on the file but did not have any sample signature records.

We looked at a number of MARs and saw that staff had signed the MAR charts to say they had administered the medicines. We saw that medicines were given safely as prescribed.

Quantities of medicines received into the home must be checked to provide an accurate stock check. We found the registered manager and senior staff had a process in place to do this. We checked the stock balance of a number of medicines and they were accurate.

We found there were two people living in the home who were self-medicating for topical creams and an inhaler. We found that no self-medication assessment had been undertaken for these people. The registered manager had completed risk assessments for both people by the end of the inspection.

The provider had a Medicines Policy in place. We found it was in date and regularly reviewed. Senior care staff had completed safe handling of medicines training in 2017. The registered manager told us that staff are monitored for six weeks and complete a continuous practice assessment log before 'going it alone to administer medication' to ensure they do so safely and correctly.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, falls, nutrition and pressure area care. These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support.

Accidents and incidents were completed by care staff and recorded by the registered manager. An analysis was completed each month and included details of action that may be required, such as referrals to the necessary professionals.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Examples of these were for the weekly checks around the home environment, including water temperatures and the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. Information was readily available for staff and the fire service when evacuating the building in an emergency. An evacuation of the home was recently completed; we were informed that this was carried out very quickly and safely.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. This helped ensure good safety standards in the home.

Good

Is the service effective?

Our findings

People living at the home told us they were happy with the standard of care and support they received and that staff were knowledgeable regarding their individual needs. They said they received support to maintain their health. A person said, "I wasn't well yesterday, I had a doctor come to see me- no problems there." Another person said, "I see doctors, dentists, whoever I need to see. The staff are very good here, I only have to ask." Relatives we spoke with told us, "They always ringing me to keep me up to date with my [name]'s health", "Brilliant, they do enough", "[Name] has put weight on since they have been here, they're (staff) brilliant. I know [name] is well cared for", "I was so pleased when we got [name] in, there's a waiting list and always has been" and "Staff know [name] inside out."

People had a plan of care to identify their care needs. A care plan provides direction on the type of care or support an individual may need following their needs assessment. Care planning is important to ensure people get the care they need. Care plans covered areas such as, mobility, personal hygiene, diet and nutrition, and care plans for long term medical conditions.

We saw people had access to health care professionals, including GP, dietician, chiropody service and community psychiatric nurse. We were shown a 'communication form' that staff completed at the time of requesting a visit by a GP or Community Matron. The form is a description of the person's health and a record of observations taken, for example, pulse, blood pressure, analysis of blood and their respiratory rate. The form had been promoted by the CHIP (Care Home Innovation Programme). The CHIP is a programme run by the local Clinical Commissioning Group (CCG) whose aims are to educate and train care home staff and provide a networking forum to improve support from health service colleagues. The deputy manager told us that health care professionals had told them they found the information recorded very useful for their visit.

The PIR stated that, "Tele medicines are a good source of help. It is a system where we can obtain support and any health or medical advice. Tele medicines allows health care professionals to evaluate, diagnose and treat patients/ residents using telecommunications technology. It supports residents and staff to access medical expertise quickly, efficiently without travel. Telemedicine is also an efficient source for out of hours, weekends and bank holidays."

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 found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to

do so. We saw the applications for three people and saw the applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. We saw staff regularly asking people for their consent before carrying out any care or assistance. Evidence that people had given their consent was recorded in their care records. We found that people had signed consent forms in relation to care, bedrails and the key pad on the front door.

The PIR stated that six people had DNAR (Do Not attempt resuscitation) forms in place and 29 people had advanced care plans in place. We found these were completed appropriately following consultation with relevant parties.

The PIR told us about the staff training and at the inspection we saw records that showed staff received support and training in a number of areas. This included subjects considered mandatory by the provider such as, fire safety, first aid, food hygiene, nutrition, health and safety, dementia care, safeguarding of vulnerable adults, infection control, moving and handling, dignity, person centred care, equality and diversity and Deprivation of Liberty Safeguards (DoLS). Senior care staff had completed safe handling of medicines training in 2017. Other training courses included end of life care, nutrition and hydration, and mental health awareness. The registered manager told us they did not use online training; all training was 'face to face' or distance learning. Discussions with staff confirmed that they received regular training which they said was relevant to their job.

New staff completed a comprehensive three day induction when they began working in the home. This included the completion of a 12 week induction course. The registered manager informed us that two new staff who had recently started work in the home would be completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers, who may not have any previous experience in care, work towards and have their practice assessed and signed off by a senior member of staff.

All staff who worked at The Shieling had achieved an accredited health and social care qualification such as, NVQ (National Vocational Qualification) or Diploma under the QCF (Qualifications and Credit Framework) at level two or three. New care staff were expected to begin the qualification when they had completed their probationary period. Senior care staff and the registered manager had achieved level four and five. This was confirmed by records we saw.

We saw that staff had received regular supervision throughout the year and also an appraisal. Staff received supervision with a senior carer, deputy or registered manager at least every three months. The registered manager informed us that they preferred supervision to be held more often, usually once every eight weeks. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion about on- going training needs. Staff we spoke with told us they enjoyed their job and received good support from their colleagues and the registered manager.

The building was very large and corridors were well lit. People who lived in the home were encouraged to move freely and use the corridors for exercise. There were two lounges, one with a TV and one was a quieter lounge with an additional seating area on a secure veranda. Both lounges were furnished comfortably. Chairs were furnished with individual cushions. The registered manager told us the cushions had been chosen by people living in the home.

Signage was evident throughout the home, including some showing the way to bedrooms (identified by their numbers). Bedroom doors had people's names and pictures of people's hobbies, pets or pastimes, to identify them.

A new extension at the back of the building had created 'bedroom suites' for people with dementia care needs. The suites were a more spacious bedroom with a small living area.

The garden at The Shieling was long and tastefully landscaped with plants and trees. There was a summerhouse at the end of the garden.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. A passenger lift gave access to much of the home. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. Bathrooms and toilets contained equipment to assist people to use the facilities safely. The dining room was pleasantly decorated, clean and well-lit so people could see their meals. Tables were nicely presented and laid with tablecloths, cutlery and napkins.

We asked people what they thought of the meals at the Shieling. A person told us, "Oh yes the food is good, too good." A relative told us, "My Mum eats everything the food is lovely, I've tasted it."

One of the inspection team joined people for lunch. Copies of the menu were available in the entrance area and outside the dining room, to inform people of the week's meals. We found the tables were set with tablecloths and napkins, with condiments on the table. Cold juice and tea were served with meals. People we spoke with at the table said that this was how it was all the time. The food served was tasty and appealing on the plate. Music was played in the background. There was a homely atmosphere and lunch was a pleasurable experience for people in the dining room. Staff asked people if they wanted 'aprons' on to protect their clothing whilst eating. Staff went about their roles quietly and confidently and with respect. We found that lunch was not rushed for people. Staff supported people who needed it. People were also offered drinks throughout the day.

During the inspection we spoke with the cook. They had worked at the Shieling for many years and were very knowledgeable about people's dietary needs and preferences. A record was kept detailing people's dietary requirements to ensure their needs were met. People were asked their preferences for their main meal choice by the cook before lunch time. There were choices between two main meals for lunch and a hot and cold lighter meal in the evening. Staff told us that regular ordering from local suppliers ensured plenty of food was available.

Outstanding ☆

Is the service caring?

Our findings

We asked people living at the care home if they thought staff were kind, caring and treated them with respect. People's comments included "Staff are very kind, they love me I know they do", "Staff always knock on my door", "When I have a bath doors are closed and curtains, they're very good I will say that", "They talk to me respectfully, they're not rude", "I'm listened to, yes of course" and "If I can do things myself they let me, they're not pushy, you know what I mean."

Relatives told us, "I couldn't ask for better care for him", "It makes me feel better as well as it's difficult", "They're lovely can't fault it", "Always clean, always looks well looked after to me" and " So much attention to detail and thought given to people, not just a task."

Throughout the inspection we saw that staff were extremely attentive to people always checking on them unobtrusively. We saw staff encouraging people to use their walkers for exercise and independence. People appeared to be very well cared for. This was evident in their personal hygiene; ladies' nails were manicured, their hair nicely done, clothes were ironed and clean. We observed staff supporting someone to read in the lounge. We saw that they gave time and attention to the person. We spoke with one member of staff and found them to be exceedingly compassionate and very caring about the people living in the home. They spoke enthusiastically about their work. They told us they would 'go the extra mile' to help people. For example, they gave a person a foot massage and painted another person's nails to make them feel less anxious.

The registered manager spoke with pride about the bereavement counselling they had fought to get for a person, after the death of their family member, to whom they were extremely close. They said they had been determined to get the person the service after being told, "People in residential care homes can't have it." They told us that the impact of the work being done was evident with the person, their family and with the staff. The person's quality of life had improved as they were now eating better, allowing staff to support them and had taken an interest in some activities. The staff had become more vigilant and were now able to recognise the triggers for any potential relapse and support the person accordingly.

End of life care relates to the care provided for a patient anywhere within the last year of life, up to and including death. We saw an example of an individual plan of care of those thought likely to be dying and information about how to support people who were receiving end of life care was recorded. Staff liaised with external health professionals to provide the support people needed at this time. We spoke with a person whose relative was being supported to receive end of life care. They told us the care was exceptionally good and all family members had been kept informed of all the decisions. They said, "I wouldn't want [name] to be anywhere else." Staff had a very good understanding of how to manage, respect and follow people's choices for end of life care as their needs change. Training records informed us that a number of staff had completed the 'Six Steps' training; a recognised course in end of life care. The registered manager had developed a palliative care policy and advanced care plan. Plans were completed with people to support them to make choices about their future care and treatment to help ensure their choices were respected ad people were treated with dignity at the end of their lives.

The registered manager showed us facilities that were available for relatives to stay overnight, if their family member was in very poor health and they wanted to remain close by. A room was available with a settee, which could be made into a bed. They told us that if the person had no family then a member of the management team would sleep there to provide additional support for staff with the person.

Many cards and letters had been received by family members about the care their loved ones received. Their comments conveyed their gratitude to the staff. One person wrote, "As [name] is in the final stage of her life I just wanted to say thank you to you and your staff for the exemplary care you provided for them." Another relative wrote, "As [name] is now receiving palliative care from yourselves the family are totally reassured by the professionalism and committed way that [name] is being looked after."

Letters were received from two families after their loved ones had passed away in The Shieling. Their comments included, "We would like to convey our deepest thanks to you all for the love and dedication and respect you showed [name] over their last 12 months. Your total professionalism allowed her to live their final hours and days with the dignity she deserved and for that we will be eternally grateful" and "Words cannot express the gratitude we feel for the excellent care you gave [name]. All of your staff are a credit to you."

People in the home were involved with the planning of their day and decisions to be made about the home. There was a 'residents' committee chaired by a person living in the home and consisted of seven members. The registered manager told us they met with the committee prior to any residents' meetings and the committee members put an agenda together for the residents' meetings.

Residents' meetings were held each month. Everyone was encouraged to attend the meetings, including family members. Posters which showed the dates of each month's meeting for the whole year were displayed in prominent positions throughout the home. For example, on the doors to the lounges and dining rooms so that people would readily see them. From the minutes we saw the meetings were fruitful, with decisions made relating to changes in the menu and activities.

We were shown the 'residents' shop' which was set up for people to use and enjoy to buy drinks, snacks, toiletries and greetings cards. The shop was run by two people living in the home and was open every day. A post box was situated nearby for people to send their cards to friends and family. The registered manager arranged for the cards to be posted. This promoted and encouraged people to be independent by being able to buy the things they needed rather than be reliant on their relatives or staff and to choose and send cards of their choice to their family members.

A telephone was installed for people living in the home to use to keep in touch with their family members. The phone had large numbers printed on it to assist people to use it themselves.

The PIR stated that 'the home has a memorial garden were relatives are able to plant flowers or bushes in the memory of their loved one. Often the families of departed residents come back to visit and sit in the garden.' We were told of a person who still visited the home each week and had a meal with people since the passing of their spouse. The registered manager said, "We wouldn't just stop them visiting us as we were a big part of their life (when their spouse was alive)."

For people who had no family or friends to represent them, local advocacy service details were available. The registered manager was aware of how to contact the agency if support was needed.

The registered manager told us about a support group that was starting in August 2017 for relatives which

would be held once a month. They said the group would be a place where people could come and discuss how they felt about their family member being in a care home with other people in the same situation as them. They planned to share their plans for this support group at the CHIP meeting in June 2017.

The registered provider rewarded the staff for good work and volunteering to helping out when additional support was needed to show they were appreciated.

Good

Is the service responsive?

Our findings

We saw care plans for areas of care which included personal hygiene including people's routines, medicines, continence and mobility. Clear and detailed care plans are important to ensure a consistent and holistic approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding their day time routines, night care and preferences. This information is important so that staff support was provided in a way the person wanted. Records showed the care plans were regularly reviewed and updated to reflect people's current needs.

Handover meetings were held at the beginning of each shift change to update staff starting their work. This ensured they were fully aware of any changes in people's wellbeing. All information regarding each person who lived in the home, for example changes in health, medical appointments were recorded in the daily diary. Staff we spoke with told us that they always read this book before commencing their shift.

People who lived in the home told us they chose when to get up and decided what they wanted to do and when to do it. During our inspection we saw that this was the case.

At the time of our inspection a general election was imminent. We saw that people who lived in the home had asked if they could vote and arrangements had been made to facilitate this. People had received their voting cards ahead of voting day.

Relatives told us their family member and themselves were involved in the planning of their care. Comments included, "We are always involved. Always get a phone call. Anything important either [name of relative] tells me or the home does; we are never left out or [name]", "If there was anything of concern I know who to speak to but there isn't, it's great" and "I've had meetings with my relative and the home. Especially if it's important."

We saw a complaints procedure was in place and displayed in the hallway. People we spoke with were aware of how they could complain. All the people we spoke with said they felt able to tell the staff or manager if there was anything wrong. "I know who to talk to if something is not right. It's Pauline [manager]. She's very good", and "Yes, I'm always asked." The registered manager said they had not received a complaint for 'some time'. There were numerous 'Thank you' cards displayed throughout the home, from people and relatives.

For people who wished to take up residency at The Shieling, following the registered manager's assessment, people were encouraged to make a visit to the home to join people for a meal before any decision was made. This helped ensure the home could meet the person's needs and the person could see for themselves what' life was like' at the Shieling. We were told of a 'welcoming committee' who supported people when they visited for the first time.

People living in the home told us about the activities that were organised for them. Their comments included, "We have sing-alongs, chair exercising, play jigsaws, there is always something to do", "We get out

and about when trips are organised" and "Staff talk to me about what I want to do. And if I don't want to do anything I don't." The home was located in an area that did not have strong transport links and amenities nearby. The staff worked hard to ensure a variety of activities were provided throughout the week. Regular activities were provided by staff, relatives and external entertainers who visited twice month. Activities included games, arts and crafts, music and movement, a sewing circle, arm exercises, hair and beauty, weekly afternoon teas, films and laughter yoga. The day's activities were displayed on a notice board in the hallway.

An annual trip was arranged for people in the home and their families to enjoy. We were told the favourite place to visit was Blackpool for the afternoon to "enjoy the lights and fish and chips." Some staff were looking for people to join a choir.

In addition the home had a summer fair and garden parties and celebrated events throughout the year as well as people's birthdays. These were evident by the many photographs that were displayed in the home.

People's religious needs were met by regular visits by the local churches from different denominations.

Good

Is the service well-led?

Our findings

People living in the home and their relatives told us they knew who the manager was and spoke highly of them. Their comments included, "I know who the manager is. She is lovely", "The manager always listens, nothing is too much trouble", "We have meetings. I sit in on them and sometimes chair them", "We have a meeting every month. They're good, we can talk things through", "If I ask or want something different I say and it's done."

Relatives we spoke with told us, "The home is friendly and caring and staff are interested", "Very diligent staff. [Health] Appointments are done on time", "[Manager] is very approachable and listens", "I know I can go to [Manager] , she is always available" and "I received questionnaire and attend meetings when I can."

The PIR completed by the registered manager states, "I promote an open door policy, which support residents, relatives and staff. As manager it is good practice to be approachable to everyone involved with our service including outside agencies. Being approachable and accessible makes for a happy home and supports transparency and openness. Transparent and openness cultivates a caring and safe service. It is our passion and not just a job, As a team we want to make a positive, caring and loving environment. Leadership starts from the top." During the inspection, from our conversations with people living in the home, their relatives and staff we found this to be people's experience. One relative told us, "They are fabulous advocates for making it the best they can. They go above and beyond." Another relative said, "I wouldn't want [name of relative] anywhere else."

We saw that the registered manager was an active presence throughout the day and evidently well-known to and by all people who lived in the home. A 'photo board' was in the hallway which showed the staff team, so people could easily recognise them should they need to speak with them.

We spoke with the registered manager about their vision for The Shieling. They had worked in the home for 13 years; we found they were driven to provide excellent care. The manager told us, "I want us to be pioneers (for excellent care). We can always do better; we need to strive for it." Other members of the care management team had worked at the home for several years. Their caring nature and driven attitude to provide excellent care was apparent from conversations with them during the inspection.

Staff from The Shieling attend bi monthly meetings with the CHIP (Care Home Innovation Programme). The PIR stated that the CHIP has been a fantastic source of advice, information, training and networking with approximately 27 care/ nursing homes across the Sefton area. The registered manager was proactive in sharing their ideas, information and training they had put in place at the home with other home managers. We saw from a recent newsletter the registered manager's involvement and training they had received. The manager told us that they encouraged their staff to attend to gain experience and training. The deputy manager confirmed this to be the case. They told us about the ideas they had put into practice from the CHIP meetings which had benefited people in the home. The manager said, "The CHIP has shown us how to help and support residents and prevent unnecessary transfers to hospital. We now use innovative ways for a positive outcome for supporting people, to receive their treatment in the home." We were told of protocols

that were now used to prevent unnecessary distress to people (by having to attend hospital). Protocols for, for example, suspected urinary tract infections, cellulitis, minor injuries from falls, dysphagia, skin care and acute confusion. Staff had access to health care professionals and used a video link system so they could see the person in the home. Since CHIP began in 2015 five staff members from the Shieling had been trained from Edge Hill University to take observations, including blood pressure checks, urinalysis, temperature checks, pulse rate checks, respiratory rate checks; this has now been passed down to across the remaining care staff to help ensure everyone worked in a consistent way. We saw that by doing this the information gathered had supported healthcare professionals in making clinical decisions regarding urgent admittance to hospital, urgent GP visits or Community Matron visits or whether the person was well enough to be monitored over a specified period of time to ensure their health and wellbeing was being monitored correctly. The manager told us by doing this the numbers of hospital admissions had been greatly reduced so people remained in the home which helped prevent unnecessary distress to people and their relatives.

The manager told us of some infection control training they had found and developed and shared with the Infection Control officer at the local authority, which she had in turn shared with other care homes. We received confirmation from the Infection Control officer that this had taken place. They told us, "I was really impressed with the training plan they had for Infection control; it was very detailed and I did share it with a few other care homes."

Staff described The Shieling as a great place to work. We saw that staff meetings were held regularly and minutes taken as a record for staff who were unable to attend. These included meetings for day staff, senior care staff, domestic staff, night care staff and kitchen staff.

The registered manager sent questionnaires to people who lived in the home, family members and the staff to gather feedback about the service. We saw several completed forms. Feedback was all positive, with the service and the care provided rated very good or excellent; Action plans completed upon receiving the feedback had been actioned and we saw that suggestions and changes had been made. In addition a suggestion box was located at the front door.

The registered manager told us that the residents' committee was recently involved in a discussion and decision regarding when additional staffing were needed. The residents' committee identified that the time required was at tea time and additional staff was provided at these times to assist people. We saw from the rota that this additional staffing had been implemented at the suggested time.

The provider attended the home on a weekly basis and was actively involved with the day to day running of the home. We saw that the provider and registered manager worked well together. The registered manager told us the provider gave them good support.

The home had forged good links with the local community; volunteers from local groups had spent time in the home. The manager had supported young people to carry out activities towards Duke of Edinburgh award by helping with activities in the home. One another occasion the home had welcomed young people from Sefton Education and Business Service to experience 'what life in a care home was like'.

In 2006 the home was awarded the Investors in People (IiP) award and has continued to achieve the standards for the award each year. IiP has set the standard for better people management. It is an internationally recognised accreditation held by 14,000 organisations across the world. The Standard defines what it takes to lead, support and manage people well for sustainable results.

We looked at the quality assurance systems and processes to monitor how the service was operating and to

drive forward improvements. We found the registered manager and deputy manager committed to always finding ways to improve the home, for the benefit of the people who lived there. A range of audits and checks were undertaken to help assure the service; these were completed by the registered manager, deputy manager, principal carer and maintenance person. Areas included medicines, infection control, care file audits, falls, and environment checks. We saw that actions had been completed on all matters found during the auditing process. This ensured the process was effective and the service was safe. The manager also completed a monthly quality audit as an oversight of the service.

As part of monitoring medication, an external audit by a local community pharmacist had been carried out in 2017 and we were informed they visited the home every three months to ensure safety and good practice. An external audit of the home had been completed in 2016, which followed CQC inspection regulations.

As part of monitoring infection control, an external audit by a nurse from Liverpool Community Health team had been carried out in 2016. They told us the registered manager was "very keen on improving in whatever way they could".

At the last inspection we found that the registered manager had not submitted statutory notifications to the Commission as they were required to do. At this inspection we found the registered manager was aware of their legal responsibilities. All notifiable incidences occurring in the home since our last inspection had been reported to the Commission without delay.

The provider had a number of policies and procedures which were easily to staff. We found they were current and in accordance with current guidelines and best practice. CQC requires providers to display the ratings awarded at their last inspection. We found the ratings displayed on a noticeboard in the hallway.