

Parkcare Homes (No.2) Limited

The Shieling

Inspection report

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30 November 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Shieling is a care home for up to 10 people who are over 18 years old and are living with a learning disability, or autism or who may also have a mental health condition. Nine people lived in the service when we inspected.

Although the number of people accommodated exceed published guidance the service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People told us they liked living at The Shieling. Staff focused on providing people with good quality, consistent care. Comprehensive assessment and care planning ensured people's goals and aspirations were central to their care.

Staff were recruited safely and were well trained and skilled. Staff knew people well. They had a good understanding about people's individual care needs including people who sometimes displayed their needs non-verbally. People had the opportunity to maintain and develop their skills and independence. The consistent use of positive behaviour management approaches meant staff knew how to support people effectively to reduce their anxiety and distress.

People were fully involved in their care and support through one-to-one sessions with their keyworker, informal discussions and group meetings. Staff supported people to experience new things, maintain positive relationships with friends and family and develop community links.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Effective management systems were in place to protect people and promote their wellbeing. Since the last inspection a new registered manager had been appointed. The registered manager and staff worked together to support people to lead full, active lives and to be safe.

The culture of the service was one of continual improvement and the registered manager was eager to make improvements for the benefit of people living at The Shieling.

Rating at last inspection: Good (published 19 May 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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 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.

Inspection team:

The inspection team consisted of two inspectors. On the first day of the inspection one inspector visited the service. Two inspectors visited on the second day.

Service and service type:

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

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

Notice of inspection:

We contacted the registered manager on the first day of the inspection to let them know we would be starting the inspection on the same day. We gave notice of our visit on the second day so people could be available to speak with us if they wanted.

What we did:

We reviewed information we had received about the service since the last inspection such as notifications they had made to us about important events. We looked at information sent to us from other stakeholders for example the local authority and members of the public. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with eight people during our visit. We spoke with seven staff including the managing director, registered manager, operations director and four support staff.

We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes.

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed.
- We saw the provider had robust procedures in place to ensure future recruitment was safe.

Assessing risk, safety monitoring and management.

- Risks were continually assessed and were safely managed. People's needs and abilities were assessed before they moved into the service. Potential risks to each person's health, safety and welfare were identified and known to staff. Risk assessments were clearly documented and kept under review so staff had up to date guidance on how to reduce risks and protect people.
- Positive behaviour support techniques and positive risk taking improved people's quality of life. Positive behaviour support is a person-centred approach for people who may present anxious or distressed behaviours, which impact their wellbeing. For example, one person had required two staff to keep safe when they had first moved into the service. They had developed their skills and confidence and could now go out independently, which was a real achievement for them.
- Risk assessments relating to the environment were in place. This included evacuation plans and equipment to be used in case of fire.

Staffing levels.

- Staffing levels were appropriate to meet the needs of the people using the service. Staffing was agreed on an individual basis with commissioners and maintained at levels to ensure both people and staff safety. Sufficient staff were available to meet people's needs promptly throughout our inspection and to enable people to follow their chosen activities.
- Robust recruitment processes were in place and staff followed these to ensure only suitable people were employed. People told us they liked the staff.

Safeguarding systems and processes.

- Safeguarding and whistleblowing policies were in place and staff had training on these. Staff had a good awareness of safeguarding procedures. They knew who to contact if they had any concerns.
- Safeguarding protocols were reinforced through supervision, staff handovers and meetings. The registered manager had liaised with the local authority when safeguarding concerns were raised.
- People looked at ease and comfortable with staff. They consistently told us they felt safe. One person said, "I like it here."

Using medicines safely.

- Medicines were safely managed. A regional care pharmacist from the local chemist had completed an

audit on 12 November 2018. The results of the audit were acted upon, improvements were made and followed up with staff through a team meeting.

- Staff were trained and assessed as competent before they administered medicines. Medicines were secure and records were appropriate.
- Staff were respectful in how they supported people with their medicines.
- Staff were knowledgeable about best practice in medicines management such as the national project for stopping over medication of people living with a learning disability or autism with psychotropic medicines (STOMP) and followed this in practice. Psychotropic medicines affect how the brain works and includes medicines for psychosis, depression, sleep problems and epilepsy. People living with a learning disability or autism are more likely to be given these medicines than other people. The aims of STOMP are to encourage people to have regular check-ups about their medicines; be involved, together with their family and other support staff in decisions about treatment; and seek practical ways of supporting people so they are less likely to need as much medicines, if any.

Preventing and controlling infection.

- Staff were equipped with appropriate personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong.

- The registered manager was keen to develop and learn from events. Management systems were in place to monitor and learn from incidents and accidents. Records kept were of good quality and senior managers reviewed these to ensure preventative measures had been taken in response to any emerging themes or patterns.

Is the service effective?

Our findings

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

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

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

- Comprehensive assessments were undertaken and focused on how to achieve positive outcomes for people. Assessments were regularly reviewed.
- Staff applied their learning effectively and in line with best practice, to ensure people had a good quality of life.

Staff skills, knowledge and experience.

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed a thorough induction programme to help them meet people's individual needs.
- Staff received ongoing training including training in human rights, values and equality. They used reflective practice to engage in a process of continuous learning through supervisions, appraisals, staff meetings, staff observations and feedback.
- Staff spoke highly of the support they received from the registered manager. A staff member told us, "Communication is better now. We have thorough handovers and a meeting each morning and the team are really on the ball. Staff are motivated."

Supporting people to eat and drink enough with choice in a balanced diet.

- People could prepare their own meals if they wished although most chose to eat their main meal of the day together. Some people had support from staff in meal preparation while others could access their food and drinks independently.

Staff providing consistent, effective, timely care within and across organisations.

- People were supported to maintain good health.
- People received an annual health check, which is in line with best practice guidance for people with a learning disability.

Supporting people to live healthier lives, access healthcare services and support

- They were referred to appropriate health professionals such as GPs, community psychiatric nurses, opticians and dentists as needed.
- Each person had a hospital passport in place. Hospital passports contained details about people's likes and dislikes, how best to communicate with them and other helpful information. This was so staff in hospitals can make reasonable adjustments to help care for people with a learning disability in a hospital setting.

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

- There was a clear focus on individualised person-centred support to help each person to develop at their own pace and get the best out of their environment. For example, we saw one bedroom was being prepared for a person who was going to be admitted. The person had visited the service and had been involved in how they wanted their room decorated. Another person became anxious when they were near others. Staff were skilful at diverting them to a quiet area to sit alone or to socialise in a smaller group.

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

- We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.

- Six people were subject to a DoLS authorisation. Mental capacity assessments had been completed for individuals and, where people lacked capacity, a decision was made in their best interests and was evidenced within their care plan. The service had a tracker in place in relation to DoLS to ensure that these were submitted appropriately and the outcome of these could be tracked.

- People were given information in a format that met their needs and were encouraged to make decisions for themselves. Staff enabled people to make choices wherever possible. For example, we saw one person looked at their activity planner to see who was supporting them with their chosen activity. Another person had planned an outing to Blackpool and they were asked which staff they wanted to go with them to support their trip.

- People were actively involved in the development of their care plans. Wherever possible people had agreed with the content and had signed their consent to receive care and treatment. For people who found it difficult to articulate their own wishes staff were vigilant to any changes in the person's presentation, mood or other indicators such as appetite or continence to ascertain their wishes and / or needs.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported.

- People spoke positively about staff and said they kind and patient. Staff were consistently polite and treated people respectfully throughout our inspection.
- Staff knew people very well and they used this knowledge to care for people effectively. We observed staff provided people with reassurance in a timely way throughout the inspection. A member of staff told us, "We have to manage anxiety daily so it is important we know people well and can recognise when they need reassurance."
- Where people were unable to express their wishes, staff understood the best methods to communicate with them. For example, staff used intensive interaction, eye contact and low voice to communicate with people. Intensive interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social.
- Staff were enthusiastic and keen to ensure people were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. □

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

- Staff made sure people could make decisions about their care. When needed people had support from relatives or advocacy services to help them gain control over their lives, make choices about what happened to them and to be as independent as possible.
- People were regularly asked for their views on their care and their plans through the provider 'Your Voice' scheme. 'This scheme enabled people to tell staff what they want so staff can support them in the best possible way to achieve their goals. The scheme worked through means of formal group meetings, one-to-one sessions, informal group discussions, observations and comment card or books. One person told us they got on very well with their keyworker and could discuss any changes they wanted with them.
- People were supported to express their spiritual needs and people's preferences, lifestyle choices and religious needs were discussed as part of the initial assessment and supported.

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

- Respect for privacy and dignity was at the heart of the service's culture and values. Staff supported people to maximise their independence while also promoting harmonious living. For example, staff supported people to routinely undertake household tasks to develop their skills.
- People had staff support if they wanted this. People were encouraged to be considerate towards others who used the service as this helped to promote a compatible living environment.
- People maintained and developed relationships with those close to them, social networks and the community. Staff supported people to visit family and friends or they could choose to visit anytime.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met.

- People followed a range of interests and pursuits based upon their interests and abilities. Activities were highly personalised and each person had an activity planner to show what they liked to do and the staff support needed. Examples included swimming, music classes and a walking group.
- Staff encouraged people to maintain and further develop close family and community links. For example, one person volunteered at a local charity shop and had developed good relationships with other volunteers while at work. A staff member told us, "Families are a big thing for some people and we really support this. Some families visit here but usually we usually support people to visit and spend time their families."

Personalised care.

- People's care plans were comprehensive and guided staff how to support people to live full and meaningful lives. Records contained clear information about people's likes and dislikes and any specific needs including in relation behaviours resulting from anxiety and distress. Identified risk factors included presentation of non-preferred tasks, low levels of activity and inconsistent staff approach. Proactive strategies were in place to ensure people's care was effective and met their needs. For example, one person needed to follow their personal care routines to help reduce their anxiety. Communication passports were in place for people who found it difficult to communicate their wishes verbally.
- Care plans were kept under constant review and were updated in a timely way to ensure they were up to date. "It's all about me" included what people appreciated, liked and admired about each individual. The registered manager told us this was a fun way of gathering what was important to people included people's goals and aspirations.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and people told us they knew who to speak with if they had any worries or were upset.
- People said they felt able to speak to the registered manager at any time and we saw this happened in practice during our inspection. Staff were reminded through supervisions and team meetings of the need to raise any concerns so these could be dealt with promptly.
- We saw evidence the registered manager took any issues raised with them seriously to improve the service where possible and ensure appropriate actions with records were in place.

End of life care and support.

- The registered manager knew about guidance relating to people they supported including guidance on planning for bereavement and end of life care. People's identified needs were recorded and included those related to protected equality characteristics so people's choices and preferences could be met. For example, the information and communication needs of people with a disability or sensory loss in accordance with the

Accessible Information Standard. Polices were available in easy read / pictorial format to enable people to understand their rights and how to raise concerns.

Is the service well-led?

Our findings

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

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

Leadership and management.

- Clear and effective management systems were in place. Since the last inspection a new registered manager had been appointed. The registered manager was enthusiastic and they provided strong leadership to staff. A staff member told us, "I think [Name of registered manager] is doing a fantastic job and the service is running so much smoother now."
- The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. Staff considered the physical, spiritual and social aspects of a person's life and provided opportunities for people to enhance their wellbeing through meaningful activities and links with the community. This was consistently achieved and seen through feedback received and records examined.
- The registered manager told us of the management structure was supportive and senior managers visited the service and were available to them when needed.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The provider and registered manager demonstrated a commitment to supporting staff effectively and providing people with safe, high quality care.
- Senior managers had effective oversight of what was happening in the service, and when asked questions could respond immediately, demonstrating an in-depth knowledge in all areas.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Staff completed checks on the quality of the service to make sure people were safe and that they were happy with the service they received. The provider also arranged for additional visits to be undertaken where needed to ensure the service was safe.
- The registered manager notified CQC and statutory agencies of any relevant incidents or concerns as required.

Engaging and involving people using the service, the public and staff.

- A variety of methods were used to gain people's views about their care. People had one-to-one meetings with their allocated keyworker and they had the opportunity to meet as a group together to discuss the service. For example, people were involved in choosing their activities and the menu. The registered manager acted on their feedback to improve the service.
- Staff engaged people using the service and their representatives in discussions about their care. A 'drop in'

clinic was held with the registered manager so people's representatives could visit and speak about any concerns or discuss positive feedback.

Continuous learning and improving care.

- The registered manager was continually reviewing and learning where possible and worked closely with other managers and with staff to further develop the service. When asked about the service's strengths a staff member said, "The team and team work, and the opportunities here for service users."
- Feedback and identified shortfalls were acted upon to continuously improve the service.

Working in partnership with others.

- Staff continued to develop good links with the local community, reflecting the needs and preferences of people in their care. In addition to positive service development, staff encouraged each person to identify their own community involvement such as volunteering, quiz nights and clubs.