

The Sheiling Special Education Trust

The Sheiling Special Education Trust

Inspection report

Horton Road
Ashley Heath
Ringwood
Hampshire
BH24 2EB

Tel: 01425477488

Website: www.thesheilingringwood.co.uk

Date of inspection visit:

26 March 2019

28 March 2019

Date of publication:

29 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The Sheiling Special Education Trust provides accommodation and personal care for up to 21 people who attend the college of further education on site. Accommodation for these people is provided in two homes, Westmount House and Watchmoor House. At the time of the inspection 16 people were living across the two houses.

The Sheiling Special Education Trust provides a therapeutic environment inspired by Rudolf Steiner for children and young adults with severe, complex and moderate learning difficulties and disabilities.

The Sheiling Special Education Trust also comprises a college and children's home which are not regulated by the Care Quality Commission.

Rating at last inspection:

Good (published 28 October 2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People and relatives told us they were happy, felt safe and that staff had a good understanding of people's needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their skills.

People had good community networks which were personal to them. This included college opportunities, therapeutic activities and supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships with friends and family. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

People and their families described the staff as caring, kind, compassionate and friendly and the atmosphere of the houses as relaxed and engaging. 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.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, management and staff teams worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the management team was keen to make changes that would impact positively on people's lives.

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.

A full description of our findings can be found in the sections below.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Sheiling Special Education Trust

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by an inspector and an Expert by Experience on day one and a lone inspector on day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was learning disability and autism.

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.

Inspection site visit activity started on 26 March 2019 and ended on 28 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local authority and professionals who work with the service. 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 seven people who used the service and met with three health care professionals who worked on site. We received feedback from three relatives via telephone.

We spoke with the registered manager, house managers and deputies. We met with five support workers and three health professionals employed at the service. We reviewed four people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the homes and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

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

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

Safeguarding systems and processes, including recruitment

- People, professionals and relatives told us they felt safe being supported by members of staff. Comments included: "I feel safe, when people help me it makes me safe", "I feel safe with staff" and "My loved one is safe there. I have never had a reason for concern. Safe systems and procedures are in place".
- Staff could tell us signs of abuse and who they would report concerns to, both internal and external to the home.
- There were effective arrangements for reviewing and investigating safeguarding incidents. There was a system in place which recorded all alerts, investigations and logged outcomes and learning. There were no safeguarding alerts open at the time of the inspection.
- There were identified safeguarding leads who took it in turns to be on call. People and staff were aware of who these leads were. Visitors were provided with a handout with this information on upon arrival.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A social care professional said, "We have no safeguarding issues".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge them and/or the service.
- Where people had been assessed as being at risk of choking or seizures, assessments showed measures were taken to discreetly monitor the person and manage risk. For example, safe swallow plans and epilepsy care plans were in place. We observed staff following a safe swallow plan whilst supporting a person to eat.
- People were supported to take positive risks to aid their independence. For example, this included road safety and public transport awareness. We read and looked at photos of one person who use to get anxious in public spaces now using public transport with staff support.
- There were enough staff on duty to meet people's needs. A person told us, "There are enough staff". A staff member said, "We have enough staff, one-to-one hours are always met". A relative said, "When I visit I never feel there aren't enough staff. I have no concerns there". The house managers monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were mainly stored securely. However, on day one of the inspection we noted that a medicine cabinet which had recently been relocated was not fixed to the wall. We discussed this with the registered manager. On day two of the inspection this had been resolved.
- Staff responsible for the administration of medicines were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. Staff told us, "We use gloves and regularly wash our hands. We disinfect door handles, use red and yellow bags, have spillage kits and there is a weekly cleaner". In addition to this there were different coloured mops, cloths and chopping boards for use in particular areas.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

Is the service effective?

Our findings

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

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

- A clear referral and admissions process ensured people received pre-admission assessments and effective person-centred support during transition between services. A relative said, "They supported my loved one as best they could during the transition. This included an overnight assessment".
- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We receive enough training to do our jobs. It's regular and specific to people's needs. We can always request additional training too".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed the induction process was effective. A staff member told us, "My induction was in depth, they covered a lot. It involved shadow shifts, meetings with managers and of course the people".
- The registered manager told us staff received annual appraisals and regular one to one meetings. Staff said they felt supported and could request supervision or just approach the management team should they need to.

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

- People told us they enjoyed the food at Westmount House and Watchmoor House and liked preparing meals and baking. One person told us, "I like cooking, I want to be a chef, my favourite thing to cook is fish pie". Another person said, "Favourite food is roast dinner. I like sausages, sausage plait".
- People were supported with shopping, cooking and preparation of meals in their home. People played a role in menu planning during weekly house meetings.
- Staff understood people's dietary needs and ensured that these were met.
- The chef in one house showed us the menu plans. People could choose alternative meals if they did not want what was on the menu that day. Menus reflected a good choice of healthy home cooked meals.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files, which detailed the reason for the visit and outcome. Recent health visits included a community learning disability nurse, GP and optician. A health professional said, "Staff know people well and are able to update me with any changes".
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- The service employed an on-site nurse, behaviour specialist and a speech and language therapist who worked closely with people and staff to achieve positive outcomes. These professionals also worked closely with external professionals such as GPs, the community learning disability teams and local authorities.

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

- Each house was split across two levels and had been adapted to ensure people could access different areas of the homes safely and as independently as possible.
- People's art work and photos of them enjoying activities were displayed on walls around the home. A relative said, "There is a homely environment and the atmosphere is always lovely".
- The second floors were accessible to people via stairs.
- People requiring support rails had these available to them in communal toilets and shower rooms. However, on day one of our inspection we noted that a hand rail used in a ground floor toilet was loose and posed a potential risk to people. We discussed this with the house and registered managers. This was acted on promptly and fixed to the wall securely.
- People told us they liked their home. One person said, "I like my bedroom".
- The registered manager told us that the homes were due for redecoration and carpets and explained that people had taken part in choosing wall colours for their rooms. We were told that this work would start in the summer.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at The Sheiling Special Education Trust were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for some areas such as personal care and finance. However, assessments and where appropriate best interest decisions had not been completed for the use of rescue medicines linked to epilepsy and positive behaviour support strategies which in some cases included the use of low level physical interventions. We discussed this with the house managers and registered manager who told us that they would prioritise this work.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training

into practice by offering people choices and respecting their decisions.

- Staff told us how they supported people to make decisions about their care and support.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included: "Nice staff here, care for me and are friendly", "Staff are compassionate, caring, inclusive and focused" and "Staff are definitely kind and caring. They [staff] know my loved one's needs and preferences well".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity. A relative said, "[Person's name] is respected as is his dignity. People here are very much treated as humans and equally".

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

- There was a total communication environment within the home. Methods of communication used by staff included sign language, whisper, speech, written text, photos and picture exchange communication system (PECS). We observed staff using people's communication preferences throughout the inspection to aid and enable them to be as independent as possible and make choices and decisions for themselves.
- A staff member said, "We give people options to support them make decisions. We know people's needs and use individual methods of communication".
- The behaviour specialist, speech and language therapist and staff had worked effectively together to develop innovative debriefing communication aids for people to use following incidents of behaviour. These enabled to people to reflect by choosing pictures which best illustrated how they were feeling at the time, where they were and what had happened. This then went onto prompting and enabling people to choose what they could do differently next time. Staff told us that these had had a positive impact on people's understanding and led to less incidents. This communication aid had empowered people to express and understand their feelings more.
- People who were able to told us they were pleased with their care and that they felt involved in decisions. Comments included: "I am happy with my care here" and "I'm very happy with the care [person's name] receives. The service is very, very good. I would recommend The Sheiling Special Education Trust to others".
- Where needed the home sought external professional help to support decision making for people such as advocacy. We observed advocacy information displayed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing.

We also respect people's private time".

- Promoting independence was important to staff and supported people to live fulfilled lives. People were supported to learn daily living skills with a view to enable them to move onto supported living.
- We were told that a few people had expressed an interest in developing relationships with others. A house manager told us that they were looking at working with the college to develop a programme to work across college sessions and at home. The programme would cover areas such as understanding different types of relationships, consent and safe intimate relationships. Staff told us, "If people wanted to have a relationship with someone else we would always support this".
- People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. A person told us, "At weekend I stay with dad, other weekend with mum". A relative said, "When I visit I am always made to feel welcome. I could visit anytime too".

Is the service responsive?

Our findings

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

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

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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. We were told about one person who when they started to use the service was not confident in busy places. However, with staff's positive work the person attended a circus performance last week and really enjoyed it. We were told that this was a big achievement.
- Achievement files had recently been created in the homes. These were an opportunity for people to feel proud of the goals they had achieved and have a collection of photos attached to a certificate. Achieved goals included: a person consistently and successfully accessing public transport and learning to horse ride, a person becoming a gym member and starting gardening, and a person's speech improvement where they were learning to say staff members' names.
- Professionals and relatives were positive about the support and outcomes achieved by people with staff support. One relative said, "My loved one can achieve so much more since being supported at The Sheiling. They [staff] are very responsive to [person's name] complex needs and have so much patience".
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people used a mix of various methods of communication and we observed staff understanding these and actively using them during interactions with people.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A relative said, "[Person's name] is in the middle of their care. They [staff] meet their needs the way [person] wants them to be met". Another relative told us, "We are always involved in [person's name] review meetings and always find that they have achieved something new. We find these meetings important".
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- A person told us, "I went out for food, sausages and chips. This was by the beach. Been to cinema saw Heroes. Very good". Another person mentioned; "I've been out for fish and chips, beach, I love swimming, picnic with my mum, outings, cooking. On Friday afternoon I go swimming in swimming pool in class. Sometimes I choose different activities". A relative commented, "When I visit [person's name] is always

engaged in activities. This is lovely and such a change from their old placement".

Improving care quality in response to complaints or concerns

- The registered manager and house managers told us that they welcomed complaints and saw these as a positive way of improving the service.
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of inspection there were no live complaints.
- People and relatives told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. One person said, "I would talk to staff if I wasn't happy". A relative told us, "We have never had to make a complaint. I am sure the managers would listen and act quickly".

End of life care and support

- People's end of life wishes had not been explored by the service.
- The registered manager told us that due to people's short placements at the educational trust this may not be relevant to everyone. However, they said they would explore this with people and families.
- We were told that areas would include what to do in the event of an imminent death, choice of burial or cremation and funeral arrangements. In addition, the service said they would identify preferences such as readings, music and flowers.

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

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

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

- The management team at The Sheiling Special Education Trust were all passionate about and actively promoted person centred high quality care.
- Staff, people, relatives and professionals were positive about the management of the service. Comments included; "We know [house manager name] nice person", "The home manager is fantastic and totally understands [person's names] needs", "All the managers are good. Responsive, welcoming, approachable and professional" and "The registered manager is really good, they know their stuff and are visible. For example, they attend some staff meetings which is good".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager said, "Situations may include death, abuse or injury to a person. Being transparent is important to me".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The provider, house managers and registered manager demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the house managers to make sure people were safe and that they were happy with the service they received. These included peer audits where house managers would audit each other's homes to gain independent feedback and complete checks. The registered manager completed quarterly visits at both houses. Actions identified fed into improvement plans and actions were met in a timely manner.
- Managers and staff were clear about their roles and responsibilities and felt proud to work for The Sheiling Special Education Trust.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "We feel listened to, valued and appreciated. We receive feedback in one to ones, staff meetings and from parents when they visit".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continuously improve the service.

- Relatives told us that they felt involved. One relative said, "We can always suggest ideas and put our views across. These are then listened to and tried".
- There was a people council made up of representatives from the houses and college. People came together six weekly to discuss what people want from The Sheiling Special Educational Trust. Changes made had included new play equipment and festival planning. Notes from these meetings were made accessible using illustrations and text.

Working in partnership with others

- The Sheiling Special Educational Trust worked in partnership with other agencies to provide good care and treatment to people. We were told that the service worked very closely with a local surgery who had made their reception area more accessible.
- Professionals fed back positively about partnership working with the home. One professional said, "Partnership work is really good. We have positive communication and responses are received in a timely way".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.