V & L Corporation Ltd

Scalford Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 30 October 2018 and was unannounced.

This was the second comprehensive inspection; the last inspection was rated Good in April 2016.

Scalford Court Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 59 people. On the day of our visit, there were 54 people using the service.

The service did not have a registered manager, a previous manager and a newly appointed home manager were manging the service. 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 and associated Regulations about how the service is run.

The provider had not ensured that people were always protected from health and safety risks associated with accessing areas such as the kitchen and laundry; they took immediate action to protect people at the time of the inspection site visit.

Staffing levels ensured that people's care and support needs were safely met most of the time; the provider was continuing to employ staff. Safe recruitment processes were in place. People received care from staff that had received training and support to carry out their roles. People were supported to have enough to eat and drink to maintain their health and well-being.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity

were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

There was a very positive culture within the home where staff communicated well and people's needs were met. The provider had achieved a gold award from the quality team at the local authority and investors in people.

This is the first time the service has been rated Requires Improvement.

Further information is in the detailed findings below.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scalford Court Care Home on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risks associated with health and safety.

There were enough staff deployed most of the time to meet people's needs.

People received care from staff that knew how to safeguard people from abuse.

People's risks assessments were reviewed regularly and as their needs changed.

The provider followed safe recruitment procedures.

Staff followed safe medicines management.

Is the service effective?

Good

The service was effective.

Staff received the training and support they required to carry out their roles.

People's care was delivered in line with current legislation, standards and evidence based guidance.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs.

The provider had systems in place to respond to peoples' complaints.

People received care that met their needs at their end of life.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager.

The provider had systems in place to monitor, assess and make improvements to the health, safety, welfare and quality of care of people using the service.

Scalford Court Care Home

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 unannounced comprehensive inspection took place on 30 October 2018 by one inspector 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. Our expert by experience had previous knowledge and experience in care home services.

This was the second comprehensive inspection; the last inspection was rated Good in April 2016.

Before the inspection we asked for a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider submitted their PIR in May 2018. We took this information into account when assessing the service.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During this inspection we spoke with four people using the service and seven visiting relatives and friends and one visiting health professional. We spent time observing people's care and how staff interacted with them. We also spoke with nine members of staff including the provider, two managers, one senior staff, two care staff, activities staff, one kitchen staff and a cleaner.

We looked at the care records for two people who used the service and daily records and medicines records for seven people. We also examined other records relating to the management and running of the service. These included four staff recruitment files, training records, supervisions and appraisals. We looked at the

staff rotas, complaints, incidents and accident reports and quality monitoring audits.

After the inspection we asked the provider to supply more information about health and safety checks and call bell times. The provider supplied this information as planned. We took this information into account when assessing the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in April 2016 we identified there were areas that required improvement relating to the lack of radiator covers. During this inspection we found the required improvements had been made as people were protected from hot radiators as covers had been installed. However, at this inspection there were other areas relating to health and safety that required improvement.

The provider did not always ensure that people were prevented from accessing areas that contained very hot water, equipment or substances that may be hazardous to health. People living with dementia, or people who were experiencing confusion from ill health had access to areas such as the kitchens, two sluice rooms, ironing room and the laundry. Staff left these doors unlocked and open when they were not in use. We brought this to the attention of the managers who purchased and arranged for the instalment of key pad locks to the sluices, laundry and ironing rooms immediately. The managers also ensured staff adhered to the kitchen close-down procedure to ensure the kitchen was locked when unattended. The managers told us they would implement regular checks on these areas to ensure staff kept the doors closed and locked when not in use.

The provider had systems in place to carry out regular maintenance and safety checks for example on the water supply, hoists, gas, electric and the lift. All repairs were carried out promptly. The managers carried out regular fire safety procedures including practice fire drills. Where fire safety checks identified issues, these were acted upon, for example replacement of emergency lighting. People had personal emergency evacuation plans in place. However, the last full fire risk assessment had been carried out in 2013.

We recommend that a full fire risk assessment is carried out in line with HM Government fire safety for residential care premises.

People were assured that staff followed infection prevention procedures. One person told us, "The carers [staff] always wear their gloves and aprons if they are doing personal things for me." Staff had access to and used personal protective equipment such as gloves, aprons and handwashing facilities. A member of cleaning staff demonstrated how they followed cleaning schedules and used appropriate cleaning materials to clean spillages and understood how to prevent infection spreading in the event of an outbreak of infection such as the Novovirus.

At our last inspection in April 2016 we identified there were areas of improvement required relating to management of medicines. During this inspection we found there were appropriate arrangements in place for the management of medicines. There were protocols in place for people who required their medicines as required, according to their symptoms. Where their medicines were given covertly, staff followed pharmacy guidance and people's covert medicine protocols followed mental capacity assessments and best interest meetings. Covert medicines are medicines given in food or drink without the person's knowledge or consent. Covert medicines can only be given where people have been assessed as lacking capacity and a management plan is agreed after a best interests meeting.

Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People received their medicines as prescribed, one person told us, "I get my pills four times a day in a little pot and they [staff] watch me take them. I know what they are for too."

There were sufficient staff to meet people's care needs most of the time. The managers regularly reviewed the staffing levels to ensure that there were enough staff to meet people's changing needs, however, there were times through sickness where staffing levels were not reached. One person told us, "I have seen people asking to go to the toilet and having to wait until there are two carers free to take them. That sometimes takes too long I think." Staff told us there were usually enough staff, but described being "very busy, not always have enough time in the day" when staff called in sick. One relative told us, "There are times when it seems like there might not be enough staff, if one of them is off sick on the shift for instance." The call bell data showed that in the mornings and late evenings staff sometimes did not respond to people's call bells for over 30 minutes. The managers told us people had brought this to their attention in the September 2018 residents meeting; they were recruiting care staff and they would continue to look at the call bell data to identify the busy times.

People were protected by staff who understood their responsibilities to safeguard them from potential abuse. Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to the registered manager. One member of staff told us, "I would always report any concerns to my senior [staff] and make a record." The provider had raised safeguarding alerts with the local authority. There were systems and policies in place to investigate any concerns if required to do so by the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for their risk of falls. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. For example, one person was at risk of rolling out of bed, they had been assessed as unsuitable for bed rails so staff had installed a mattress next to their bed to help prevent injury should they roll out of bed. Staff were aware of people's mobility needs and were observant of people when they started to mobilise.

The managers followed the provider's recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

The provider had systems in place to assess people to identify the support they required before moving into Scalford Court Care Home. Staff had used the pre-assessments to create a plan of care which was updated as they got to know people or as their needs changed. People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

All new staff received initial training which gave staff the basic skills needed in their roles including fire safety, moving and handling, dignity, respect and person-centred care. One member of staff told us they were "put with experienced staff for a couple of weeks" when they first joined the staff team. Staff had received updates to their training. Staff told us they felt supported by the management team, one member of staff told us, "[New manager] is very supportive, I can approach her about anything." Staff had received their yearly appraisals.

People were supported to eat and drink enough to maintain their health and well-being. People received home cooked meals which helped them to maintain a balanced diet. The cook was very proud of the food they prepared from fresh ingredients. People told us they enjoyed the food. One person told us, "The food is good. Home cooked and tasty and quite a good variety." A relative said, "The food here is very good and home cooked. Plenty of variety and they know what [relative] likes to eat. They also cut it up for [relative] as they have a real problem chewing now." We observed people's lunch was a relaxed and sociable event. Staff were chatting to people as they served meals.

People were encouraged to eat independently; staff provided coloured plates, cups and cutlery to encourage people with dementia to eat. The manager told us, since introducing the green plates, the amount people [with dementia] ate had increased and people's weights had stabilised. People received assistance with their meals where required; we observed staff to be attentive, sitting with them and quietly encouraging people to eat. Staff followed the health professionals' advice such as thickening drinks to help prevent choking. Staff also ensured people received foods that met their individual needs, for example, soft foods and gluten free diet. People were offered drinks and snacks regularly throughout the day.

People had access to healthcare services and received on-going healthcare support. Staff referred people to the GP or district nurse when they showed signs of ill-health. We saw people had been referred to their GP for medicines reviews. A visiting health professional told us, "The staff here are very nice, they always make sure people are prepared for me to provide their treatment."

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 and whether any conditions on authorisation to deprive a person of their liberty were being met. The managers had made appropriate applications for DoLS authorisation.

The managers and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. People looked happy and contented in the company of staff and we saw staff took care to ask permission before assisting people. For example, we saw staff asked people for their consent and explained what they were doing when transferring people between chairs using the hoist.

The provider had created a home which was designed to meet people's needs. The home was spacious with wide corridors and even flooring. The home was dementia friendly, with coloured doors to bedrooms and clear signage on doors. The home was decorated with areas of interest, such as murals of the local area and displays of familiar objects and hobbies. There were photographs of present and previous residents, and a book showing photographs and stories of the many events people had attended. There was signage around the home with positive messages such as 'When it rains, look for rainbows', 'Love grows here' and 'Tea is a hug in a mug'. There were outside spaces that had been developed for ease of use and access and maintained by relatives. People's rooms contained their personal belongings and each room reflected people's past lives and personalities.

Good

Is the service caring?

Our findings

People told us they were very happy living at Scalford Court Care Home. One person told us, "I am more than happy with the home." Another person told us, "I think everyone working here is very nice." One relative told us, "Everyone here is very approachable and in fact [relative] has thrived since she has been here."

Staff know people well; they had got to know people's life histories and their interests. We observed people were very comfortable in staff's company. Staff knew people's individual communication skills, abilities and preferences. For example, one person used picture cards and memory boards to communicate. One relative commented on the patience of staff they said, "I have never seen the staff be anything other than very patient, kind and courteous."

We observed staff taking time to communicate with people, some of whom were living with advanced dementia. Staff used appropriate body language, positioning themselves in people's sight and at times using touch to engage people. One family said, "When we come, we often hear laughter and joking among the staff and residents. It's nice to hear. All the staff are very caring and take time to speak with everyone." Another relative told us, "I think the staff here are wonderful and they do the best."

Staff helped people to celebrate their birthdays; the cook showed us a birthday cake they were planning for one person which was made with the person's favourite foods, chocolate eclair and meringue.

People told us that staff respected their privacy and dignity and we saw that staff knocked on bedrooms doors before entering and that they were careful to close toilet doors when assisting with personal care. One person told us, "My dignity is preserved at all times here." Some staff had become dignity champions and worked to improve staff awareness and helped staff to reflect on what it meant to maintain dignity. People and staff had contributed to a dignity tree where they wrote their thoughts and suggestions.

People chose where they wanted to spend their day. One person told us they liked to spend time in their room, they said, "I like my door closed, but the girls [staff] pop their heads round the door and check in on me if they are passing." Another person told us, "I really can please myself what I do." One family told us, "If [Name] doesn't want to get up one day, they just let them stay there. They make sure [Name] is ok and pop in now and then, but they really do get to choose (what they want to do)." Another relative told us "They [staff] really do still see Mum as a person and not just her Dementia. They [staff] try to make sure that Mum still has choices about her day and what she wants to do, even if it takes a while to find out what she does want to do."

People were encouraged to provide feedback about the service. There was a resident's group who met regularly. In September the group had discussed how their dining experience had improved since the last meeting following feedback to the manager. They also discussed the issue of long response times when using the call bells and passing on information. The managers had responded to this feedback and had taken action to improve these.

People were supported to maintain relationships with those who were important to them. Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. One family told us, "We are always greeted warmly and offered a drink and if you need to talk to them [staff], they are never too busy to speak to you." We observed people had visitors throughout the day, some staying to share meals. One person told us, "My daughter can visit anytime and she has often been offered a meal, but I prefer to eat in my room."

People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they were being discriminated against under the Equality Act, when making care and support choices. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

People told us they had felt they were treated fairly and were free from discrimination. People felt able to discuss any needs they had associated with their culture, religion, sexuality. People continued to follow their religion, for example, there were regular visits from the local Methodist preacher.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People had care plans that described in detail how their individual needs would be met. For example, one person had been assessed as at high risk of experiencing anxiety. Staff worked with their family to ensure they had company and distractions after family visits to help prevent the person getting anxious. Staff told us the person enjoyed having tea and biscuits with staff after their family had visited. Another person required support to carry out prescribed strengthening exercises which staff provided, involving the person with their plan which was updated as their needs changed.

People's care plans gave clear instructions to staff on how to provide people's care. For example, where people had been identified as at risk of acquiring pressure ulcers, staff followed their care plans that included ensuring their skin was kept clean and dry, and regular assistance to help the people to move to relieve their pressure areas. Staff documented the care they provided which demonstrated they carried out their care as planned.

People had been involved in creating their plans of care and had their care reviewed as their needs changed. People who required assistance to mobilise received support to use their walking aids. One person told us, "They [staff] do try and get me to walk if I can, just to help my legs." Staff were vigilant and used equipment to help keep people safe who were at risk of falling out of bed, such as pressure mats to alert staff to people getting out of bed.

People took part in activities organised by the activities staff who knew people well; they had a good rapport with people. One relative told us, "[Name] used to love doing crafts when they were at home and they have picked up on that and [Name] seems really happy doing them here now. We are really happy with the activities and there is plenty of variety." One person told us, "I enjoy the activities. I particularly like the choir, bingo and the entertainers that come in, or sometimes my daughter takes me out. The trips from here are good as well though. We get a list of things printed out and then we tick what we are interested in."

People chose the activities they were interested in. People told us the most popular sessions were cake and cuddles (with babies) and music to movement. One person told us, "I really enjoy the seated exercise, the singing and dancing and the games. We have fun." The provider also hired local transport for trips to local garden centres, places of interest and parks where family members also joined in. One person said, "I have been out on trips and really enjoyed them. The family can come with me if they want to, although sometimes they take me out themselves."

People chose how they spent their time. One person told us, "I have complete freedom of choice here from what time I get up, to whether I get up at all, to what I wear, what time I go to bed, whether I want to stay in my room, join the activities or go out with family. I have no complaints." A relative told us, "They [staff] know [Name] doesn't particularly like joining in the activities, but they [staff] have tried to make sure they have things they can do, as they are nearly blind now." We observed people choosing what they wanted to do. We saw ten people sat together talking with the activities staff, some were having their nails painted.

People told us they knew how to make a complaint and there were systems to manage complaints. Information on how to make a complaint was displayed in the home. One family told us, "If I ever had to complain about anything, I would feel comfortable speaking to either of the managers or the senior carers. I think they all do a good job." There had been two complaints raised in the last 12 months; these had been responded to in a timely way in accordance with the procedure in place; the managers had taken action to address the concerns raised. All the people and their relatives who spoke to us gave us positive feedback.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A local business had donated specialist equipment to help a person who had sight difficulties. One person was facilitated to use their technology, they told us, "I have my own tablet and book reader, so I make good use of the Wi-Fi access here."

People had the opportunity to discuss with staff what it meant to be at the end of life. People told us they had discussed their beliefs and needs. Staff had recorded what was important to people, such as wearing specific jewellery, being with family or arrangements for their funeral. Where people had expressed a preference about where they received their care, staff had ensured people's wishes were granted where possible, for example people remained in the home.

Requires Improvement

Is the service well-led?

Our findings

There had been no registered manager since September 2018. The provider had arranged for a manager who had previously managed the home to manage the home jointly with the new home manager until they were established and registered with CQC. The new home manager had worked at Scalford Court Care Home as a senior member of staff for many years. At the time of inspection, we had not received the application from the new manager.

A registered manager is a condition of the CQC registration. Failure to meet any condition of registration cannot be rated as good, we therefore rate the well led domain as requires improvement. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The managers understood and carried out their role of reporting incidents to CQC. The new manager had made the appropriate notifications to CQC regarding incidents such as people incurring injuries from falls.

People told us they knew and liked the managers. One person told us, "They [managers] are pretty good at sorting things out." People told us there was a good atmosphere in the home. One relative said, "There doesn't appear to be any 'them and us' between the different levels of staff, so it works well as a result." People told us they could approach the managers at any time to discuss any concerns. One person told us, "I know I could talk to anyone here and they would do their best to get an answer." A relative told us, "I know if I need to chat to someone here about anything, the managers' door is always open."

The managers held regular meetings with staff, where they discussed the ethos of promoting people's independence. The managers had involved staff by asking for their input and ideas in improving people's lives at the home. Staff had key roles such as champions in dignity, infection control, infection prevention, continence and moving and handling. Staff told us they enjoyed and took pride in working at the home. One member of staff said, "I love it here, I've worked here for years." Another member of staff told us, "I love it, the team is nice and I've always got back up. I've recommended the home to others." The provider had provided an employee assistance programme to assist staff with impartial and confidential support and advice to help them in their roles. Meetings with senior staff included promotion of the open and honest culture; senior staff were encouraged to raise any concerns as they arose with each other. Staff told us they could approach the manager at any time to discuss any concerns.

The provider had sought people's feedback about the service through surveys in spring 2018 and in regular residents' meetings. The managers used a notice board to inform people of the key issues and what the provider and managers had done in response. For example, people had been involved in improving the dining experience. The provider had acknowledged and was working on call bell times and passing on information.

The managers' monitored the quality of the service through audits, such as monitoring accidents where the managers had referred people to the local authority for review. The managers involved staff in auditing the home in areas such as health and safety and worked with staff to set actions and improve the environment. The managers also completed weekly reports to identify the dependency of people in the home and have an overview of people's needs and experiences.

The provider had achieved a gold award from the local authority quality assessment framework for older people in August 2017. They had also achieved a gold award in Investors in people until 2020. In the report the assessors described the leadership as, "Leaders within Scalford Court Care Home were viewed by staff as proactive and effective. Senior leaders lead by example in driving the culture, values and quality care and this is reflected in approaches to decision making."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.