

MyMil Limited

Scraptoft Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 March 2017. There were two breaches of legal requirements found. We found people's medicines had not been managed in a safe way. Staff did not follow the guidance to protect people at risk of choking or who had swallowing difficulties. Staff did not use equipment correctly to move people safely and infection control procedures were not followed. We also found the provider did not have an effective system to regularly assess and monitor the quality of service that people received.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 25 August 2017, which was unannounced. We checked whether they now met the legal requirements. This report only covers our findings in relation to 'Safe' and 'Well-Led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scraftoft Court Care Home on our website at www.cqc.org.uk

Scraftoft Court Care Home provides residential and nursing care for up to 34 people. The home specialises in caring for older people including those with physical disabilities, or living with dementia and who require end of life care. At the time our inspection visit 29 people were in residence.

Scraftoft Court Care Home had a registered manager. 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.

We found improvements to the management, storage and administration of medicines. Staff supported people with their medicines in a safe way. Staff were trained to use manual handling equipment correctly and their competency to move people safely had been assessed. We also saw staff followed infection control procedures. Regular checks were carried out on the premises and equipment to maintain people's safety.

Risks associated to people's physical and mental health had been assessed. Care plans included advice sought from healthcare professional to ensure staff had guidance to follow to meet people's needs. For example, guidance from the healthcare professionals had been followed by staff as to the texture of food and how to prepare drinks for people at risk of choking or had swallowing difficulties.

People told us that they were supported by staff when they needed it and we observed this to be the case. Records showed people, and their relatives, where relevant were involved in their review of their care plans. This ensured people's ongoing needs were managed and continued to be met safely.

The registered manager provided leadership and welcomed feedback about the service. We found improvements had been made to the provider's governance system. People's views and the opinions of their relatives and staff were sought in a number of ways. A range of audits were carried out to monitor and improve the quality of the service provided.

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.

Risks associated to people's needs had been assessed. Care plans provided staff with guidance to follow to meet people's needs and support them to stay safe. Staff were trained to move people safely and followed infection control procedures. Medicines were stored, managed and administered in a safe way.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided leadership and was meeting their regulatory responsibilities. People and staff had opportunities to influence and develop the service. There were effective systems in place to support staff, and monitor and improve the quality of the service provided.

Scraptoft 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 was to check that improvements planned to meet the legal requirements after our comprehensive inspection of 8 March 2017 had been made. These related to managing risks to people's safety and wellbeing, the management of medicines and good governance.

We inspected the service against two of the five questions we ask about services. Is the service safe? And Is this service well-led? This is because the service was not meeting two legal requirements.

We undertook an unannounced focused inspection of the service on 25 August 2017. The inspection was undertaken by one inspector.

Before our inspection visit we looked at all the information we held about the service and the notifications. A notification is information about important events which the provider must tell us. We looked at the action plan we had been sent, which outlined how the provider planned to meet the legal requirements.

We used a variety of methods to gain people's views about the service. We spoke with three people using the service and two relatives. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care because many people using the service were living with dementia and could not tell us about their experience of using the service.

We spoke with the registered manager, deputy manager, two nurses, two members of the care staff and the meal monitor responsible for serving drinks and meals. We looked at specific parts of three people's care records and the medicines records of four people. We also looked at records as to how the provider monitored the quality of service, which included minutes of meetings for people who used the service and staff and a range of quality audits.

Is the service safe?

Our findings

At our previous inspection on 8 March 2017 we found people's health, safety and wellbeing was put at risk. Infection control procedures were not followed. Staff did not use equipment correctly to move people. Measures to ensure people at risk of choking or had swallowing difficulties were not followed correctly. Medicines were not managed in a safe way. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which outlined the plans to meet the legal requirement.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

The registered manager told us they conducted a full audit on pressure relieving cushions and mattresses and discarded any damaged items. We saw people were seated on cushions that were safe to use. We saw staff also followed infection control procedures and used gloves and aprons when preparing to support people with their personal care needs. At lunch time staff wore aprons when handling or serving meals or drinks. This showed that staff followed the infection control procedures.

Records showed that safety checks of the premises and equipment had been carried out at regular intervals. This helped to ensure people lived in a safe environment and staff followed procedures to maintain people's health and safety.

We asked staff about the training and support provided to ensure they had the skills and knowledge to support people to stay. Staff members we spoke with told us they had completed further moving and handling training and competency had been assessed to move people safely. Training records we viewed confirmed this.

A person told us, "[Staff] explain how they are going to move me. They get the equipment [rotunda used to help a person stand up] and put it in front of me. They help me move on the count of three." The person went on to say they felt staff were confident and trained to keep them safe. A relative said, "[My relative] seems happy and more confident to move around with the help of staff." They relative told us that they had observed staff assisting their family member to move around safely with their use of a walking frame.

Our observations confirmed people moved around safely and some walked with various mobility aids. There was a balance between protection and freedom as staff encouraged and supported people according to their level of independence and ability. A staff member provided clear direction and encouragement as they walked with a person to the dining room. We observed two staff members using a hoist to move a person from the wheelchair to the armchair safely. Staff communicated with each other and explained the process to the person being moved. Throughout the move staff reassured the person and ensured they were seated comfortably.

Staff responded to call bells promptly. Some people at risk of falls had a floor sensor mat and room sensor

which would be activated when the person was moving around. A senior staff member had a mobile device which alerted them when someone had activated the sensor. They told us that they had responsibility to check on the person in the first instance. If they were busy supporting another person then they would instruct another staff member to respond. A staff member told us staff were quick to respond to call bells or alerts. We observed this to be the case as the deputy manager was seen checking that staff were responding to call bells. They told us they would provide the care and support the person needed, to maintain their dignity for example, if staff were busy. That meant people could be assured they would get the support when they needed it.

People at risk of choking or had swallowing difficulties the healthcare professional had been prescribed thickeners to be added to their drinks to reduce the risk of choking. A person's care plan included guidance on the texture of their food and how to prepare drinks. The meal monitor who had responsibility for serving drinks and meals showed us a list with people's names and the how their drinks should be prepared. We saw they followed the guidance and prepared people's drinks correctly. This showed that people's health risks were managed safely.

People told us that they received their medicine at the right times and in a safe way. A person said, "The nurse gives me my tablets. If I need any pain-killers I'll ask them for it." A relative said, "I have no concerns about [my relative's] medicines. She gets her medicines on time and I've seen the nurses do it [administer]."

Medicines were stored securely and daily temperatures were monitored. Records showed medicines were stored within the recommended safe temperature range. Most medicines such as eyes drops were dated with opened. We found a topical cream dispensed in June 2017 had been opened but was not dated. The nurse was unable to confirm by checking the medicine administration records when it had been opened. That meant the 28 days shelf life had passed. The nurse discarded it and ordered a replacement from the pharmacist which was scheduled to be delivered later that day.

The service used an electronic medicine administration system. Nurses and senior staff had received training and had their competency assessed to use the electronic system safely. Training records viewed confirmed this.

We observed the nurse administering medicines at lunch time. They explained to people what their medicines were for and observed that the medicines were taken. The nurse showed us the handheld electronic medicine administration record device used to confirm that the medicines had been taken. Where a person declined to take their medicine this was recorded and the reason why. The nurse said this enabled them to monitor people's health effectively.

The medicine administration handheld device had a medical profile for each person, including a current photograph, any known allergies and their GP. This helped to reduce the risk of medicines being given to the wrong person. Information was available to support staff to give people their medicines according to their preferences. Protocols were in place and provided staff with guidance about the administration of medicines as pain relief. A body map chart highlighted where the prescribed topical creams should be applied. Records we viewed confirmed that people received their medicines in at the right time and in a safe way.

Is the service well-led?

Our findings

At our previous inspection of 8 March 2017 we found the service was not well managed and lacked leadership. The systems to monitor the quality of service were not used effectively and as a result put the health, wellbeing and safety of people who used the service at risk. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. The provider sent us an action plan which outlined the plans to meet the legal requirement.

At this inspection we found improvements had been made and have reviewed and revised the rating for this key question.

We saw the current CQC rating was clearly displayed and a copy of the latest inspection report was available in the reception area. This is a legal requirement and informs people and visitors as to our judgment of the service. Records showed that statutory notifications were sent to us following a significant event at the service. These included details of the actions taken to ensure people's safety and wellbeing, such as risk assessments completed and where required care plans updated. That meant the provider was meeting their regulatory responsibilities.

During our visit we saw the registered manager and the deputy manager monitored the service. They walked around the service to check that staff were working effectively and helped staff to support people when required. This was especially important at lunchtime to ensure meals were served without delay and that people were supported to eat where required. This showed that the management team monitored the busy times within the service and could direct or support staff to meet people's needs.

We asked people who used the service and relatives for their views as to the management of the service. All knew who the registered manager was and were confident to speak with them about anything including concerns if they had any. A person told us that the registered manager and deputy manager was speak with everyone and ask about their wellbeing and plans for the day including visitors. A relative said, "There were initial settling in issues for [my relative], which [registered manager] put right."

Residents meetings provided people with an opportunity to share their views about the service. Meetings minutes showed that the management had acted on people's views because the menus and meal times had been changed. People were also given the opportunity to raise concerns if they had any.

The registered manager told us that the process to review people's care plans with the individual and their relatives, where appropriate, was ongoing. Records showed people and their relatives, had been involved in the review of all aspect of their care and support. A relative said, "They [management] let us know when we need to review [my relative's] care plan because something has changed. We know [my relative] is frail and needs a lot more support."

Handover meetings were used effectively to ensure staff had the relevant information about each person including any health concerns and forthcoming medical appointments. Staff member told us these meeting

were informative as to changes to people's care needs and if they were unsure they would read the person's care plans. That meant people could be assured that their needs were managed and met by informed staff.

Staff we spoke with said the registered manager and deputy manager were both approachable, supportive and provided clear leadership. Records showed staff had regular supervision and team meetings which gave them the opportunity to comment on the service. Meeting minutes showed that the registered manager updated staff on any outstanding issues from the previous meeting. These meetings were used to update staff about changes within the service and areas that needed to be improved which had been identified through observations and audits, such as overdue care plan reviews and accurate recording.

Staff we spoke with confirmed they had access to regular training that meant their knowledge and skills were kept up to date. Training records we viewed confirmed this.

A system to regularly assess and monitor the quality of service that people received was fully implemented. Regular audits and checks had been carried out by the quality manager employed by the provider in a range of areas. These included the management of medicine, care records and safety checks on the premises and equipment. A sample of the audits we looked at were comprehensive. Any shortfalls found were documented in an action plan with set timescales for improvements to be made.

All accidents and incidents were documented including the actions taken. For example, the reviewing of risk assessments and updating care plans and referrals made to external professionals for advice. These were analysed by the registered manager each month so that they could identify any trends so that actions could be taken to prevent further risk. For example, a person had been referred to the falls clinic for advice and another person's medicines had been reviewed by the GP.

Following our inspection visit the registered manager sent us the updated action plan. It showed a number of actions identified had been addressed. For example, staff had received training in moving and handling and their competency to use equipment safely had been assessed. Records showed there was a full audit on the medicines stored within the service including prescribed topical creams kept in people's room to ensure they were stored safely. Action had been taken to ensure medicine administration protocols and supporting documentation such as body charts indicating where creams should be applied were in place. That demonstrated the effectiveness of the provider's governance system and showed that it was used to bring about improvements to the service.