

Scaleford Care Home Limited

Scaleford Care Home

Inspection report

Lune Road
Lancaster
Lancashire
LA1 5QT

Tel: 01524841232

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19 December 2019

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13 January 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Scaleford Care Home is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service is registered to support up to 32 people.

People's experience of using this service and what we found

Environmental risk and infection control processes were not always suitably managed. Staffing levels had improved. Staff had received training in reporting and responding to abuse and were confident they could report any concerns.

Some medicine procedures were not consistently followed. We have made a recommendation about the management of medicines.

The service was not always well-led. Systems and processes for managing risk were sometimes ineffective. The registered provider did not have appropriate oversight on the management of the service to ensure safe care was provided. Breaches of Regulations were still ongoing, and we could not be assured lessons had been learned and changes sustained from previous inspection findings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 15 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to the management of the service. As a result, we carried out a focused inspection to review the Key Questions of Safe and Well-led only. We reviewed the information we held about the service. No new areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, requires improvement. This is based on the findings at this inspection.

Due to inspection taking place soon after the previous inspection visit, we found evidence the provider had started to make changes but still needed to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Scaleford Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Scaleford Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the home since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with local authority and community-based services. We used all this information to plan our inspection.

During the inspection-

We spoke with three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Assessment of risk was inconsistent. Environmental risks were not addressed in a timely way. Sensor mats checked were not all working. Mattress pumps to help manage people's skin integrity were not all set correctly.

The registered manager told us they would implement a system to assess the risks related to sensor mats and mattress pumps.

- Recommendations from the previous inspection had been addressed. Bed levers were risk assessed and wardrobes were secured to the wall.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire staff had guidance on how to support people out of the building.

Preventing and controlling infection

At our last inspection the provider had failed to have systems to demonstrate infection control processes were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the time the focussed inspection had taken place improvements had not been embedded within the service. The provider was still in breach of regulation 12.

- The provider had increased staffing levels for domestic staff. We observed some improvement with the environment.
- One occupied bedroom was very damp due to water from the adjoining bathroom seeping in. Prolonged exposure to high levels of indoor dampness can reduce lung function and cause chronic health problems.

The registered manager told us they would speak with the provider about taking timely action.

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on the deployment of staffing. The provider had made improvements.

- The provider had increased staffing levels. One staff member told us, "Staffing levels have got better. We don't have to pick up after night staff anymore."
- Recruitment continued to be safe and managed well. Checks had been made before new staff had started their employment. This was confirmed by staff members we spoke with.

Using medicines safely

- People received their medicines and creams when they should. Good practice guidance was not always followed. Documentation was not consistently completed to identify where medicine patches were applied. Medicine administration records were not read before medicines were administered.
- Not all night staff had received training in the administration of medicines. This could prevent the timely administration of medicines.

We recommend the provider review current practice and follow good practice guidance on the administration of medicines.

- We observed medicines being administered. Staff knew people well and took a person-centred approach to the administration of medicines.

Learning lessons when things go wrong

- The registered manager kept a record of all accidents and incidents which occurred within the home. These were analysed and reviewed by the registered manager. Health professionals had been consulted with for advice and to mitigate risk after incidents had occurred.
- We saw the registered manager had documentation to show actions taken when things had gone wrong. The registered manager was receptive to advice and guidance to learn and lessen risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. A staff member said, "Would report abuse straight away to the manager or to safeguarding [local authority]."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems were either not in place or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We reviewed auditing and governance systems and found they had failed to identify or address the new concerns raised during the inspection. The provider had not had time to embed changes based on the previous inspection findings.
- The provider had recently supported staff to take on deputy manager and senior carer responsibilities. These roles were under discussion as staff clarified their terms and conditions.
- Staff spoke positively about the registered manager and felt supported. One staff member told us, "[Registered manager] knows what she is doing and the seniors muck in. They are one of us, there is good teamwork here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was conspicuously displayed in the home.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened. One relative said, "Communication from the home is very good. Even if there is a slight problem, they will ring me and inform me."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The manager had systems to gather the views of people and relatives. We saw meetings took place with people and their relatives and staff. The service had sought the views of people they support and family members through care plans assessments and questionnaires. We saw positive feedback had been submitted since the last inspection. Relatives we spoke with were aware of who was in charge and happy with the management arrangements.
- Staff told us they could contribute to the way the service was run. Staff meetings were organised to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.

Working in partnership with others

- There were established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager had failed to ensure that the premises and equipment used by the service provider were safe to use for their intended purpose and were used in a safe way; 12 (1) (2) (d) (e)</p> <p>The registered manager failed to ensure systems and processes were established for the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; 12 (1) (2) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager failed to ensure systems or processes were established and operated effectively to ensure compliance with the regulations. 17 (1) (2) (a) (b)</p>