

Scorton Care Limited

Scorton Care Village

Inspection report

Scorton
Richmond
North Yorkshire
DL10 6EB

Tel: 01748811971

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Scorton Care Village provides both nursing and residential care across two buildings for up to 114 people, some of whom maybe living with dementia. Elizabeth House provides residential care for up to 54 people. Archery Bower House provides nursing care for up to 60 people. When we inspected 79 people lived across the two houses.

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

Since the last inspection the provider and registered managers had worked to implement new systems and recruit new staff. Improvements were seen at this inspection to the safety and quality of the service. People experienced better care and outcomes because of this. A plan was in place to keep improving the service in areas such as fire safety, care plans and medicines management. The provider was committed to using feedback from people and occurrences to develop the service further.

The provider had recently worked in partnership with the local authority and clinical commission group to open a new unit when a local care home had closed. This transition had been completed successfully in a person-centred way with minimal impact of the people supported. The skills and experience of the staff team who transferred with people will further develop the support for people who display distressed behaviour at Scorton Care Village.

The staff team had been inducted, supported and trained which had brought stability to the service. Staff understood their roles clearly and they knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

People's needs and preferences were known by the staff and this had led to people receiving person centred, responsive care. Staff had worked to improve or maintain people's quality of life. Feedback from people and their relatives was positive. Staff had developed positive relationships with people which led to people feeling safe and happy.

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.

The environment had been improved and people were happy with the changes. People enjoyed access to a garden and were supported to access the community to take part in local activities. People were offered a wide variety of activities to take part in if they chose this.

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

Rating at last inspection and update

The rating for this service at their last comprehensive inspection was requires improvement (published 5

October 2018) and there was one breach of regulations. We carried out a focused inspection where the rating of requires improvement continued (published 5 February 2019) and one breach continued. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If 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 effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Scorton Care Village

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 planned this inspection to check 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, an assistant inspector, a medicines specialist advisor and an Expert by Experience carried out this inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited on day two.

Service and Service type

Scorton Care village 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 two managers registered with the CCQ. 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

Day one of this inspection was unannounced. We told the provider we would be visiting on day two.

What we did before inspection

We reviewed information we had received from the provider since the last inspection. We sought feedback from the local authority and clinical commissioning group (CCG) who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with 17 members of staff including the owner, nominated individual, operations manager, registered managers, nurses, senior care workers, care workers, and activities workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three professionals who regularly visit the service.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and could be improved. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured records relating to risk were robust and that effective monitoring occurred. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff understood where people required support to reduce the risk of avoidable harm. New electronic care plans highlighted the areas of risk but did not always describe the action to be taken to reduce the likelihood of harm. The provider was working with the care plan provider to ensure the system was upgraded.
- The environment and equipment were safely managed. Work to improve the environment was on-going. Staff did not always recognise risks posed during renovations. For example; holes had been made in ceilings to introduce CCTV, the holes created a risk that fire would spread if one was to be ignited. Immediate work was carried out to prevent this.
- Staff routinely carried out fire safety training, however they did not take part in frequent evacuation practices. The registered managers immediately added this to their training plan to monitor and ensure it happened in the future.

At the last inspection we recommended the provider seek an approach to managing behaviours that may challenge the service, which should include appropriate, consistent and successful support to people who can become anxious or distressed. This recommendation had been actioned.

- Where people became anxious staff intervened in a personalised way which they knew worked for each person. The provider had supported the closure of a local care home and a new nursing unit had been opened to support people with distressed behaviour. Staff had moved with people to support continuity of their care. People were relaxed and settled.
- The new staff with specific expertise would be rolling out training, developing practice and implementing robust care plans across the whole service.

Using medicines safely

At our last inspection the provider had not ensured the medicines system was checked effectively and action taken to reduce the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were overall managed safely. Some inconsistencies were found such as the temperature of medicines stored outside the clinic room were not monitored. Not everyone had a person-centred protocol where they were prescribed 'as and when required' medicines.
- A process was not in place for medicines managed by relatives when they took their family member home or out into the community. The nominated individual implemented this immediately.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Staffing and recruitment

- On day one there were not always enough staff on shift on the nursing unit to enable people to receive care in a timely and safe way. The system to check how many staff were needed to care for people had not been properly used. The provider reviewed this immediately and on day two the issues were rectified.
- The provider operated a safe recruitment process. This included checks to ensure nurses had no conditions on their fitness to practice and agency worker checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. People and their relatives told us they felt the service was safe. A person told us, "I am alright. I feel safe and secure."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

At the last inspection we recommended the provider incorporated all the relevant requirements under the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 into their accident and incident document. This recommendation had been actioned.

- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They had completed an induction and training programme. Where staff had achieved low scores during training tests there was no evidence the registered managers had checked their knowledge and skill. The nominated individual agreed to put a process in place to evidence this happens.
- Staff had opportunity for support, supervision and appraisal. Group supervisions and staff meetings had been carried out for staff to work together to understand and reflect on their practice. An appraisal system was due to be introduced.
- Additional training for staff and nurses had been carried out so they understood how to care for people with specific medical needs.
- Nursing staff had been supported to maintain their knowledge and professional registration.

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

- People enjoyed their food but wanted more choice at breakfast time. People also felt the presentation of food could be improved. The nominated individual was working with the kitchen team to review their approach.
- Staff supported people to understand the menu choices available. Where needed people had access to adapted cutlery and equipment so they could eat and drink independently. Where people required specialist diets this was catered for.
- People's weight and diet were monitored effectively. Professionals had been involved to understand how to best support people.

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

- Assessments of people's needs were thorough and people's expected outcomes were identified. Care plans were regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services.
- Information was recorded and ready to be shared with other agencies if people needed to access other

services such as hospitals.

- A new care plan system had been introduced and the history of people's medical appointments was not always easy to find. Work to ensure staff recorded appointments consistently was underway.
- The provider had implemented telemedicine which enables staff to seek advice from medical professionals remotely. This at times prevents admission to hospital and supports people to receive treatment more quickly.

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

- A programme of refurbishment was on-going, and people were pleased with the changes made. People and their relatives thought it was homely following the re-decoration. Staff had included people in choosing their own colours and furnishings for their bedrooms.
- The registered managers had made improvements to enable people living with dementia to find their way independently. Elizabeth house staff had done lots of work to enhance the environment to cater for people's sensory needs by introducing an interactive wall. Part of this was a flower shop where people could go and arrange flowers and spend time admiring them. For one person the introduction of a sensory board supported them, when distressed, to calm and feel reassured.
- Where people needed specific adaptations to aid them they had been completed.
- People enjoyed using the secure garden where they could spend time with family and friends.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests and these were recorded. Where people were able they had consented to their care. The new electronic care plans system did not consistently have up to date consent or MCA records. This was something the registered managers were working on.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. One person told us, "Staff are kind and lovely. When you ask for anything they do their best." A visiting professional had recorded their feedback which said, "The carers all seem to genuinely care for the residents."
- Staff knew people's life histories used them to develop positive relationships with people. A member of staff had spent time with one person talking about their travels in the past. Although living with dementia the person now recognised that staff member and will smile. The staff member said, "I made a connection and it is a great feeling."
- People were actively listened to and their choices respected. Where people were unable to express their needs and choices, staff had worked to understand their way of communicating. Staff observed body language, eye contact and used symbols to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives. One person told us, "I have a shower compartment in my room. I can shower myself. I think everybody likes to be independent."
- People were treated with dignity and staff ensured people received care and support how they preferred. One person said "Staff handle the hoist well. They are very patient and listen to me. They are really thoughtful."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Staff had recorded lots of detail in care plans about people's preferences, so they received consistent care and support how they liked it.
- Staff worked to meet people's diverse needs. This included supporting people to access their faith and respecting their sexuality.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- Compliments had also been received about the responsive care people received. A visiting professional had said "The improvement I have witnessed both on the residential and nursing sides of Scorton in the six years since I began visiting have been remarkable."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and staff understood them. Information was available in different formats for people to use.
- Staff used various personalised communication aids to support people. For example, where people had a sensory impairment staff used white boards to write messages to communicate with them.
- The registered manager at Elizabeth House was seeking further training and support for staff to develop their skills supporting people with a sensory impairment.
- The new electronic care plan did not have an assessment for staff to complete which met the AIS. The nominated individual had requested this be updated as soon as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible. Relatives were actively supported to be part of their loved one's lives. Many people accessed the community with relatives and some relatives supported the fundraising for the service.
- Access to activities supported people to meet new people and maintain friendships. People enjoyed a

range of outings and in-house activities suited to their own hobbies and interests. One person who had been a farmer had been supported to care for chickens in the communal garden which they enjoyed.

- Relationships had been developed with local groups such as the church and the local primary school to enable people to access them. A day club had been sourced for one person and they frequently accessed this. People had recently taken part in a charity walk in aid of dementia with their relatives and local village residents.
- People who were most at risk of isolation benefited from the activity's worker spending one to one time with them doing the things they enjoyed such as singing, music and art.
- People were also engaged in doing everyday things they would have done at home in the past such as laundry, cleaning cutlery and jewellery.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. They believed they would be listened to by the registered managers.
- The registered managers acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The registered managers regularly checked on line social media to understand what feedback had been left on care home websites. They also responded where required.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care. and respected people's religious beliefs and preferences.
- Staff worked in conjunction with the local healthcare professionals to ensure people received a pain free and dignified end of life.
- Relatives who recently lost their loved one who had spent many years being cared for by staff on the nursing unit had written to say, "Words cannot convey how grateful we are for all you did for [Name of person] during their time with you. Thank you for taking them into your hearts and for accepting us all into your extended family."

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not ensured systems were in place and operated effectively to monitor safety and quality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and registered managers demonstrated a commitment to ensuring the service was safe and high quality. They had worked to develop systems in the service, so staff had all the information, training and skill to care for people well. In addition, a range of checks were now in place to aid the management team to understand levels of quality and safety in the service.
- An action plan was in place and work to continue making improvements was evident.
- The registered managers 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care. Improvements had been made to safety, people's experience of using the service and their outcomes. One person told us, "The manager [Archery Bower] is a nice person. They are approachable and very sensible."
- Staff felt listened to and that the registered managers were approachable. Staff said, "[Name of registered manager Elizabeth House] goes the extra mile really. They make the extra effort to understand and this place comes first. You feel valued as an employee."
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. All staff knew their responsibilities and were keen to fulfil them. Morale was high and positive.
- The registered managers had introduced a series of ambassador roles to develop staff skills and confidence and improve practice. Areas such as dementia, infection control, dignity and nutrition were being developed.

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

- The registered managers displayed an open approach and listened when things went wrong to staff,

people and their relatives. They had been honest and worked in partnership to make improvements.

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

- People and their relatives had completed a survey of their views and they met frequently to discuss the service they received. Feedback had been used to continuously improve the service.
- There was a skilled workforce and the registered managers empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff and the registered managers involved people and their relatives in day to day discussions about their care.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. This was an area the provider and registered managers were keen to develop further and plans to support a local event in the village had started.