

Park View Care (North East) Limited

Scottlyn

Inspection report

Mile Road
Widdrington
Morpeth
Northumberland
NE61 5QR

Tel: 01670790482

Date of inspection visit:
17 September 2020

Date of publication:
14 October 2020

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

About the service

Scottlyn is a residential care home which provides accommodation and support for people with a learning disability or autism. The service provides personal care and support to up to eight people. At the time of the inspection there were seven people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At the last inspection of the service we found the provider had failed to ensure robust systems were in place to effectively monitor the quality and safety of the service and mitigate the associated risks. Since the last inspection the provider had improved the quality assurance systems, this led to effective measures being in place to monitor the quality of service being delivered. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Due to the circumstances surrounding Covid-19 at the time of inspection we were only able to speak with people using the service briefly. One person said they liked living at Scottlyn. They told us "I like to do the garden." Relatives we spoke with after the inspection said they felt the registered manager and staff had worked hard to keep their loved ones safe during these unprecedented times. One relative told us "[Relative's name] receives excellent care. They are all doing a good job of keeping all the residents safe."

Relatives did not have any concerns regarding infection prevention and control practices and told us they found the home to be clean and tidy. Risks relating to infection control and prevention had been assessed and plans put in place to manage these.

Relatives told us they had been supported to maintain contact with their loved ones. They told us measures were in place to support them to be able to safely attend face to face visits. This included the use of personal protective equipment and them adhering to social distancing.

Relatives told us they were able to raise any concerns and share their views with management. We received feedback from health and social care professionals who worked alongside the service and all of them spoke positively about the partnership working with the management and staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support was focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 service was rated as requires improvement at the last inspection (published 18 February 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 December 2019. During the inspection we identified a breach of legal requirements. Following the inspection, the provider submitted an action plan to show what they would do and by when to improve safe care and treatment and good governance.

We completed this focused inspection to make sure they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to two key domains, Safe and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key domains not looked at during this inspection were used in calculating the overall rating for this inspection. The overall rating for the service therefore has improved to Good based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Scottlyn

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

One inspector carried out this inspection.

Service and service type

Scottlyn 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 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 announced. We gave a short notice period that the inspection would be taking place. This ensured we were able to work alongside the registered manager to identify any potential risks associated with Covid19 and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about concerns and incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to submit a provider information return prior to our inspection. 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 or have made since the last inspection. We accounted for this when we inspected the service and made the judgements identified in this report.

We used all of this information to plan our inspection.

During the inspection.

We spoke with three service users. We spoke with three members of staff including the manager and two care staff.

We reviewed a range of records. This included two people's care records, risk assessments and medicines records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed six staff to seek their views on how care is provided. Three staff responded to the email correspondence. We spoke with three relatives to seek their views.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
During the last inspection we found the provider had failed to ensure emergency plans had been fully risk assessed which contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw emergency plans were in place to support staff to safely evacuate people in the event of a fire. Fire drills had been undertaken and fire procedures contained information on what staff should do should there be a fire during the night. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Assessments of individual risks were in place to ensure people's safety.
- Accidents and incidents were reviewed to identify if there were any patterns and ensure lessons could be learned and actions taken to minimise future risks.
- Checks were completed to make sure the environment and equipment were safe and well maintained.

Staffing and recruitment

During the last inspection we found the provider had failed to ensure staffing requirements were fully assessed to ensure the manager was able to complete their management duties. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection the manager told us they were able to complete their manager duties as required. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were sufficient staff available. People received their care in a timely manner. One relative told us, "The care [relative's name] gets is excellent and I have no problem with the care she receives. I feel the staff know her well and she gets plenty of attention and all of her needs met."
- The provider followed safe recruitment practices. Pre-employment checks were completed prior to staff commencing their employment. The checks carried out ensured new staff were suitable to work at the home.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were supported to be safe. One relative told us "I have been supported to continue with visiting [relative's name]. Social distancing was adhered to and PPE was provided for me to wear. I feel the visits were managed safely. The service is doing a good job of keeping everyone safe."
- The provider had effective safeguarding systems. Staff had received training and had a good understanding of how to ensure people were protected from harm or abuse.

Using medicines safely

- Appropriate arrangements were in place for the safe management of medicines.
- Staff who administered medicines had received suitable training and had their competency assessed.
- Medicine audits and stock checks were completed regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 now 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

During the last inspection we found the provider did not have robust systems in place to effectively monitor the quality and safety of the service and mitigate risks. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider had undertaken regular audits to ensure they had an oversight and were monitoring the quality of the service. The provider had completed regular supervision with the registered manager which were recorded. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were clear about their roles and responsibilities. They were knowledgeable about people's needs and how to provide good care.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the service.

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

- The culture of the service was person-centred. There was a relaxed atmosphere between staff and people who lived there. Staff spoke about putting people at the centre of their care to ensure good outcomes.
- Relatives said they felt included and encouraged to be involved with discussions about their loved one's care. One relative told us "There is good communication between myself, the manager and staff and I can raise any concerns. I have been supported with phone calls and video chats in between visits to the home to see [relative's name]."
- The service had an established staff team. Staff told us teamwork and morale were good. One staff member said "I received supervision throughout the pandemic and have found the organisation and manager to be very supportive. We have received little gifts to show how much we are appreciated."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for people. One health professional told us "I feel that Scottlyn is well led by the manager of the home. She keeps in close contact with me to let me know of any changes in needs or any concerns she may

have about the residents needs or health problems. They work closely with the GP service and other health professionals to ensure the residents receive a good service."

- Staff had opportunities to discuss issues or concerns and share their views on how the service could be improved. One staff member said "Yes we can share our views. I think what we have in place now is working well."
- People and their relatives were consulted and asked for feedback about the service. One relative said, "I am able to share my views on the service. The service is well managed and [the registered manager] is approachable and easy to talk to."

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 manager investigated incidents fully and was open and honest with exploring any lessons to be learned. Where identified, changes to practice were implemented to improve people's experiences of their care and support.