

Scaleford Care Home Limited

Scaleford 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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Scaleford Care Home is a residential care home registered to provide personal care for 32 people aged 65 and over. At the time of the inspection 23 people lived at the home. The care home accommodates 32 people in one adapted building.

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

Environmental risk and infection control processes were not always suitably managed. There were no formal processes in place for reviewing staffing levels at the home. Staff had received training in reporting and responding to abuse and were confident they could report any concerns. Medicines were stored and managed in line with good practice.

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 and effective care was provided. We identified breaches of Regulations and could not be assured lessons had been learned from previous inspection findings.

The service was not always effective. Signage used around the home was not always accurate and could contribute to people's confusion. Whilst there was some work taking place within the home to improve living standards, we found areas noted for improvement at previous inspections had still not taken place. Staff told us they were happy with the training was provided and people considered staff to be appropriately trained. We received positive feedback about the choice and quality of food provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us on the whole staff kind and caring. Observations made during the inspection confirmed people were treated with dignity and respect. We observed staff enquiring about people's comfort and welfare throughout the visit.

Care records were person centred and people were supported by staff who knew them well. End of life care had sometimes been addressed. During our visit we observed some activities taking place. People told us external entertainers sometimes visited the home. Concerns were proactively addressed by the registered manager. No one wished to raise any formal complaints as part of the inspection.

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

Rating at last inspection

The last rating for this service was good (published 09 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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 and one Expert by Experience visited the home on the first day to carry out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the home on the second day to complete 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 service 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 sought feedback from the local authority contracts and commissioning teams, 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home, three relatives and one visitor. We spoke with the nominated individual, the registered manager, the deputy manager, the care manager, three carers, the cook and the domestic. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

To gather information, we looked at a variety of records. This included care records related to four people, and eight medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to ensure the management team had oversight of the service and to ensure the service could be appropriately managed.

We walked around the home and carried out a visual inspection and observed care interactions between people and staff. 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.

After the inspection

We spoke with three relatives by telephone to ask them about their experience of Scaleford Care Home. We continued to communicate with the provider to corroborate our findings.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Assessment of risk was inconsistent. Individual risk was clearly identified and documented within care records. Good practice advice and guidance had been considered and implemented when risks to people had been identified.
- However, environmental risk had not always suitably assessed, monitored and managed within the home. For example, wardrobes had not been secured to walls as recommended within good practice guidance. Bedrooms were sometimes cluttered with equipment. This increased the risk of people being injured should they fall in their bedroom.
- Bed levers were in place for two people. We found these had not been risk assessed and found one bed lever was not secured correctly which placed the person at risk of entrapment. The registered manager confirmed there were no risk assessments in place to manage the risks associated with bed levers and confirmed no checks took place to ensure these were safe to use.
- Equipment in the home to mitigate risk was not always routinely checked and working. On the first day we identified a faulty sensor mat which was being used to oversee a person at risk of falls. We fed this back to the registered manager for action. On the second day we found the faulty sensor mat was still in place and had not been replaced.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit, the registered manager confirmed they had implemented a system for assessing and reviewing the risks associated with the usage of bed levers.

Preventing and controlling infection

- Systems were not consistently established to prevent and control the spread of infection. We found hygiene standards throughout the home did not always meet an acceptable standard in line with good practice guidance.
- We reviewed cleaning schedules and saw allocated tasks were not always completed as set out on the cleaning schedule. We spoke with staff about arrangements for cleaning at the home. Three staff told us there was not enough time or resources for the domestic to complete all the required cleaning. We reviewed the responsibilities of the cleaner and noted they were responsible for cleaning 26 bedrooms, three communal lounges and seven bathrooms in a five-and-a-half-hour shift.

- We reviewed five weeks staffing rotas and noted an allocated cleaner was not always scheduled daily. The registered manager said another member of staff sometimes covered the domestic on their days off, but we could not be assured this was consistent.
- We spoke with the nominated individual and registered manager about the standards of hygiene in the home, they agreed the concerns we identified were not acceptable. On the second day of the visit, some action had been taken and there was slight improvement in the standards of hygiene in the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection control processes were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit, the registered manager confirmed they would be recruiting a second member of staff to assist with the cleaning of the home.

Staffing and recruitment

- Processes for ensuring appropriate staffing levels were maintained at the home were inconsistent. We spoke with staff about staffing levels. All staff agreed staffing levels needed adjusting to ensure person centred care could be consistently delivered. Staff said they had voiced concerns with the management team about the current staffing levels but were still waiting on a response from the registered provider.
- We spoke with the nominated individual and registered manager about staffing levels. They confirmed they did not use a staffing calculator tool to plan and schedule staff to meet people's needs. They told us they were planning on increasing the number of staff on duty at night time once they had recruited more staff.
- People and relatives said they were happy with staffing levels. They told us staff responded quickly to call bells and said they didn't have to wait. One relative said, "I don't get the impression that they are short staffed. When I ask a member of staff to help [family member] to the toilet there will always be two available."
- Every member of staff we spoke with told us they were concerned about the current staffing situation at the home. They told us there had been a sudden departure of staff, which had left them temporarily short staffed. Staff were working between themselves to cover as many shifts as possible. Staff said the current situation was unsustainable.
- The registered manager confirmed there had been a number of staff leaving. They told us they were actively trying to recruit more staff and were working with an agency to fill staffing voids in the interim.

We recommend the registered provider reviews systems and processes to ensure staff are effectively deployed at all times.

Following the inspection visit, the registered manager confirmed they had identified three new members of staff and had started the recruitment process with them.

Using medicines safely

- Medicines were managed safely, and people received their medicines in line with good practice guidance.
- When people required their medicines covertly, the correct processes had been followed to ensure they were administered in line with guidance. Medicines administration records were completed to show people had received their medicines as directed. Time specific medicines were clearly identified and consistently given in line with the prescriber's instructions.
- We observed medicines being administered, the member of staff was patient and offered people advice

and reassurance when taking their medicines.

- People and relatives confirmed they were satisfied with procedures for managing medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to safeguard people from the risk of abuse.
- Relatives confirmed people who lived at the home were safe from harassment and the risk of abuse. One family member said, "The home is happy place."
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could tell us the processes for reporting any safeguarding concerns both internally and externally.

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 mitigate risk after incidents had occurred.
- We spoke with the registered manager about learning from unexpected incidents. They were able to give us examples of when they had reflected on incidents and made changes to prevent the incidents from re-occurring.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Processes for identifying and completing maintenance were not effective. During a visual inspection we identified one faulty wardrobe, three faulty sets of drawers, one broken lamp and one ripped bed base. One set of drawers had been reported to the registered provider over five weeks ago and were still broken at the time of inspection.
- One person and four staff members told us maintenance work was not always carried out and completed in a timely manner. Observations around the home confirmed this was the case. For example, the carpet hadn't been replaced when work had taken place to replace a vanity unit. This left the person's carpet short and exposed wooden floorboards below.
- Equipment to keep people safe was not always suitably maintained. We found routine annual fire extinguisher checks had not been completed as required. We spoke to the nominated individual about this. They were aware the checks were out of date but had not taken action to ensure checks were completed in a timely manner.
- We spoke with the registered provider who was responsible for the maintenance in the home to discuss the importance of keeping on top of work within the home. We were not provided with full assurance that improvements identified would be addressed in a timely manner.
- We saw that on-going refurbishment of the home was inconsistent. Some bedrooms had been refurbished but refurbishment of communal areas were not fully complete. We asked the registered provider if they had a formal on-going refurbishment plan for the home. They confirmed they hadn't a formal plan. Following the first day of the visit they provided us with an action plan for completing some of the work within the home. This did not however, address all the concerns we had identified and discussed with the registered provider.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the home was appropriately maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed action had been taken to address concerns identified within the environment.

- Signage around the building was inaccurate which could contribute to people's confusion. For example, on the first day of inspection we found two clocks in communal areas had the wrong time and date, a notice board had a sign on wishing people happy Easter and the pictorial menu on display did not reflect the food prepared for that day.

We recommend the registered provider seeks advice and guidance regarding the usage of signage to promote and enhance independence and communication.

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 when this is in their best interests and legally authorised under the MCA. 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's consent for care and treatment was gained in line with the law and good practice. Where people did not have capacity to make decisions, they 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 provider had established systems to ensure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications were monitored by the registered manager to ensure they were lawful.
- Staff told us they had received training in MCA and DoLS. They knew how to support people in making decisions and how to offer choice with day to day decisions and activities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Relatives confirmed people's needs were assessed prior to receiving a service. They told us they were consulted with and were involved in developing a plan of care.
- We saw evidence of multi-disciplinary working and implementation of good practice guidance to support people to access healthcare services and live healthier lives.
- Care needs were routinely assessed and monitored. Care records were regularly reviewed and updated by a senior member of staff when people's needs changed.
- Relatives told us the care was effective. They praised the way in which people's health care needs were met. One relative told us they had seen a marked difference in their family member since they had moved into the home.
- We spoke with two healthcare professionals visiting the home. They told us they had no concerns about the service and were confident people's health needs were being met.

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

- People were supported to maintain a healthy and balanced diet.
- When people required additional support at meal times this was provided in a sensitive and timely manner. Records were maintained for people at risk of malnutrition and weights were monitored.

- We received positive feedback about the quality and quantity of food provided at the home. Feedback about the food included, "They are very good and there is plenty of choice. I have always liked what is on offer, but they would make me a sandwich if didn't" also, "I am impressed that there is a choice and that there is salad. In the afternoon there is a platter of fruit handed out, not just cake and biscuits".

Staff support: induction, training, skills and experience

- Staff confirmed they received regular training and were provided with suitable support to carry out their roles. Relatives and professionals said staff were appropriately trained and competent within their role. One person said, "From what I have seen they are very well trained."
- Staff were supported by an induction process when they first started working at the home.
- Staff confirmed supervision's took place. Supervisions allow staff to discuss performance and training needs with a more experienced member of staff.

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 as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people were not always well supported and treated with dignity and respect.

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

- People were not consistently well-treated and supported. The home environment was not always appropriately maintained to enhance people's wellbeing and safety.
- People and relatives told us overall, they were well treated by staff. They repeatedly told us staff were kind and caring. Feedback included, "It is not a five-star place, but they are looked after" and, "Without a doubt they are caring" also, "I love visiting, carers are always with the residents, holding their hands and chatting to them."
- During the inspection visit we observed some positive, gentle interactions with people. We observed staff being patient when supporting some people. Staff used appropriate touch to offer assurances to people when they became distressed and anxious.
- Staff spoke fondly of people they cared for. One member of staff told us they were tired and in need of a day off, but they said they were committed to working extra hours ensuring all the shifts were covered so they could be assured people were cared for and looked after. We heard staff using terms of endearment which were welcomed positively by people.

Respecting and promoting people's privacy, dignity and independence

- Promotion of privacy and dignity was inconsistent. Although staff told us there was a focus on dignity, we observed one incident which could have impacted on a person's dignity. We fed this back to the senior on duty. They apologised and said staff were trying their best to manage and agreed to take immediate action.
- People and relatives told us privacy was respected. We observed staff knocking on doors before entering rooms. Although privacy was considered at times, we observed several people receiving treatment from a healthcare professional in a communal area. We spoke with another healthcare professional who told us privacy wasn't always proactively promoted and said staff sometimes needed prompting.
- Independence was promoted and encouraged. One person said, "I do everything I can. I even clean the dining room and set the tables for the meals."

We recommend the registered manager seeks and implements good practice to ensure privacy and dignity are promoted at all times.

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

- Relatives told us they were able to express their views and be involved in making decisions about their family members care where appropriate. Residents meetings had taken place and people and their relatives had been invited to have a say in how the home was managed.

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 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

- Personalised care was promoted. People were encouraged to make choices and have control within their lives. Support was flexible, according to people's needs and wishes.
- One person and three relatives confirmed they were involved in the development of the care plan. Feedback included, "I am aware I have got one. I was asked to sign a form when I first came in to say I was happy for them to give me my medication" and, "They visited [family member] at home. They asked all the right questions to get to know my [family member. We talked about family, life history and interests."
- Care plans were individualised and identified key information about the person. Relatives told us staff had a good understanding of people. This was confirmed through speaking with staff. They could tell us clearly about people's preferred routines, needs and wishes.

End of life care and support

- End of life care was sometimes considered within care planning. When people had specific cultural beliefs at the end of their life this had been considered and recorded.
- The registered manager confirmed some staff had received training in end of life care and said they would work alongside health care professionals to provide end of life care whenever appropriate.

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.

- The registered manager was aware of the need to provide information in an accessible manner. Care records included ways in which to communicate effectively with people.

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 and relatives told us some activities took place. One person said, "A lot of residents are in wheelchairs, but we do have quizzes, we hold discussions about our lives and we play skittles. They always ask if we want to join in, but we don't have to."
- During the visit, we observed some activities taking place. We saw people having their hair styled and nails painted. We spoke with a member of staff responsible for organising activities. They told us they liked to do quizzes and arts and crafts with people. Additionally, relatives told us a singer visited the home to entertain people once a fortnight.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure for managing complaints. This was on display in a communal area.
- Processes were followed when concerns were highlighted to the registered manager. When concerns had been raised by people who lived at the home, relatives or professionals the registered manager had completed thorough investigations and looked for solutions to resolve concerns.
- People and relatives told us they were happy in how concerns were dealt with by management. One relative said, "They do react appropriately."

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 good. At this inspection it had deteriorated to requires improvement. 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

- Living conditions were not always suitably maintained by the registered provider to promote a consistently high quality person centred service.
- The registered provider did not always fulfil their responsibilities and regulatory requirements. Standards had not been maintained to promote quality performance.
- The management team's auditing systems were inconsistent and not always effective. They had failed to identify the concerns we found during the visit.

We found no evidence that people had been harmed however, 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.

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

- People who used the service, relatives and professionals were encouraged to provide feedback on the service. Regular surveys had taken place. We reviewed quality surveys and saw feedback was predominantly positive. Changes had been implemented in response to feedback.
- Staff told us they were able to make suggestions to the senior management team. We received mixed feedback from staff as to how suggestions were handled by the management team.
- People, relatives and staff spoke fondly of the registered manager. One person said, "[Registered Manager] keeps them [the staff] on their toes. She is on the ball." Staff told us the registered manager was approachable and fair.
- Partnership working took place. The registered manager had worked to develop relationships with professionals. All professionals we spoke with had confidence in how the service was organised and delivered.

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 discussed a situation with us when things had gone wrong. The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.

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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider had failed to ensure that the premises and equipment used by the service user were properly maintained. 15 (1) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<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> <p>The registered manager had failed to evaluate</p>

and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).
17 (1) (2) (f)