

Mrs Beverley Dorne Cundliffe

Scott's View at South Farm

Inspection report

Huttoft Road
Sutton On Sea
Mablethorpe
Lincolnshire
LN12 2RU

Tel: 01507443746

Date of inspection visit:
23 November 2016

Date of publication:
14 December 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We previously inspected Scott's View at South Farm on 9 December 2015. We found that the provider was not meeting the standards we expected and there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to manage medicines, recruit new staff and monitor the quality of the service were not effective. After the inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

At the focused inspection on 20 May 2016 we found that the provider had made improvements to the way in which they managed medicines and recruited new staff. However, they had not made sufficient improvements to the way in which they monitored the quality of the service. This was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection on 23 November 2016 in order to check whether the provider had completed their action plan and to confirm that they now met the legal requirements. At this inspection we found that the provider had made sufficient improvements to the way in which they monitored the quality of the service so as to ensure they met the legal requirements.

This report only covers our findings in relation to Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the reports from our previous inspections by selecting the 'all reports' link for Scott's View at South Farm on our website www.cqc.org.uk.

Scott's View at South Farm provides care and support for up to five people who may experience learning disabilities, or older people with memory loss associated with conditions such as dementia. It is located in a rural setting on the east coast of Lincolnshire. Two people were living in the home at the time of our inspection. The provider was also the manager of the home. We refer to this person as 'the provider' within the report.

The provider had implemented a framework for monitoring the quality of services that people received. People could be assured that any shortfalls in the quality of services would be identified and rectified in a timely manner. People could also be assured that the provider promoted a culture of continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was well-led.

Systems were in place to effectively monitor the quality of the service and plan for continuous improvement.

However, although improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

Requires Improvement ●

Scott's View at South Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 23 November 2016 and was announced. We gave the provider 48 hours notice for the inspection because it is a small service and people who live there often take trips out with staff. We wanted to be sure that people were at home when we visited.

The inspection was carried out by a single inspector.

During the inspection we spoke with the provider, a member of care staff and two people who lived there. We looked at records relating to the monitoring of quality within the home.

Is the service well-led?

Our findings

At the previous inspection in December 2015 we identified that the provider did not have systems in place to effectively assess and monitor the quality of services that people received. Following the inspection the provider wrote to us to tell us what they would do to meet the legal requirements.

During the focused inspection in May 2016 we found that the provider had improved their policy guidance for subjects such as managing complaints and supporting staff. We saw that they had developed more formalised systems to enable them to receive people's views and opinions about the services provided, including the use of questionnaires. We also saw the provider had developed a care plan audit tool. However, the provider was not able to demonstrate that they had developed any other audit tools or frameworks to monitor areas of the service such as infection control arrangements or environmental health and safety.

During this inspection we found that the provider had taken the actions required to demonstrate a significant improvement in their systems for assuring quality services were provided within the home.

We saw that the provider had introduced a clear framework for quality management. This framework set out a regular programme for auditing areas such as medicines management, care planning, environmental risks and housekeeping. It also incorporated regular monitoring systems for policy management, staff induction and training and catering arrangements. Records showed that the provider had completed the audits within the predetermined time scales. Where they had identified any shortfalls action had been taken to make improvements. An example of this was with people's individual risk management plans. Audits had highlighted the need to provide more detail to ensure all aspects of the risks had been planned for. We saw that people's risk management plans had been reviewed and updated as a result of this. When we spoke with a person who lived in the home, they told us the provider regularly checked with them that the risk management plans were being followed. Another example of the impact of audits was that they had enabled the provider to set out a training plan for staff which was more focused on supporting people's individual needs such as memory problems.

The use of this quality framework had also enabled the provider to set clear action plans for continuous service improvement. We saw that the action plans had a direct impact on the way people were supported because they prompted the provider to make better use of up to date guidance and good practice initiatives. For instance, the provider had reviewed and adapted some areas of the home environment to enable those with memory loss to maintain their independence and an interest in meaningful activities. An example of this was that the provider had considered how the use of contrasting colours for cutlery and crockery could help people maintain independence with eating meals. Another example was how the provider had considered where best to site a sensory herb garden people had developed so that they could maintain a connection with it when they were indoors. The provider had also engaged the services of a physiotherapist to provide people with regular gentle exercise.

People who lived in the home made comments such as, "Much better now, [the provider] is doing good",

"Not moving now, I'm happy and I want to stay here" and "I'd recommend it here, they can't do enough for you."

In summary, the improvements for monitoring the quality of the services meant that any shortfalls could be identified and resolved in a timely manner. In addition the improvements enabled the provider to develop a culture of continuous improvement within the home.