

## Park View Care (North East) Limited

# Scottlyn

### Inspection report

Mile Road  
Widdrington  
Morpeth  
Northumberland  
NE61 5QR

Tel: 01670790482

Date of inspection visit:  
10 April 2017

Date of publication:  
14 June 2017

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Scottlyn is a care home situated in Widdrington Northumberland that provides accommodation, care and support for up to eight people. There were eight people using the service at the time of the inspection.

A registered manager was in post and our records showed they had been registered with CQC since August 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service on 22 and 23 December 2014. We found one breach of regulations related to good governance.

At the last inspection we found that systems to monitor the quality and safety of the service were not sufficiently robust to pick up all of the shortfalls we identified. At this inspection we found that steps had been taken to address this issue and improved systems were in place. Fire safety checks which we found had lapsed at our last inspection had recommenced.

A fire safety officer report raised a concern about one night staff member being able to evacuate the premises sufficiently quickly in the event of a fire at night. They asked for timed drills to be carried out which had taken place, and fell within the required timescale for evacuation. We spoke with the fire safety officer who told us they planned to go and observe the evacuation. We have asked them to contact us following their visit for feedback.

A number of safety checks of the premises were carried out, including Legionella, gas and electrical safety checks. The premises were well maintained and clean.

There were some staff vacancies but there were suitable numbers of staff on duty during our inspection. Recruitment of new staff was in progress. The registered manager told us they tried wherever possible to avoid bringing too many new staff into the service to support people in order to maintain familiarity and consistency of care. Safe recruitment procedures continued to be followed.

Individual risks to be people had been assessed, and plans were in place to mitigate these. Accidents and incidents were analysed by the registered manager to check for any patterns or trends.

Training continued to be provided by the provider, including health and safety training they considered mandatory, and also training specific to the needs of people using the service. Health needs of people were met and they had access to a variety of health professionals.

People were supported with eating and drinking, and were offered a choice of meals. A healthy balanced

diet was promoted and special dietary needs were catered for. Adaptive cutlery was available for people to maximise their independence with eating and drinking. Support at mealtimes was provided sensitively and discreetly.

The provider continued to operate within the principles of the Mental Capacity Act (2005). Records relating to mental capacity, consent and best interests decisions were suitably maintained.

People's bedrooms were homely and personalised. A large garden area was available to the rear of the home where people enjoyed gardening. A range of activities were available to people based on their interests and preferences.

We observed kind and caring interactions from all staff. Relatives and a care manager also provided very positive feedback about the staff.

Person centred care plans were in place which detailed people's individual needs. Care plans were up to date and evaluated monthly. Care plan review records were detailed.

A complaints procedure was in place although there had been no formal complaints since the previous inspection.

Systems to improve the monitoring of the quality and safety of the service had been improved. Staff spoke highly of the manager and morale appeared good amongst staff. The manager worked closely with people and staff which enabled her to monitor the service on a daily basis.

Statutory notifications were submitted by the registered manager in line with legal requirements.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service was well-led.

Systems to monitor the quality and safety of the service had been improved.

Feedback mechanisms were in place to obtain the views of people, relatives and staff, about the quality of the service.

Statutory notifications were submitted to CQC in line with legal requirements.

# Scottlyn

## **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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 10 April 2017 and was unannounced. This meant the provider was not aware that we would be visiting. The inspection team consisted of one adult social care inspector.

Prior to the inspection we spoke with the local authority safeguarding and contracts teams who told us they had no concerns about the service. Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the home including statutory notifications. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

During the inspection, we spoke with five people who used the service, the registered manager, and two care staff. We contacted a care manager and two relatives by telephone for feedback following the inspection.

# Is the service safe?

## Our findings

People who used the service were not always able to tell us their views. A relative told us they thought their relation was safely cared for in Scottlyn.

At the last inspection we found that Legionella checks, which prevent the risk of contamination with the bacteria, had not been carried out. We also found that fire safety checks had lapsed. At this inspection we found that appropriate checks on the safety of the premises had been carried out, including Legionella, and gas and electrical safety checks. Fire safety checks had recommenced and drills were carried out on a regular basis.

We received a copy of a fire safety report carried out by a fire safety officer which highlighted a concern about staffing levels at night, which consisted of one staff member. They asked the provider to demonstrate via timed fire drills that the staff member was able to evacuate the premises in the required time. We saw that drills had been carried out. The registered manager told us the evacuation times were satisfactory and this information had been forwarded to the fire service. We spoke with the fire safety officer who told us they planned to visit the service to observe a timed evacuation, although this had not taken place at the time of this report. We have requested they provide us with a report of their findings once complete. Personal emergency evacuation plans (PEEPS) were in place. PEEPS outline the level of support people need in the event of an evacuation of the premises. There were no review dates on PEEPS and we discussed this with the registered manager who told us these would be added to ensure they were reviewed on a regular basis and updated as required.

During our inspection, we found suitable numbers of staff on duty. The registered manager told us there were vacancies but shifts were fully covered by existing staff, and they were awaiting the completion of pre-employment checks for new staff members who had been appointed. A relative told us they had noticed some staff changes which they thought could impact upon consistency of care. The registered manager told us they covered some of the shifts to provide familiarity and continuity of care and tried to keep staff changes to a minimum.

We checked staff recruitment and found that safe recruitment procedures continued to be followed, which helped to protect people from abuse. Application forms had been updated to include full dates of employment which made it easier to identify any gaps in these.

The service continued to manage medicines safely. There were safe procedures in place for the ordering, receipt, storage and administration of medicines. The registered manager carried out regular medicines audits.

The home was clean and infection control procedures were followed by staff. Personal protective equipment such as gloves and aprons were worn by staff when providing personal care and serving meals. Staff prepared food and there were appropriate food hygiene procedures in place, including the use of colour coded chopping boards to prevent cross contamination. The service had a level five environmental

health food hygiene rating, which is the highest rating awarded.

Individual risks to people had been assessed and care plans were in place to mitigate these. These included plans for people who were assessed as being at high risk due to choking at mealtimes. Accidents and incidents were recorded and analysed by the manager to check for any patterns or trends. Incident records were detailed and included any precipitating factors and action taken following the incident.

## Is the service effective?

### Our findings

The provider continued to provide regular training they considered mandatory to ensure staff had the necessary skills to carry out their roles safely and effectively. We were sent a copy of the home's training matrix which recorded staff had received training in moving and handling, first aid, infection control, medicines, food safety, learning disability, dementia awareness, epilepsy awareness, and nutrition. Supervision and annual appraisals continued on a regular basis to ensure the support and development needs of staff were met.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service continued to operate within the principles of the Mental Capacity Act 2005 (MCA). Seven people had DoLS authorisations in place, or were awaiting a response from the local authority. Where people lacked capacity and restrictions were in use, such as lap belts on wheelchairs for safety reasons, appropriate records were in place. The registered manager maintained a record of people for whom a representative had been granted Power of Attorney. Representatives with Power of Attorney have the authority to act on behalf other others with respect to their health and welfare or financial affairs.

People were supported with eating and drinking. Pictorial menus were available to support people with communication difficulties to choose their own meal. People were involved in the development of menus, and told us, "Our favourite meal at the moment is Cowboy pie. It is made with sausage, beans, mash and cheese." Another person told us, "They make nice food here. We like Sunday dinners. We have apple sauce. I made the Yorkshire puddings." We joined people for lunch and saw that staff supported them sensitively and discreetly during the mealtime, including some people who required maximum assistance. Adapted cutlery was available and people were supported to eat independently where possible. Special diets were catered for and specialist advice sought from professionals such as speech and language therapists, where there were concerns about people who may be at risk of choking. A healthy diet was promoted. The registered manager told us, "We don't have fried foods except at the weekend when we have cooked breakfasts."

People continued to have access to a range of health professionals. Records of visiting professionals included records of visit by GPs, district nurses, dentists, opticians, and podiatrist. People were offered an annual health check and people had been involved in setting up a health information file which included helpful information about how to maintain health and wellbeing. Hospital passports were in place for each person. Hospital passports provide health care professionals with the information they need to care for people in the way they prefer, while visiting hospital. A relative told us that staff picked up on any health



concerns promptly and took action to address these. They told us, "Overall I have no concerns. Staff are on the ball with their health and well-being."

The home was clean and well maintained. There had been work completed since the last inspection which meant that all people living in the home had access to en-suite toilet and shower facilities. People's bedrooms were homely and personalised, and people had chosen their own décor and soft furnishings.

## Is the service caring?

### Our findings

We observed kind and respectful interactions between staff and people throughout the inspection. People enjoyed joking with staff who clearly knew them well. People were not all able to tell us about their experience of the care provided, but we saw they responded positively to staff. We spoke with a care manager who told us, "I have no concerns whatsoever about Scottlyn. It seems to be a lovely home and staff are lovely with people who appeared very well cared for."

The privacy and dignity of people was maintained. We observed staff knocking on doors and offering support with personal care discreetly. Clothing protectors were offered to people at lunch time to support dignity, and staff supported people to maintain a clean and tidy appearance.

Staff told us they enjoyed working in the service and sometimes came in during their time off to support people to go on trips. People were also taken on holiday by staff, and one staff member told us, "It is so nice to see people out of their usual environment on holiday, enjoying themselves." They found this aspect of their work rewarding.

People were supported to remain as independent as possible. One staff member told us, "We try to promote people's independence as much as possible. One person has a jobs list and likes to help us which we encourage." Staff were conscious of the esteem needs of people, and supported people to feel valued and useful by providing appropriate opportunities for people such as going to the shops to purchase items for the home.

No one was receiving end of life care at the time of the inspection, but there were procedures to follow to support people at the end of their lives if they wished to stay in the home. District nurses provided support to the service when necessary.

There was no one accessing any formal advocacy support at the time of the inspection but the registered manager was aware of how to arrange this if necessary. An advocate provides impartial support to people to make and communicate decisions.

## Is the service responsive?

### Our findings

Person centred care plans continued to be in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans were up to date and were reviewed monthly and updated on a six monthly basis or sooner if necessary. Care plans and risk assessments were signed by staff as being read and understood. Evaluations of care plans were detailed and summarised events in the previous month. The language staff used in care records was person centred and respectful.

Support plans were in place for specific health conditions, including triggers, symptoms and presentation. Personal care support plans outlined how people preferred to be supported with personal care needs. Behaviour care plans which described individual signs and symptoms of distress were also in place. This meant that care plans were in place which supported the physical and psychological needs of people.

We spoke with a relative who told us staff were very good at informing them of any changes to people's care. They said, "The contact is brilliant. I'll give them full marks; I'd give them ten out of ten for that."

A range of activities were available. These were planned following individual assessments with people. People were taking part in Easter craft activities on the day of our inspection, and one person went out with staff for a walk in their wheelchair. They told us they hadn't felt like doing this for some time and enjoyed it very much. Individual interests were catered for, and this was evident as we visited people's bedrooms which reflected people's individual character and interests; for example, one person enjoyed gardening. They took us outside and showed us the vegetables they had been planting. They were looking forward to getting a new greenhouse for their birthday. They told us, "I like it in the garden, I work in the garden."

A complaints procedure was in place but there had been no formal complaints received since the last inspection.

## Is the service well-led?

### Our findings

A registered manager was in post and our records showed they had been registered with CQC since August 2014. A staff member told us, "The manager is brilliant. You can turn to her for anything." Staff told us they felt well supported and morale appeared good.

At the last inspection, we found people who used the service and others were not protected against the risks of inappropriate or unsafe care and treatment, as effective systems to monitor the quality and safety of the service were not always in place. Audits had not been completed for several months, fire safety checks had lapsed and Legionella water checks had not been carried out.

At this inspection, we found that although there were a small number of gaps in audits, these were insufficient to constitute a continued breach in regulations. We spoke with the registered manager about this and they were aware of the need to ensure these did not lapse further. They worked alongside staff on a daily basis and were constantly monitoring the safety and quality of the service. All other areas identified at the last inspection related to the governance of the service had been addressed.

The registered manager worked alongside staff, providing support to people and therefore had a good awareness of issues in the home.

Systems were in place to obtain feedback from people, relatives and staff, about the quality and safety of the service. This included meetings and surveys.

Statutory notifications were submitted by the registered manager. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.