Care UK Community Partnerships Ltd

Skylark House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Skylark House is a residential care home providing personal and nursing care for up to 82 people in purpose-built accommodation. The service provides support to older people, many of whom have dementia, and younger people with disabilities. At the time of our inspection there were 75 people using the service.

People's experience of using this service and what we found
People were not all receiving the social stimulation they needed to support their well-being, we identified this as a breach of regulation. The provider's systems for monitoring quality had not identified this shortfall. People, their relatives and staff were consistent in their feedback that staff were often too busy to spend meaningful time with people unless it was to provide support with personal care. The registered manager described planned improvements for people's social support.

People were supported to plan for end of life care. Staff were knowledgeable about people's needs and systems were in place to ensure people received the medicines and care they needed to manage symptoms effectively.

There were enough suitable staff to care for people safely. There was an ongoing recruitment programme to ensure vacant posts were filled with regular staff. People spoke highly of the staff and described them as kind and caring. A person told us, "I think the staff are wonderful and I can't praise them highly enough."

Risks to people were assessed and managed safely. People received their medicines as prescribed and when they needed them. 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.

Care plans reflected people's needs and were updated regularly and when their needs changed, including end of life care plans. Complaints and concerns were acted upon to make improvements. The registered manager described a learning culture saying, "If we get things wrong, we must apologise and learn from our mistakes, there's no point in being defensive, it's better to be open and make improvements."

People, their relatives and staff were consistent in their praise of the management of the service. One person told us, "There is a lot to manage and it all runs well."

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 5 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about end of life care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. We did find other areas of practice that required improvement. Please see the responsive section of this full report.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Skylark House on our website at www.cqc.org.uk

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Skylark House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Skylark House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection
We spoke with seven people and three relatives to gain their views on the care provided. We spent time in the home whilst people were relaxing in the communal lounge, dining area and receiving support from staff. This gave us an opportunity to observe staff interactions with people. We spoke with nine members of staff including the registered manager, one nurse, two senior carers and five care assistants. We reviewed records that included care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff training plans.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection on 20 February 2018 we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risks of abuse. People told us they felt safe living at Skylark House. One person said, "I do feel very safe here, the staff are always kind."
- Staff demonstrated an understanding of how to recognise potential abuse and knew how to report any concerns.
- Incidents were recorded and monitored to ensure that indicators of abuse were reported and investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored effectively. Care plans included guidance for staff in how to manage risks and support people in the way they preferred.
- Some people had risks associated with mobility. A person was identified as being at high risk of falling and needed two staff to support them to move around. There was clear guidance for staff about how to support the person including when and how to use equipment to help them to move.
- We observed how staff supported a person with the use of a hoist. They were aware of how to use the equipment safely in line with their risk assessment and care plan. Staff positioned the sling to ensure the person was safe and comfortable. Staff appeared confident and spoke gently to the person in a reassuring way throughout the manoeuvre.
- Some people had specific risks associated with their health needs such as diabetes, Parkinson's disease and dementia. For example, risks associated with high or low blood sugar levels for a person with diabetes were identified. Clear guidance for staff included how to recognise when the person needed support, what action staff should take including when to seek further medical support and guidance.
- Evidenced based tools and guidance were used to assess the level of risk for people. For example, a Malnutrition Universal Screening Tool (MUST) was used to measure risks associated with malnutrition. This meant that staff could monitor changes in a consistent way and took a proactive approach to supporting the person to improve their MUST score and reduce the risk. A staff member said, "We encourage them to have snacks and drinks between meals as much as possible to increase their calories and that will make them at lower risk of things like skin breakdown."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● Staff understood their responsibilities for gaining consent from people and we observed how they checked with people before providing care. One person told us, "They always ask me, and if I say no to something then they say OK."
● Records confirmed that issues of consent had been considered. For example, one person was assessed as lacking capacity to make a decision about having a safety mat next to their bed to help to prevent injury if they should fall. A decision had been made in the person's best interest and this was clearly documented including who had been involved in the decision- making process.

Staffing and recruitment
● There were enough staff to care for people safely. The provider determined staff levels based on people's needs. The registered manager explained how staffing levels were maintained with the use of agency staff when needed. They told us agency staff received training and worked with experienced staff when they were new to the home and whenever possible agency staff were used consistently to ensure continuity.
● People told us they felt safe because staff came quickly if they needed support. One person said, I feel quite safe." Our observations were that staff responded quickly when call bells sounded and people were receiving support with personal care when they needed it. Relatives told us they believed people were receiving a good standard of care. One relative told us, "The staff are kept busy, but my relative gets the best of care and if I ask for help it is always forthcoming."
● The provider's system for recruitment were designed to ensure staff were suitable to work with people. This included checking references and employment history as well as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People were receiving their medicines safely. Only staff who were trained and assessed as competent were able to administer medicines to people.
● People told us they received their medicines regularly. One person said, "They bring my tablets at the same time every day. If I had a headache or something, they would bring me something, you only have to ask." Another person explained that they preferred staff to administer their medicines saying, "I don't want to have to remember when to take things, it's better this way."
● Some people needed to have their medicines at specific times. Staff were aware of this and showed us how the electronic system supported them to schedule the required times.
● There were effective systems in place to ensure that people always had access to the medicines they needed. There were "just in case" medicines in place for people who were receiving end of life care. There were systems in place to ensure that these could be administered for symptom control and pain relief when people needed them.

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.

Visiting in care homes
● The arrangements for visitors were in line with current government guidance. There were no restrictions in place at the time of the inspection.

Learning lessons when things go wrong
● There were effective systems in place to ensure that incidents and accidents were recorded and monitored. Lessons were learned and necessary improvements were made when things went wrong.
● The registered manager explained how evaluation following an incident had identified shortfalls in communication systems. They had taken appropriate actions to ensure that this was rectified to prevent a similar incident from occurring again.
● Incidents and accidents were monitored to identify patterns and trends. For example, when people had a fall, a falls care plan was put in place. Any further incidents would result in a referral to the falls clinic to get further advice and guidance for staff.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection on 20 February 2018 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's social needs were not always met. People told us the staff did not have time to spend with them and our observations confirmed that staff were often task focussed and did not spend time with people other than when providing care.
- The people and relatives we spoke with were consistent in their views that although people were receiving the personal care they needed, staff did not always have time to provide social support that was important for people's emotional well-being. People's comments included, "They (staff) are in such a rush", but they come if you call." "They are short staffed they rush about, but they are still kind and they answer bells quickly."
- Staff told us they were not able to spend time with people unless it was to provide care. One staff member said, "There is just not enough time to do that. We have the activity staff which helps, but not everyone wants, or is able, to join in."
- We observed some group activities and opportunities for socialising were available to people. Those people who were taking part appeared to be engaged and enjoying themselves. For those who were not taking part, and when activities were not happening, there was little occupation for people. Some people were in lounge areas with a television playing videos or a radio station. People did not appear to be engaged with the music.
- People had mixed views about the activities on offer. One person said, "The activities are stereotyped for old people, I want different things." Another person told us, "There are activities, but they aren't anything I am interested in." A third person said, "I don't like what they do and it is repetitive." Another person told us, "I would like activities more adapted to the individual, more brain stuff."

There were not always enough staff deployed to meet people's needs for social stimulation and interaction. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An activities co-ordinator told us of plans to introduce more individually tailored activities depending upon people's interests. Following the inspection, the registered manager sent us information about how staff consult with people to gain their views about activities on offer and to seek their suggestions.
- The registered manager told us of plans to recruit more volunteers to support people with opportunities to socialise. Following the inspection, the registered manager provided information about activities that were already being supported by volunteers.
- People and their relatives had been involved in developing personalised care plans that provided staff with details about individual needs and preferences. People's protected equality characteristics, values and

beliefs were considered as part of the care planning process.
● Care plans were updated regularly and when people's needs changed. One relative told us, "I couldn't be happier with the care my husband is having, they are adapting his care all the time."
● We observed that staff were familiar with people's needs and understood their individual preferences. For example, we observed how a staff member was supporting a person at meal time. They explained, "They don't like any changes to their routine, it's important to be consistent so they feel they are in-charge of their care."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● People's communication needs were identified as part of the risk assessment and care planning process. There was clear guidance for staff in how to support people with their communication needs.

End of life care and support
● People were supported to make decisions about their preferences for end of life care. Not all records relating to end of life care were well personalised, this meant that staff did not always have the guidance they needed. For example, some end of life care plans included that staff should respect people's cultural and religious needs. However, there was no detail to guide staff about what those needs were and how they should respect them. The registered manager told us that staff knew people well and would always respect their wishes. They gave assurances these records would be updated to provide clear guidance for staff.
● Staff had received training in providing end of life care and were knowledgeable about people's individual needs. One staff member told us about their experience of providing end of life care. They said, "We provide mouth care when they are dry. We try to keep them calm and give our love towards them. We show them that we are around. If we see they are in pain, we tell the nurse or senior and they provide what they need."
● Staff described positive relationships with health care professionals including the GP, District Nurses and hospice staff. They explained how this enabled people to have anticipatory medicines and equipment in place in case they were needed for symptom control or pain relief for end of life care. One staff member said, "If we need advice or guidance we can talk to the GP or the hospice staff and they will support us."

Improving care quality in response to complaints or concerns
● The registered manager used complaints as an opportunity to learn and make improvements. They told us, "It is important to be open and apologise when we get things wrong and look at how to improve, I want Skylark to be the best it can be for the people who live here."
● People and their relatives said they knew how to complain, and they had confidence that their concerns would be taken seriously. One person said, "I have raised some minor issues and they were dealt with promptly and efficiently."
● We reviewed the provider's complaints system. Records showed how complaints had been investigated and the registered manager had sent a written response apologising and explaining how the issue had been rectified.

Requires Improvement

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 our last inspection on 20 February 2018 we rated this key question good. At this inspection the rating has changed 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance and management systems had not identified shortfalls in the deployment of staff to provide a personalised service. Although we judged there were enough staff to provide safe care, the feedback we received from people, their relatives and staff showed there was a clear theme regarding staff having a task-led approach and being too busy to spend meaningful time with people and support their needs for social interaction and occupation. The provider's systems for monitoring quality had not identified this theme.
- Our observations during the inspection confirmed what people told us. One person said, "I would love to just go and walk round the garden but I need a staff member to come with me and they are just too busy, so I content myself with looking out the window instead." Another person said, "I don't need activities as such, but I would like to have a chat occasionally that is not just about what I want for my next meal."
- We discussed our concerns with the registered manager. They described plans to make improvements including exploring how additional volunteers might support people with social opportunities whilst they recruited to permanent vacant posts. They told us, additional training for staff in engagement and support for people with dementia was planned. .
- People and their relatives described good communication systems and said they felt they views were listened to. One relative told us, "Communication here is first rate." A person told us they had opportunities to provide informal feedback and they felt this worked well.
- An electronic monitoring system was being used. The registered manager explained how this supported and monitored engagement. For example, relatives had opportunities for daily interaction with their loved ones, including using this system to send photos.

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

- Staff and managers were clear about their roles and responsibilities. There was a clear framework for monitoring staff performance and ensuring accountability. When shortfalls were identified the registered manager took immediate action to ensure risks to people were managed. For example, we observed some poor practice by a staff member. The registered manager acted immediately to ensure people were being

supported in line with their care plan and to check staff understanding of the person's needs.
● As part of their quality assurance process the registered manager carried out spot checks, including at night. They described how poor practice had been identified, reported and addressed to ensure improvements following a recent spot check visit.
● Staff and people told us the registered manager was "hands on" and worked alongside staff to provide care when needed. One person said, "They (registered manager) visit us regularly and sometimes help with the care." The registered manager explained how they used these opportunities to get to know people's needs better and to monitor how staff used their knowledge and training and understood their responsibilities.
● Staff described strong leadership and told us about positive changes the registered manager had made. One staff member said, "Things are more efficient. We've always got the supplies that we need now, all the residents have hourly checks and it's all recorded. The manager is always available for support."
●People and their relatives spoke highly of the leadership of the home. One person said, "There are a lot of us living here, and it is a big place, but it runs well." A relative said, "I think the manager does a good job."
● The registered manager was aware of the duty of candour and demonstrated a strong focus on continuous improvement. They described recent changes they had implemented including improvements in communication systems. They told us, "If we get things wrong, we must apologise and learn from our mistakes, there's no point in being defensive, it's better to be open and make improvements."

Working in partnership with others
● Staff had developed positive working relationships with other health and social care partners.
● A staff member spoke about working with the Parkinson's professional to optimise a person's medicines and improve their quality of life. Another staff member described how advise from a diabetes nurse had supported staff in caring for a person with diabetes and increased their knowledge generally.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff deployed to support people's need for social interaction and occupation.