

Loxley Health Care Limited

Skellow Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 11 April 2017 and was unannounced. This provider registered with the Care Quality Commission in November 2015. This was the first inspection of the service under the new registration.

Skellow Hall is situated in the village of Skellow near Doncaster. The service provides personal care and accommodation for up to 29 people. The service has two floors with two lifts and stairs to access the upper level. Bedrooms are for single occupancy. Some bedrooms have en-suite showers and others have en-suite toilets and wash hand basins.

At the time of our inspection the service had a registered manager. 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.

At the time of our inspection the registered manager was unavailable due to other work commitments. Therefore we liaised with the deputy manager, who is referred to throughout this report.

We looked at care records and found that risks associated with people's care had been identified. However, instructions on how to minimise risks occurring were not always included in care records.

The provider had a safe and effective system in place for employing new staff. New employees had to complete satisfactory pre-employment checks prior to them commencing their job at the home.

We looked at the systems in place to manage people's medicines and found this was done in a safe way. We looked at storage and records of medicine and found these were accurate.

We observed staff interacting with people and we found that people's needs were met in a timely manner. However, some people who used the service and their relatives told us that there were not always enough staff around to meet people's needs.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

Training was provided to staff to ensure they were kept up to date with their knowledge. Staff we spoke with felt supported by their managers and felt they were approachable.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a nutritious and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

Throughout our inspection we observed staff interacting with people who used the service. We found staff were kind, caring and considerate. They worked hard to ensure people's likes and dislikes were respected.

People did not always receive person-centred care which was appropriate and met their needs. Care plans we looked at did not reflect people's current needs or indicate how to support people.

The service had an activity co-ordinator who organised and provided social activities for people. We spoke with the activity co-ordinator and found that they planned activities for each month and advertised them in the newsletter.

The service had a complaints procedure and we found that concerns raised had been managed appropriately.

The provider had a system in place to monitor the quality of the service provided. We found that the management team conducted several audits each month. However, these were not always effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

The provider had a safe and effective system in place for employing new staff.

Medicines were managed in a safe way.

We observed staff interacting with people and we found that people's needs were met in a timely manner.

Risks associated with people's care had been identified but instructions on how to minimise risks occurring were not always included in care records.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

Is the service effective?

Good 

The service was effective.

Training was provided to staff to ensure they were kept up to date with their knowledge.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a nutritious and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

We observed staff interacting with people and found they were kind and caring.

Staff knew people well and were able to support people in line with their choice and preferences.

Staff we spoke with explained how they respected people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

People did not always receive person-centred care which was appropriate and met their needs.

The service had an activity co-ordinator who organised and provided social activities for people.

The service had a complaints procedure and we found that concerns raised had been managed appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider had a system in place to monitor the quality of the service. However, they did not always identify areas of improvement. Therefore they were not always effective.

Some people we spoke with told us that the provider did not spend money on the home.

People who used the service and their relatives were able to attend meetings to discuss issues and to be involved in decisions about the home.

Requires Improvement ●

Skellow Hall

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 checked 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.

This inspection took place on 11 April 2017 and was unannounced. The inspection was carried out by an adult social care inspector 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. At the time of our inspection there were 21 people using the service.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with 10 people who used the service, and 3 relatives. We also 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.

We spoke with two care workers, a senior care worker, the activity co-ordinator and the deputy manager. The registered manager was unavailable on the day of our inspection due to other work commitments. We spoke with the registered manager the day after our inspection. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We looked at care records and found that risks associated with people's care had been identified. However, instructions on how to minimise risks occurring were not always included in care records. For example, one person had a care plan in place as they were at risk of falls. The care plan stated that staff were to ensure the environment was safe at all times. However, there were no instructions about how this should be done. We saw that this care plan had an evaluation in place, which was completed on a monthly basis. However, new information about the person's current needs were not entered in to the care plan. For example, the evaluation stated that the person walked with the aid of a walking stick, but there was no reference to this in the care plan. We spoke with the deputy manager about this and found that the person now walked with a zimmer frame. We saw from the care plan evaluations that this person had a fall which resulted in back pain and the person was unable to weight bear as a result of this. No care plan had been put in place to inform care workers on how to support the person.

Another person had a Malnutrition Universal Screening Tool (MUST) in place which indicated that the person had lost a significant amount of weight in a period of six months. This weight loss should have scored two on the MUST, which would indicate that the person was a high risk of malnutrition. Care plan evaluations over these six months state that the person continued to eat a well-balanced diet. The evaluation in March 2017 indicated a loss of 5.3kg of weight. No actions were taken in regards to this. We spoke with the deputy manager who agreed that this should have been identified and spoke with the visiting GP the day of our inspection.

This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.

Everyone we spoke with was positive that they or their relative was safe living at the service. One person said, "They treat me properly." Another person said, "I feel safe and secure."

The provider had a safeguarding policy and procedure in place to ensure people were safeguarded from abuse. Staff we spoke with told us that they would report any incident of this nature to the registered manager without delay. Staff told us they had contact numbers for other managers within the company and for the Care Quality Commission and would contact others if they felt they needed to in order to protect people from abuse.

We spoke with people who used the service and seven people out of the ten we spoke with, expressed some concerns about the level of staffing. One person said, "They [the staff] are short staffed, run off their feet." However, most people reported that the staffing levels had not directly impacted on the care they received. One person reported that there was a lengthy delay in responding to the call system the night before our inspection. They said, "Last night was exceptional, it was a one hour wait." Relatives we spoke with told us that sometimes the home was short staffed. One relative said, "There are not enough staff on some days. Well overstretched."

We observed staff interacting with people and found people's needs were met in a timely manner. Staff we spoke with felt they worked well as a team and could complete all their jobs with the current staff ratio. However, some staff told us this was sometimes difficult as they worked short on occasions. We spoke with the deputy manager and were told that the service did not use agency staff but had a bank of staff to call upon. The day of our inspection a care worker had rang in sick and this shift was not covered. We did not see that this impacted on the support people received. The deputy manager said that they helped out in these cases and were always supernumerary to the rota five days a week. The provider had a dependency tool in place which was used to calculate the number of staff required to support people's needs. This was reviewed on a monthly basis to ensure the service had enough staff to meet people's assessed needs.

We looked at procedures in place for managing people's medicines and found this was done in a safe way. Medicines were stored correctly and temperatures of the room and the fridge used to store items were checked on a daily basis. The service had a procedure for storing and monitoring the stock of controlled medicines. We checked controlled medicines belonging to three people and found they were correct.

We looked at records in relation to medicines and found these were accurate and up to date. They gave a clear indication of the medicines prescribed, the doses and the times for taking them. We looked at the medication administration records and found they were completed fully. The provider had a system in place to ensure medicines prescribed on an 'as and when' basis, (PRN) were given in line with the person's individual needs. Protocols were in place to support this process.

The service had a system in place for returning unused medicines to the pharmacy. Medicines returned were recorded in a returns book which was signed by a senior care worker and a representative from the pharmacy. This was a clear record of items returned to the chemist.

We saw the service had a safe procedure in place for recruiting new employees. We looked at three staff files and found the recruitment process had been followed. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. The service was in the process of recruiting staff and was waiting for employment checks to be completed.

Staff files we viewed also showed that an induction had taken place with new employees and included training, and working alongside experienced staff. Staff we spoke with felt the induction was worthwhile and helped them get to know people and the service well.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they felt that the staff knew them well. People felt that staff completed appropriate training to do their job and knew what to do in an emergency. One person said, "They look after you well, I can't fault them." One relative we spoke with said, "The training is good, they get specialists in if they need to."

We spoke with staff and they told us that they received training via eLearning and face to face, practical sessions. Staff told us that the training was worthwhile and gave them the skills to do their job well. They said they received training in subjects such as moving and handling, food hygiene, fire safety, first aid and safeguarding.

We spoke with the deputy manager about training and were told that the service has a programme called Orchard World of Learning, which ensures staff received the right skills and knowledge to carry out their roles. We were also shown a training plan which indicated that staff had completed courses and which staff were due to have their training refreshed.

Staff we spoke with told us they felt supported by their managers and said they received regular supervision sessions. These were one to one sessions with their line manager to discuss their work and aspects of training etc. We saw that supervision was scheduled and records were in place to support this. Staff also received an annual appraisal to discuss their progress and to identify targets for the coming year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required.

We spoke with people about their meals and received conflicting views. Some people commented positively about the food. One person said, "The food is good, very good, the variety is good throughout the week." Another person said, "The food is marvellous, there is too much of it." While others said, "The food is not so

good, the choice is OK but the quality is not so good." Another person said, "There is plenty to eat but it is cheap rubbish."

We observed lunch being served and found that people were given choices. Two care workers were present in the dining room throughout the meal, which seemed adequate as no one needed assistance to eat and the food was served quickly. We saw that drinks were offered with meals and people were given time to eat at a leisurely pace.

Everybody we spoke with felt they had good access to healthcare professionals. One person said, They [the staff] sort everything out and help me with appointments." Relative felt they were kept informed of appointments.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives. Everyone told us that Skellow Hall was a good, friendly, caring and safe place to live. One person said, "The staff are very sympathetic, kind and caring." Another person said, "They [the staff] are very nice. I feel comfortable." Relatives we spoke with told us they felt staff listened to them and felt their relative's dignity was respected.

Everyone we spoke with told us they were treated with dignity and respect. One person said, "They [the staff] treat me with respect, most staff knock on my door." Staff we spoke with told us how they maintained people's privacy and dignity. One care worker said, "I make sure that the person is comfortable and that doors and curtains are closed when delivering personal care." Another care worker said, "Some people prefer certain staff and we try to respect this."

People felt that staff knew them well and said their opinions mattered. One person said, "I get spoiled here, I can't believe it." Another person said, "The staff sit and have a ten-minute chat when they can." During our inspection we observed staff interacting with people and we found they were kind, professional and friendly. Staff found opportunities to sit with people and engage in conversation and checked how they were. Staff offered people choices and respected their decisions. For example, staff asked people where people would like to sit, and where they preferred to eat their meals. We saw that staff knew people well and knew their likes and dislikes.

We looked at care records and found that they contained a care needs summary. This identified people's likes and dislikes and also things that were important to people. For example, one person's care needs summary stated that it was particularly important to ensure their wishes and choices were adhered to. We also saw that life histories were in place which gave information about people's childhood, family life, important relationships, and hobbies and interests.

The ethos of the home was to promote a person centred approach to care, implementing and providing care which promotes independence, compassion and empathy. One person we spoke with said, "They don't over help you, they try to get you moving." A care worker we spoke with told us, "I try to encourage people to do as much as they can for themselves. I think this is all part of maintaining their privacy and dignity."

Is the service responsive?

Our findings

We spoke with people who used the service about their care plans. None of the people we spoke with knew about their care plan and who was involved in discussions and reviews about their care. One person said, "I don't have a care plan, do I?" We spoke with relatives and they told us they were involved in reviewing their relatives care plan. One relative said, "I am involved in [my relatives] care plan. I have reviewed it four months ago."

We looked at care records belonging to three people. We found that care plans were not always personalised and did not always reflect the current needs of people. We saw that care plan evaluations took place on a monthly basis, but care plans were not updated to reflect any changes. For example, one person had care plans in place which no longer met their needs as they were on end of life care. This person's care plans were being evaluated monthly but were not appropriate to the care they were receiving. We spoke with the deputy manager about this and were told that the staff had just put an end of life care plan in place. We looked at this and found conflicting information. For example, the end of life care plan stated that the person should receive pressure care every 30 minutes, yet the re-positioning chart suggested this should be completed every two hours. This meant that care plans were not individualised and did not take in to consideration the person's changing needs.

The service had an activity co-ordinator who organised and provided social activities for people. We spoke with the activity co-ordinator and found that they planned activities for each month and advertised them in the newsletter so that people and their relatives knew what was planned and could choose whether they wanted to join in or not.

The activity co-ordinator arranged activities which took place in the lounges such as table top games and movie afternoons. There were also activities such as baking days and gardening as well as themed events for national days such as celebrating the Queen's birthday.

Generally people we spoke with were positive about the activities provided. One person said, "There are enough activities and we get entertained with singers." Some people preferred to spend their time in their bedroom but commented that they were invited to join in the activities. They also told us that staff spent time chatting with them in their rooms.

The provider had a complaints procedure. The majority of people we spoke with did not know how to complain using the formal complaints procedure. However, people told us that this was not a problem as they did not want to make a complaint. They told us that they would feel comfortable in raising issues with staff. One person said, "No complaints. If I had I would speak with the carers."

We looked at the record of complaints and saw that the procedure included a written and verbal record of complaints, the nature of the concern, any supporting evidence and the outcome. We saw evidence that complaints had been raised and managed appropriately.

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives and the majority of them told us they had good contact with the registered manager. One person said, "The manager and staff are approachable and I have a natter with them." Another person said, "The manager is approachable and will generally act on issues." Three people reported that they felt issues were not always acted on because of the budget for running the home. One person said, "They [the provider] are not keen on dealing with things." Most people told us that the home was reasonably well managed. One person said, "It's pretty well run." A minority of people said that they had raised issues with the registered manager, but had not received an adequate response. One person said, "I have complained about my shower not working, it's been two years now, they come to look but do nothing."

The management team consisted of the registered manager, a deputy manager and senior care workers. The registered manager and deputy manager both worked supernumerary to the rota Monday to Friday each week. Staff we spoke with told us that they found the management team approachable. One care worker said, "This is a well-run, nice home. The manager has an open door policy and we can talk with her anytime."

The provider had a system in place to monitor the quality of the service provided. We found that the management team conducted several audits each month. These were in areas such as infection control, management of falls, accident statistics, complaints, medication and care planning. However, these were not always effective as they had not identified some of the issues we found as part of this inspection. For example, one person's care plan had been audited on the 17 January 2017 and no concerns were identified. However we looked at this care plan and found that the current needs of the person had been recorded in the care plan evaluation, but not as part of the care plan. This showed that the care plan audit had not been effective. We looked at the weight loss audit and found that this had identified that one person had lost a significant amount of weight. However, no actions had been taken.

During our inspection we received negative comments regarding the staffing levels and the provision of food. We saw that the provider had quality monitoring systems in place to capture people's feedback, but these issues had not been raised. This meant that the provider's quality monitoring systems did not identify this as a concern that we found as part of this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality monitoring systems in place were not always effective.

Operational quality review visits were carried out frequently by the provider. The last one took place on 6 March 2017. Which had highlighted some areas of action. The registered manager had started working on the actions identified.

We saw that the carpet on the downstairs corridors was worn and in need of replacement. The deputy manager told us that this had been raised as part of the homes environmental audit. There was no

timescale for this to be replaced. Some people we spoke with told us that the provider did not spend money on the home. One person said, "They do what they can but the budget is tight." Another person said, "The food is not so good, the choice is ok, but the quality is not so good." Another person said, "Since it [the home] has changed hands it's gone downhill sharpish."

People who used the service and their relatives were invited to take part in meeting about the home. This gave people a forum to discuss issues and to be involved in developments within the service. We saw minutes of these meetings were kept. This showed that people had a voice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems in place were not always effective.