Leyton Health Care (No 9) Limited

Skellow Hall

Inspection report

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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

Overall summary

The inspection was unannounced, and the inspection visit was carried out on 28 October 2014. The care home was previously inspected in September 2013, when no breaches of legal requirements were identified.

Skellow Hall provides accommodation for up to 29 people on two floors. The home supports older people who require personal care but it does not provide nursing care. At the time of the inspection there were 24 people living at the home on a long term basis.

The service did not have a registered manager in post at the time of our inspection, but an acting manager had been appointed in June 2014. They told us they intended to submit their application to be registered when their probation period had concluded in early December. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our visit we saw staff supported people in a friendly and caring manner. Staff encouraged people to be as independent as possible and any risks associated

Summary of findings

with their care were taken into consideration. We spoke with five people who used the service and a relative, who said that overall they were satisfied with the care and support provided.

People received their medicines in a safe and timely way from senior staff who had been trained to carry out this role.

Overall we found there was enough skilled and experienced staff on duty to meet people's needs. We saw a structured recruitment process was in place, which helped to make sure staff were suitable to work with vulnerable people. Staff had received an induction at the beginning of their employment and essential training had been provided. This had been followed by regular refresher training to update their knowledge and skills.

We saw people received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People's needs had been assessed before they moved into the home and we saw they had been involved in formulating their care plan. We found care plans reflected people's needs and preferences, and had been reviewed and updated on a regular basis.

The service did not have an activities co-ordinator and there was no structured programme in place to enable people to join in regular planned activities. However, the acting manager told us a new co-ordinator had been recruited and would be commencing employment as soon as satisfactory background checks were received. In the meantime care staff were providing social stimulation each afternoon if they had time and themed events had been arranged.

Overall people told us they had no complaints, but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was easily available to people using or visiting the service. When concerns had been raised we saw the correct procedure had been used to investigate and resolve issues.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw regular audits had been used to check if company policies had been followed and the premise was safe and well maintained. Where improvements were needed the provider had put action plans in place to address these.

Summary of findings

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.

There were systems in place to protect people from abuse and staff knew how to recognise, respond to and report abuse. Staff were knowledgeable about risk and how to work with people to manage any identified risk. Areas of risk, such as accidents and incidents, were monitored to help identify trends and patterns.

Recruitment processes were robust and we saw there was enough staff on duty to meet people's needs.

Medicines were stored and handled safely by staff who had been trained to carry out this role.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and the procedures to follow should someone lack the capacity to give consent.

Staff had completed an induction to prepare them for working at the home. They had also completed training in various areas which helped them meet the needs of the people they supported.

People received a varied well-balanced diet. The people we spoke with said they were very happy with the meals provided. Specialist dietary needs had been assessed and catered for.

Is the service caring?

Good

The service was caring.

People told us staff provided appropriate care and support and were complimentary about the way their care was delivered. We saw staff interacted with people in a positive way, respecting their preferences and decisions.

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in planning and reviewing their care. Care plans were individualised so they reflected each person's needs and preferences.

Limited social stimulation had been provided and people told us they would like more social activities. However the provider had recruited an activities co-ordinator to facilitate this but they had not commenced employment at the time of our visit.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Summary of findings

Is the service well-led?

Good

The service was well led.

The home did not have a registered manager. However, an acting manager was in post who understood the responsibilities of their role and intended to apply to be the registered manager. People using the service and staff spoken with told us that the acting manager was accessible and approachable.

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been put in place to address any areas that needed improving.

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.

The inspection took place on 28 October 2014 and was unannounced. The inspection team consisted of a lead 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. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications and information from other agencies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of professionals who may have visited the home, such as Healthwatch and service commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 24 people using the service. We spoke with five people who used the service and a relative. We also spoke with the acting manager, the regional manager, three care workers and the cook. We looked at the care records for two people using the service and records relating to the management of the home. This included staff rotas, team meeting minutes, medication records, staff recruitment and training files. We also reviewed records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I got so as I couldn't manage at home. I have been here two years and on the whole I feel safe." Another person told us, "I feel safe and cared for; the girls are right good to me." A relative commented, "Mum is safe here, I don't worry about her."

We asked staff how they were able to keep people safe. Their answers demonstrated they understood people's needs and how to keep them safe. They told us some people were more able than others, and they knew which people were more at risk. They also outlined how they encourage people to stay as mobile as possible while monitoring their safety. We observed staff transferring one person into a wheelchair in a safe manner. Both members of staff were calm and patient while encouraging them to help themselves as they were able.

We saw care and support was planned and delivered in a way that promoted people's safety and welfare. The care plans we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. These had been reviewed regularly and updated when necessary.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The acting manager was aware of the local authority's safeguarding adult's procedures which are aimed to make sure incidents were reported and investigated appropriately. The systems used to monitor and review safeguarding concerns, accidents and incidents were robust. We saw the information was used to improve the way the service operated and keep people as safe as possible.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received training in this subject on an annual basis. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns.

During our inspection we saw there were enough staff on duty to meet people's needs and keep them safe. On the day we visited in addition to the acting manager there was a senior care worker and three care workers on duty. There was also a handyman, as well as kitchen and housekeeping staff. We observed staff were able to meet people's needs in a timely way. They supported people in a relaxed and unhurried manner and call bells were answered promptly.

Prior to our inspection concerns had been raised with us about there not being enough staff on duty to meet people's needs, which was said to have had an effect on the level of support provided to people. This had been checked by the local authority when they visited the home in early October 2014. They told us that overall the service was meeting people's needs but improvement could be made regarding areas such as how staffing levels were calculated. They outlined how the acting manager used a dependency tool to calculate the number of staff required on each shift, but the outcome had not been reviewed on a regular basis. At our visit the acting manager explained how they had started to review people's dependency each time there was a change in someone's condition or there was a new admission to the home. We also saw the provider had employed someone to work in the laundry, so care workers could dedicate more time to supporting people.

We spoke with five people who used the service, a relative and the five staff who all said they felt there were sufficient staff on duty to meet people's needs. We found staff had the right skills, knowledge and experience to meet people's needs.

The recruitment policy and staff comments indicated there was an effective and safe recruitment and selection processes in place. We looked at three staff files and saw pre-employment checks had been obtained prior to them commencing employment. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We also saw face to face interviews had taken place and interview notes had been made to assess potential staffs' suitability.

The service had a medication policy which outlined how medicines should be safely managed. The senior care worker on duty described a robust system to record all

Is the service safe?

medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed. We checked if the system had been followed correctly and found it had.

We observed the senior care worker administering medicines at lunchtime. Overall they followed the correct procedures and recorded medicines after they had been given. However we saw some people were prescribed medicines to be taken only when required (PRN), for example painkillers. The senior care worker knew how to tell when people needed these medicines, such as when they complained of pain, but did not record the reason they were given on the reverse of the medication administration record (MAR). Information about when staff should give this medicine was not recorded anywhere on the medication record, although it was discussed in the care files we checked. We spoke with the acting manager about this shortfall and they said they would reiterate the importance of recording the reason why PRN medicines were administered on the reverse of the MAR.

There was a system in place to make sure staff had followed the home's medication procedure. Regular checks and audits had been carried out by the acting manager, or her deputy, to make sure that medicines were given and recorded correctly. We also saw annual audits had been carried out by the dispensing chemist to assess if policies and good practice guidance had been followed.

Is the service effective?

Our findings

People we spoke with said staff were supportive and delivered care in the way they preferred. They confirmed they could access healthcare professionals when they needed to. One person told us, "I get to see a doctor whenever I want. I go to the hospital sometimes and one of the staff will come with me." A second person said, "I like to go to town sometimes. The last time I went it was to get new hearing aids." A relative commented, "I come most days and feel informed of her condition. The staff are very good."

Records we sampled confirmed people were supported to maintain good health and had access to healthcare services. We saw records of visits from people such as the dietician, chiropody, GP and the district nurse team. The acting manager told us the home had a named GP who they mainly liaised with. They said the GP visited the home routinely every two weeks to see anyone needing to see the doctor, as well as when a visit was requested.

Staff had received the training and support they needed to do their jobs effectively. There were no newly recruited staff on duty during our inspection, but the acting manager described the structured induction new staff would undertake. This included completing an initial induction on their first day, followed by an induction workbook over the next 12 weeks. Staff told us new staff also shadowed an experienced care worker until they were confident in their role. Records we checked confirmed this process had been followed.

Staff comments, and the records we checked, showed staff had completed a varied training programme to prepare them for meeting the needs of the people they supported. As well as the company mandatory subjects such health and safety, dementia awareness, food hygiene and moving people safely. Additional training in topics such as feeding people through a tube in their stomach, often known as P.E.G. feeding, had also been provided. The staff we spoke with felt they had received satisfactory training and support for their job roles. Records and staff comments showed staff support sessions had taken place on a regular basis and each member of staff had received an annual appraisal of their work performance. The staff we spoke with said the acting manager was approachable and supportive.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however the acting manager was aware of the changes brought about by a Supreme Court judgement and had liaised with the local authority about the appropriate submission of applications. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people's rights.

People had access to a varied menu which offered choice. We spoke with one of the cooks who told us they worked to a six week menu plan and people who used the service were involved in changing menus. Between meals we saw people were offered a choice of hot and cold drinks as well as individual packets of biscuits. One person had her drink thickened by the kitchen assistant who later explained this was done because they had a problem swallowing and may choke if they were given drinks that were not thickened with the prescribed thickener. The cook told us people were also offered sandwiches at supper time and night staff had access to food should people want something to eat during the night.

The cook told us people preselected their meals but they could change their mind if they preferred something else. We saw there was a menu board on the wall in the dining room and menu cards with pictures of the meals available on each table. This helped to remind people of the choices available. We saw staff sat with people to help and encourage them to eat their meal offering support in a calm and patient manner. However, we observed a care worker assisting one person while trying to encourage two

Is the service effective?

others to eat their meal. This meant they were unable to give her full attention to any one of them. This information was shared with the acting manager so they could monitor if additional assistance was needed at meal times.

The people we spoke with said they enjoyed the meals provided and were happy with the choice of food they received. One person commented, “The food is good, I think it is anyway.” Another person told us, “The food is very nice really; you get plenty and can have extra if you want it. If you don’t like something they (staff) will offer you something else.”

Records checked showed people’s weight had been monitored regularly to help ensure they maintained a healthy weight. Staff told about how GP’s, dieticians and the speech and language team had been involved if there were any concerns that people were at risk of not eating a balanced diet. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. We saw records were in place for staff to monitor that people were receiving enough to eat and drink, depending on their care plan.

Is the service caring?

Our findings

The people we spoke with told us staff listened to them and respected their decisions. One person said, "On the whole I couldn't call any of them (meaning staff). Through the night if you need them they will sit with you and even share a cuppa if they have time." Another person told us, "We are really well looked after here and the staff are great," they added, "I came here from another place and this is nicer." A relative commented, "Overall I am very happy with mum's care here."

We spoke with the acting manager who said it was important people using the service, and if applicable their relatives, were involved in developing the care plan so it reflected people's individual needs. Records we looked at showed people had been involved in planning their care and most had signed to show they agreed and understood their care plans. Where people were unable to sign, relatives had been involved. We saw information about local advocacy agencies had also been provided to people in case they felt they needed someone to speak out on their behalf.

The two care records we checked gave staff clear guidance about what was important to each person and how to support them. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their preferences.

During our inspection we saw people were given choice. One person commented, "I choose to go to bed when I want; I usually go about 10pm. I usually get up about 7am we can choose though." Another person told us "I just get up and go to bed when I want. I can choose to eat in my room if I want, but I usually go to the dining room." Other people told us about being encouraged to bring in their own furniture and mementos to make their rooms more 'homely' and one person told us, "Visitors can come when they want there is no set time."

We observed positive interaction between staff and people using the service. Staff were respectful and treated people in a caring way. We saw they communicated with people effectively, using pictures and large print documents when necessary. If people needed additional help communicating this was recorded in their care file. People appeared happy and relaxed with staff communicating with them at a level they could understand.

Staff we spoke with gave satisfactory examples of how they would preserve people's privacy and dignity. They told us how they closed curtains and doors, and covered people up as much as possible when providing personal care. We saw staff knocking on people's doors before entering and speaking to people discreetly so they were not overheard.

Is the service responsive?

Our findings

Two of the people we spoke with described how they had been involved in planning their care. One person told us, "I am fully independent they (staff) wrote it all down. They are very good. They will offer me a bath when I want it. I like a bath, if I wanted one every day I am sure they would do it."

Each person had a care file which detailed the care and support they required. The care files we checked showed that needs assessments had been carried out before the person had moved into the home. In some cases the files also contained assessments from the local authority. The acting manager told us how this information had been used to formulate the person's care plan.

The care plans we sampled contained information about the areas the person needed support with and any risks associated with their care. We saw records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Care plans and assessment tools had been reviewed regularly and reflected changes in people's needs.

At the time of our inspection there was no activities person employed. This had been identified by the local authority when they visited the home in early October 2014. They said that overall the service was meeting people's needs but improvement could be made regarding the social activities provided. The acting manager told us they had appointed someone, but they were waiting for their background checks to be completed before they could start work. In the meantime they said care staff had changed their routines so they could provide social stimulation each afternoon. Staff told us they facilitated activities such as games, manicures and bingo sessions. On the day we visited we saw people were involved in making pumpkin lanterns ready for the Halloween celebrations later that week. They told us they enjoyed taking part in the session and were looking forward to the Halloween celebrations.

Some people told us they would like more to do, while others were happy with the stimulation they received. One person told us they liked football and keeping fit. They added, "I go out for a walk to shops most days and there is a goal net in the garden so I can have a kick about." The acting manager said the football net was provided following feedback from a survey carried out. They told us that once the new activity person was in post it was intended they would work over seven days a week so there was flexibility in what people could participate in.

The home had been decorated ready for celebrating Halloween and we saw posters advertising forthcoming entertainment and outings. Staff told us over thirty people, including people who used the service, relatives and staff, were going out for a Christmas meal together.

The home had a complaints procedure which was available to people who lived and visited there. It was also included in the service users' guide which was available to people in the reception area. The acting manager described how they logged the detail of the complaint, action taken and the outcome. The records we checked demonstrated the provider investigated complaints in line with the company policy.

Overall the people we spoke with raised no concerns about the home or the service they received but one person told us they had raised a concern with the acting manager and it was being addressed. The records regarding this complaint showed the acting manager had investigated the concern and the regional manager was reviewing the outcome.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. However, an acting manager had been appointed in June 2014 and they told us they would be submitting an application as soon as they had successfully completed their probationary period.

Overall the people we spoke with said they were happy with the support they or their relative received, and the facilities available. However one person told us, "Nobody sits and asks me things like you are doing." This information was shared with the acting manager at the end of our visit so they could consider if more consultation was required.

We found the company had used surveys and meetings to gain people's views. The minutes from the meeting held in September 2014 outlined changes planned at the home and provided positive feedback from people who used the service and their relatives.

We sampled questionaries' from surveys that had been carried out in 2014 with people who used the service, relatives and healthcare professionals. They showed that overall people were happy with the care and support they received and how the service operated. A doctor had commented, "Staff is pleasant, caring, and well aware of ongoing issues with patients." The acting manager described how the surveys were summarised and action taken to address any areas that needed improving.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thoughts and opinions at staff meetings and in staff questionnaires. They told us they felt they could freely voice their opinion to the acting manager and they were listened to. One care worker said the acting manager was very approachable and involved with the day to day running of the home. They added, "The atmosphere is a lot better now, if something needs sorting she is there for us." They indicated this had not always been the case in the past.

Throughout our visit we saw the acting manager was involved in the day to day operation of the home and took time to speak to staff and people using the service. She knew people who used the service by name and was aware of what was happening in the home.

We saw various audits had been used to make sure policies and procedures were being followed. This included infection control, care records, accidents and incidents, falls and medication practices. This enabled the acting manager to monitor how the home was operating and staffs' performance. However we noted that the infection control audit was basic and did not highlight which rooms had been checked. The acting manager showed us a new company audit tool, which was to be introduced that day, which was more in-depth.

We saw the regional manager, who was present at the end of our visit, had carried out regular visits to the home. During these visits they had checked the systems in place and completed a monthly report on how the home was operating. We saw when shortfalls had been found action plans had been put in place to address any issues which required improvement.