

Scarborough Hall Limited

Scarborough Hall and Lodge Care Home

Inspection report

Mount View Avenue
off Seamer Road
Scarborough
North Yorkshire
YO12 4EQ

Tel: 01723381594

Website: www.brighterkind.com/scarboroughhall

Date of inspection visit:
30 April 2018

Date of publication:
18 June 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

At the last inspection in October 2017 we found breaches of Regulations 12, 17 and 18. We issued a warning notice against the provider and registered manager in respect of a breach of Regulation 17: Good Governance.

We undertook an unannounced focused inspection of Scarborough Hall and Lodge on 30 April 2018. This inspection was done to check that improvements to meet legal requirements had been made in respect of the warning notices. The team inspected the service against one of the five questions we ask about services: is the service well-led? Sufficient improvement had been made that at this inspection to say that the warning notices had been met.

No risks, concerns or significant improvement were identified in the remaining key questions through our on-going monitoring or during our inspection activity, so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Scarborough Hall and Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates a maximum of 85 older people, people living with dementia and people living with a physical disability. The service does not provide nursing care. The service operates from one purpose built building with three floors. At the time of our inspection there were 78 people living at the service.

The provider is required to have a registered manager. There was a registered manager in post who had registered with CQC in November 2011. A registered manager is a person who has registered with CQC 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.

Improvements had been made to assessment, monitoring and mitigation of risk to people who used the service. However, these changes needed time to become embedded into practice.

Medicine administration on the ground floor was noted to still be given out late during the morning round. However, staff had ensured time limited medicines such as those to be given before breakfast had been administered first.

People had access to appropriate drinks and snacks, but staff assistance with eating and drinking for people living with dementia could be improved.

Improvements had been made to the staffing levels in the service. We found that the management team were monitoring people's needs and adjusting the staffing levels accordingly.

Improvements had been made to infection prevention and control practices so that the environment was clean and tidy. Plans were in place for the refurbishment of the dining room serveries. Staff knowledge of people's needs had improved and there was a better understanding of how to maintain people's privacy and dignity.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led.

Improvements had been made to the assessment and monitoring of staffing levels, people's dependency levels, risk to people who used the service and quality assurance.

However, the changes to quality assurance and monitoring were newly established and required embedding into practice.

Requires Improvement 

Scarborough Hall and Lodge Care Home

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 prompted by the warning notices we issued against the provider and registered manager at the last inspection in October 2017. The warning notices were in relation to a breach of Regulation 17: Good Governance.

This focused inspection took place on 30 April 2018 and was unannounced.

The inspection team consisted of two inspectors. Prior to our inspection we looked at the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams to obtain their views of the service.

At this inspection we spoke with the regional support manager, registered manager, deputy manager and six members of staff. We spoke with people as we walked around the service, but did not carry out any in-depth discussions with people. We 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 looked at four people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, audits, accident and incident records, staff training

records, policies and procedures and staff rotas.

Is the service well-led?

Our findings

At the last inspection we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to ineffective assessment and monitoring of risk and quality. We issued the provider and registered manager with warning notices in respect of this breach of Regulation.

At this inspection we found that sufficient improvement had taken place that the breach of Regulation 17 had been met, but further work was needed to ensure the improvement was sustained.

The registered manager had introduced a 'resident of the day' approach within the service. The resident of the day programme enabled all staff, whether carers, housekeepers or maintenance staff, time to get to know one person who used the service so they could personalise their care and provide an environment for them to enjoy as much stimulation as possible.

Improvements were seen to audits and action planning although there were still areas that needed further development. For example, checks of medicines were completed daily as part of the 'resident of the day' approach and we could see that issues were being identified on the action plans. However, these had not been managed effectively as there were repeated issues of senior care staff not signing for medicines that had been administered. We also noted that morning medicines on the ground floor were still being administered at 11:00am. We spoke with the registered manager who said they would speak with the member of staff.

We noted that although audits such as those for medicines, care files and accident/incidents had been completed, there did not appear to be any analysis of trends and patterns. This was discussed as part of our feedback to the registered manager at the end of the inspection.

Discussion with the registered manager indicated that the monitoring and review of accidents and incidents had resulted in more proactive action, especially around following up documentation after people had fallen. We asked to see the accident and incident records from October 2017 to April 2018. These had been completed appropriately and action taken where needed to access medical treatment and care. However, as discussed above there was little evidence that trends and patterns had been assessed to identify any common risk factors. The registered manager told us they would develop this aspect of the audit programme.

Improvements had been made to the recording and administration of time limited medicines on the medicine administration records (MARs). These are medicines that have to be given at specific times such as first thing in the morning, before breakfast. Our checks of the MARs for the ground floor showed that even though staff were late giving out medicines they had ensured the time limited medicines had been given out first.

The approach to determining staff levels and skills needed to meet the dependencies of people who used

the service had improved. People's needs were being met and monitored regularly, which promoted their wellbeing. The service used a 'CHESS' tool to review staffing levels and dependencies of people. This was completed weekly or more often if people's needs changed such as following hospital discharge. Staff we spoke with showed a better understanding of the importance of keeping people's dependency levels under review, and let the registered manager know if things changed.

The deployment and visibility of staff on each floor had improved. However, we observed some areas where staff practice could be better. For example, staff needed to understand and be more aware of people's communication difficulties such as at meal times. We saw that people living with dementia were told what was on the menu at lunch time, but did not really understand what the meals were. This was seen through their hesitation in making choices and their confused questions of the staff. If staff had shown people the choice of meals plated up then this would enable them to make more informed choices and reduced the risk of them being anxious and upset.

Improvements were seen to staff knowledge of people's needs and there was a better understanding of supporting people to maintain their privacy and dignity. We observed that people were well dressed and groomed. One member of staff said, "[Name of service user] is very forthright. They don't like staff calling them 'sweetie' or similar pet names. We know to call them by their given name only."

People had access to appropriate snacks. Fruit was prepared by the staff and available in pots for people to eat at lunch time. We saw one fridge stocked with yoghurts for people to help themselves to and soft type crisps were also available. These changes meant there was a reduced risk of people choking. Where a risk had been identified we saw that a risk assessment had been completed in the person's care file. We observed that people on the top floor were sat with cups of drink in front of them. However one person went an hour and a half without hydration, as they needed staff to assist them with drinking and this did not happen. These observations were given as feedback to the registered manager at the end of the inspection.

The registered manager said that people were assessed for use of bed rails where needed. At the time of the inspection there was no one in the service using this equipment. However, we saw evidence in care files of the risk assessments completed and that these were being reviewed on a regular basis.

We found the cleanliness of the service was much better than at the last inspection. All areas we looked at were clean, tidy and free from malodours. Improvements were planned for the environment with work due to start on refurbishing the dining room serveries, replacing of tiles in bathrooms and joinery work on an ensuite door that had been damaged by water ingress.

All equipment that we saw was in working order and well maintained. People had been assessed for the use of sensor mats to alert staff when they moved around their bedrooms. Where assessed as necessary this equipment was seen to be in place.

Checks of four care files showed that care plans and risk assessments had been reviewed and updated as their needs changed. The improved documentation was actioned following incidents such as falls, accidents, weight loss and breaks in skin integrity. This demonstrated that staff were responding quickly to changes in need and reviewing the levels of risk to people who used the service. One member of staff told us, "If I have any concerns I would look at the person's care plan and body map, write in the 'skin integrity' section of the file and speak with the registered manager."

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered

manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

Staff told us they received regular supervisions and had competency checks of aspects of practice, such as medicine administration. We were given copies of these to look at during the inspection. The registered manager held 'flash' meetings with the senior care staff every morning where discussion took place about what was happening within the home on each floor. Topics included GP visits, falls and issues with staff. These meetings ensure the registered manager was up to date with issues in the service and that all staff were communicating with each other about risk and people's wellbeing.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.