

MyMil Limited

# Scraptoft Court Care Home

## 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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out this inspection on 17 July 2018 unannounced and returned announced on 18 July 2018.

Scraptoft Court is registered to provide accommodation and care for up to 43 people living with dementia. At the time of the inspection they had 26 people living at the service. Scraptoft Court is in a residential area of Leicester and is registered to provide accommodation and personal care to people who may or may not have nursing care needs.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

There was a registered manager in post. 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.

People were treated with kindness and compassion. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. However, people's dignity was compromised where staff did not ensure they wore their own clothes.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

There were a suitable number of staff deployed and the provider had followed safe recruitment practices. People received their medicines in line with their prescription.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff supported by the registered manager and senior team, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People mostly were asked for consent prior to care being provided. People were mostly supported to have choice and control of their lives. We have made a recommendation about involving people in decisions about their support.

People had enough to eat and drink to maintain good health and nutrition. People were supported to access health professionals when required.

Where possible the registered manager involved people in care planning. Families were involved in reviews and were kept up to date with changes in their loved one's care needs.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service had a positive ethos and an open culture. The providers and registered manager provided positive leadership to all staff.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

## 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.

Staff understood their responsibilities to protect people from abuse and avoidable harm.

The provider operated safe recruitment procedures. Suitably skilled and knowledgeable staff were deployed to meet the needs of people that used the service.

The provider had safe protocols in place for managing and administering people's medicines.

### Is the service effective?

Good 

The service was effective.

Staff had access to an effective induction and training. Nurses and care staff were supported to maintain their skills and qualifications.

People were supported in accordance with relevant guidance and legislation. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff could support people to make choices around meal times more effectively.

People's nutritional and hydration needs were effectively met.

Staff supported people to have prompt access to healthcare services.

### Is the service caring?

Requires Improvement 

The service was not consistently caring.

Staff were not consistent when supporting people's dignity.

People were supported to remain as independent as possible.

Staff supported people in a kind and compassionate manner.

## Is the service responsive?

Good 

The service was responsive.

People's care plans reflected their individual needs. The care that they received was suited to their needs.

People had access to a variety of activities of their choice.

Staff supported people with compassion when people were approaching the end of their life.

## Is the service well-led?

Good 

The service was well-led.

The registered manager and deputy manager were accessible to staff, relatives and people using the service.

Staff were supported by the registered manager.

There was an open culture within the service and the registered manager encouraged people, staff and relatives to share their views of the service.

The provider had procedures for monitoring and assessing the quality of the service. They used these to improve the quality of care they provided.

People had opportunities to give their feedback about the service. The registered manager acted on their feedback.

# Scraptoft Court 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 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.

We carried out our inspection visit on 17 July 2018. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience (Ex by Ex). An Ex by Ex is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We contacted the local Healthwatch for their feedback. Healthwatch is an organisation which champions the needs of people who use health and social services. We also contacted the local authority who were responsible for the funding of some people that used the service.

We spoke with six people who used the service, relatives of four people, three care staff, two nurses, the cook, the activities coordinator, ancillary staff and the deputy manager. We looked at the care records of three people who used the service, people's medicines records, staff training records, three staff recruitment records and the provider's quality assurance documentation and policies. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "Of course I feel safe here. No one is going to hurt me." Another person commented "I am perfectly safe in here. The staff pop in and out to see if I am ok and the cleaner always chats with me." A relative said, "My [person's] health is quite challenging at times and the previous care home couldn't cope with [person]. Since they have been here, they (staff) have organised all sorts of help."

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had made guidance available to staff to support them on how to report any concerns about people's safety. Staff told us how they would raise any concerns with the relevant authorities if they had worries about people being ill-treated or poor practice they may witness. One staff member told us, "I have just had my training updated. I would speak to the manager or deputy but I would contact the local authority or yourselves (CQC)." Another staff member said, "I would have no worries about reporting anything to the deputy or the manager both would deal with my concerns I am completely confident." Where the registered manager needed to report safeguarding concerns, these had been completed in a timely manner. We spoke with the local authority who told us that the registered manager liaised with them when they should and responded to allegations of concern appropriately.

The provider had systems in place to report and record any accidents or incidents at the service as well as learn from incidents when things go wrong. Staff we spoke with knew how to apply the systems when dealing with accidents and incidents. A member of care staff told us, "If a person falls we make sure they are safe, we call the nurse to check them over. If they are ok we assist them to get up using the hoist if not we would call the ambulance. We record any accident. I know [person] used to fall a lot, but now they have one to one support day and night to make sure they are safe." Another staff member said, "We do learn from accidents when they happen. When [person] was falling a lot. They now have one to one support." We looked at records for this person and they identified they were at extremely high risk of falls. The service had recorded this and worked with the funding authority to provide improved support to minimise the risk. This showed that the systems in place were effective in supporting people's safety.

People's risks were assessed. Where people had only recently moved to the service we found that risk assessments were developed from the information that was received from family and health and social care professionals. When we spoke with staff it was clear they understood individual people's risks and were taking the necessary action to minimise the risk. This ensured that where risks were identified staff had the information they needed to keep people safe.

Staff told us they received regular training to understand and prevent or manage behaviour of people who were living with dementia at the Scraftoft Court. We saw staff working in a calm manner, offering support to people where they became distressed.

Staff told us there was sufficient equipment such as hoists to ensure people were safe. They also told us that

equipment was well maintained and they always ensured any equipment they used had an up to date maintenance sticker on before using. Records showed that all equipment was checked and maintained according to manufacturer's recommendations.

People felt there were enough staff to support them. One person said, "There is always someone around to help me." Another person commented, "I pull the buzzer. They come when they can." A relative told us, "I think there are enough staff here and they are all very pleasant." Staff we spoke with all felt there were sufficient staff available to allow them time to do their job. One staff member said, "Yes there are enough staff. We can care for people and make them happy." Another staff member told us, "Staffing is ok. They do use agency staff and some are better than others." Rotas confirmed that staffing was consistent and appropriate for people's needs. The call bell system was used and people's requests for help were usually responded to in a reasonable amount of time.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

The staff supported people with the safe administration of medicines. One person said, "Medicine comes like clockwork in a little pot and they watch me take it." All necessary arrangements for the safe administration, ordering, storage and disposal followed the provider's policy. Each person had information in their care plan that identified what medicine they took, the dose and reasons for this. We saw the midday medicines being administered and people were not rushed. Scraftoft Court operated electronic Medicine Administration Records (MAR). These were filled in accurately including records that were used for topical medicines and skin barrier creams. We spoke with the nurse who was administering the medicines and they found the system useful and helped minimise any potential errors.

The provider had fire risk assessments and fire safety procedures in place to ensure all fire safety equipment was serviced and readily available. Training records indicated staff had received training in fire procedures; staff confirmed they had received regular training in this area. People were assessed for their mobility in the event of an evacuation and care plans described the support they would need. The provider had systems in place to ensure regular environmental checks including regular checks on the temperature and cleanliness of the water supplies.

People were protected by the prevention and control of infection. One person told us, "They wear their kit (gloves and apron)." Staff received training in infection control and understood their responsibility in minimising cross infection. Throughout the day cleaning staff were available to ensure the service was clean. Rotas showed cleaning staff were available seven days a week.



## Is the service effective?

### Our findings

People were mostly encouraged to make decisions about their care and their day to day routines and preferences. One person told us, "I can spend my day as I want. I can choose where to sit and what I want to do." Another person said, "I get up at 8.30am and the carers come and help me wash and dress." However, one person told us, "I don't get to choose when I go to bed here. They just come and take you up." We saw people being offered choices about what to eat and drink, and what they wanted to do. However, one person was struggling to make a choice and the staff member said, "Oh don't worry, I will just choose for you." They were not shown meals or picture cards to help them make a choice. We discussed this with the deputy manager following the inspection and they said they would investigate ways of improving people's choice. We recommend that the service seek advice and guidance from a reputable source, about supporting people to be involved in decisions about their support.

People's treatment and support was delivered in line with current standards and guidance. The registered manager kept up to date in changes in adult social care by attending regular training courses. A variety of technologies were used to provide support to people, including tilt mats, these alerted staff if a person was potentially going to fall out of their chair and so reduce the risk of a person falling.

People received care from staff that were knowledgeable and had received the training and support they needed. Relatives told us they felt staff had the skills required to meet people's needs. New staff were supported through a period of induction where they spent time 'shadowing' more experienced staff and familiarising themselves with the needs of each person who used the service. Records showed that staff had opportunity to undertake a variety of training to improve their understanding of how to support people living at Scraptoft Court. Staff could demonstrate how they applied the variety of training that they received. For example, one staff member told us about their recent training in dementia awareness. "If someone is anxious or distressed we take our time. Don't rush, we need to get to know them and what could be upsetting them."

Staff were also supported through one-to-one supervision meetings that took place at regular intervals throughout the year and an annual appraisal meeting. A member of staff told us, "I feel very well supported by (registered manager) and (deputy manager)."

We saw several examples of staff communicating effectively with people. They adapted how they communicated with an individual. For example, we saw a person who had limited communication get very agitated because they could not communicate what they wanted. It took a few minutes, but staff worked out what they needed and were able to support the person appropriately. This shows staff have the skills and abilities to meet people's needs.

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 less restrictive as

possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with had a good understanding of the MCA and its importance. They understood the principles of the MCA. For example, that people had to be presumed to have mental capacity unless there was evidence to the contrary and that where people lacked capacity they were supported in their best interests in the least restrictive way. A staff member explained, "If the person has capacity then we follow their choices. If they don't then we might need to do best interest decisions. Also, some people here have a DoLS." Staff had completed training in MCA and DoLS. They understood their responsibilities when supporting people to make decisions. At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA.

People were supported to maintain a healthy balanced diet. One person said, "The food is ok here. Cook knows what I like and they are good portions, so I don't go hungry." Another person commented "I wouldn't say the food is the best thing here. We have a lot of mince!" A relative said, "[person] eats well, they help [person] if necessary." Another relative told us, "[Person] has actually put on a bit of weight since they moved here."

During the midday meal we saw staff support people who needed help to eat their meal. This was done discreetly and with the person's permission. We heard people being offered alternatives if they did not like the choices of food. One person was brought soup which they appeared happy with. People told us they could ask for drinks whenever they wanted one. A person told us, "I can get a drink in here (lounge) if I ask for one, or the drinks trolley comes around in the morning and afternoon and there are biscuits if I get peckish." We also saw that people were offered a variety of cold drinks throughout the day as it was very hot. Care plans identified where people were at risk of malnutrition or dehydration and we saw staff following these care plans. This ensured people did not become dehydrated.

People were supported by a staff team that worked closely with other organisations and families. The registered manager and deputy manager liaised with social services and healthcare professionals to ensure people using the service received the support they needed. We saw that people had access to physiotherapy services as well as opticians and chiropodists. A person who had recently moved to Scraptoft Court had complex health needs was quickly registered with the GP and referrals were made to healthcare services to support them.

Scraptoft Court was a purpose built nursing home. There were wide corridors enabling easy movement for people in wheelchairs. People had access to a safe, pleasant enclosed garden. We did note that not all bathrooms were accessible to people and there was limited signage to support people with dementia in locating themselves in the service. The environment was beginning to look tired and in need of redecoration. We saw the provider had drawn up a refurbishment plan for the service. However, due to the lift needing a major repair the refurbishment plans were delayed until next year.

## Is the service caring?

### Our findings

People received care from staff that mostly preserved their dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. A person told us, "I think the staff know me pretty well here." Another person said, "They look after me well here. We have a bit of banter sometimes. I can ask for a male carer if I wanted one, but to be honest, they all do the same job." A relative commented, "Staff seem to take the time to make sure that [person] is ok and understands what is happening."

However, one person told us when they complained about having to wait a long time to be taken to the toilet, "I have moaned about it and they (staff) told me: We can always change your skirt if you have an accident." A relative said, "He is always well turned out and mostly shaven. Occasionally it slips a bit, but they get back on top of it by the next time we come." One relative did tell us, "I do sometimes see [person] wearing clothes that don't belong to them, so I just get [person] changed and hand them back." A person also commented on this, "I have lost a few clothes, even though they have my name in them. I have seen people walking round in them and have told a carer. Not a lot seems to happen though." This shows that staff do not always maintain people's dignity. We discussed this with the deputy manager following the inspection and they said they would remind staff about supporting people's dignity.

Staff could describe how they maintained people's privacy and dignity whilst providing personal care. "We take our time when we help wash someone. Do it gradually, cover them up with a towel." Another staff member said, "We are here to make sure people are happy, we always keep the person covered when providing personal care."

People and relatives, we spoke with told us that staff were kind and caring. One person said, "They are all very approachable." A relative told us, "They go the extra mile to provide an inclusive and caring service." Another relative commented, "I have never heard any raised voices, apart from the occasional resident and that gets handled swiftly (by staff)."

Staff had the information they needed to provide care and support tailored to people's individual needs. They were knowledgeable about people's preferences and knew people's preferred routines. We saw staff offer support to people when they became anxious or distressed. One person described to us they liked their hot drink served in a particular way. They told us they always received it like that. This showed staff knew people's preferences.

People were supported where possible in making decisions about their care. One person said, "I choose what time I get up and go to bed. Then I usually come through here (quiet lounge). I prefer it in here."

Relatives told us they could visit Scraftoft Court without undue restrictions. A relative told us, "We can come anytime and we are always made welcome."

## Is the service responsive?

### Our findings

People received care that met their individual needs. Assessments had been completed for each person. Care plans had been developed in conjunction with people living in the home where possible and where appropriate their relatives as well as health and social care professionals.

Records showed that a senior staff member visited the person prior to them moving to the service and identified whether the staff had the skills to support the person. A relative told us, "My younger sister is the one they talk to about the care plan as she lives the nearest. I think she has a good communication with them."

People we spoke with told us that they experienced a good quality of care. One person told us, "They (staff) know all about my family. They are always asking about the photos on my wall. I get a lot of visitors."

Care plans were reviewed monthly or when a person's needs changed. It was not always clear if people had been involved in these reviews. We did discuss this with the deputy manager who told us often people were not able to be involved as they were living with dementia or had other healthcare needs. One relative told us, "They [staff] always keep me informed of anything that has happened. I am here regularly, so they take the time to see if I am ok and then fill me in. Even some of the little anecdotes about funny things that [person] has been up to." The relative saw this as a positive thing that kept them in touch with what their loved one was doing.

People were encouraged to follow their interests and take part in social activities. The deputy manager told us that up until quite recently they had employed two activities organisers to ensure activities took place seven days a week. Currently they only had one activities organiser as one had left but the provider was looking to replace them. One person told us, "The activities coordinator comes and chats to me in my room sometimes. She's lovely and is always coming up with ideas to keep me amused." A relative commented, "[Person] likes some of the activities and then other days won't join in much. It depends on how they feel really and they are guided by [person]." A relative told us, "The Beach Party was an excellent event and really brought everyone together. Residents, Families, Staff and Management. I hope they repeat it or something like it."

The activities organiser told us, "I try to make sure that I speak with all residents and get to know them so that I can help them to find an activity that best suits them. I visit those who are in their rooms most of the time and wherever I can, I encourage them to join in something if only occasionally. One resident came down to the Beach Party and really enjoyed it, but [person] normally doesn't leave their room." We saw staff encouraging people to join in activities that were taking place throughout the day. The activities organiser also told us, "I work with residents to do normal things like peeling vegetables or making a cake and then we eat the result for tea. Sometimes they like the cake with custard. Custard seems very popular!" We saw that staff created a good ambience in Scraftoft Court with laughter and banter often heard.

The service looked at ways to make sure people had access to the information they needed in a way they

could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the minutes of residents' meetings were in large print and a pictorial format.

People and their relatives understood how they could complain and felt their concerns were listened to. One person told us, "I feel able to talk to [registered manager] or [deputy manager] whenever I want to." One relative said, "I think there is an open door policy here with regard to needing to talk to a manager if you needed to. I wouldn't hesitate to speak up if I felt the need, but everything seems to work well here." The registered manager had investigated any complaints they had received in the last 12 months following the provider's complaints procedure. Records showed the action taken by the provider and the response to the complainant.

People were supported at their end of life to have a comfortable, dignified and pain free death. The deputy manager told us that they had received a bronze and silver award for the quality of end of life care. They told us this was a particular area of interest for them and they worked with staff to ensure people had a dignified death. People had end of life care plans in place which identified if they had a DNAR in place (do not attempt resuscitation) and if they wished to stay at the service until life's end.

## Is the service well-led?

### Our findings

The service had a positive ethos and an open culture. A person told us, "The staff seem a pretty happy lot really. They just get on with the job." Another person said, "[Registered manager] is lovely and if I need to speak to them, they come to my room. They make sure that my family know everything that is going on with me." Staff also felt there was a positive culture within the service. One staff member commented, "I have worked here a long time and I really like it here. It's a good team, we work well together. [Registered manager] is supportive." Another staff member told us, "It's well managed there is no them and us." Staff had a clear vision of what the service should be. Staff comments included, "We're here to make people happy." And, "To be the best service we can be."

People and relatives were positive about the registered manager and felt confident that they would always listen and take account of their views. One person said, "[Registered manager] is the manager and is always flitting about the home talking to people." A relative told us, "I think the managers are very approachable and if I ever had to complain about anything, I think they would listen but to be honest I have never had to."

Monitoring systems were in place to check the quality and safety of the service being provided. Audits covered areas such as medicines, incidents and accidents and the environment. We saw that an action plan was put in place to address any areas of concern and this was reviewed by the registered manager at regular intervals to check on progress.

The registered manager held regular resident and relative meetings. People were encouraged to attend and discuss areas to improve the service. The registered manager also reminded people who they should raise concerns with if they had any.

Relatives had opportunities to provide feedback about the service. The results of the most recent survey were available on the notice board in the main corridor. It showed that people who responded were either very positive about the service or positive. It identified any changes planned as a result of the survey. For example, they were planning to review the menu choices to improve the variety of meals offered.

The registered manager and provider were meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their relatives. Where a significant incident had occurred within the service, the registered manager had informed us so we could check the required action had been taken. This showed that the provider was open to sharing information with others and knew their responsibilities. The local authority told us they worked well with the registered manager. They found them to be open and responded to any issues raised. Minutes of staff meetings showed that the registered manager kept staff up to date with any changes or improvements.