

V & L Corporation Ltd

Scalford Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Scalford Court Care Home is a residential care home providing personal care for up to 59 people. The service supports older people living with physical disabilities or dementia. Accommodation is provided across two separate adapted units with vast external grounds. At the time of our inspection 52 people were using the service.

People's experience of using this service and what we found

Risks associated with people's lifestyle choices, care and support had been assessed. Some risk assessments required further detail on the specific measures and equipment required. However, staff knew people well and knew what to do to keep them safe.

People were protected from abuse. Systems and processes were in place to identify and report any abuse or harm. Where incidents had occurred, the registered manager had reported to external agencies and taken action to reduce the risk of future incidents.

We have made a recommendation that the provider implements a systematic approach to determining staffing levels, with consideration to current guidance and best practice.

People were supported to take their medicines safely and as prescribed. The premises were clean and well maintained. Staff followed safe practices in preventing and controlling infections, including those associated with COVID-19.

The provider had systems in place to check the quality and safety of the services provided and monitor the quality of care. People and relatives felt engaged and involved in how their care was provided. Staff felt they could share their views and be involved in the service provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 5 March 2020)

Why we inspected

The inspection was prompted in part by notification of incidents where people were at risk harm and staff recruitment concerns. We undertook a focused inspection to review the key questions of safe and well-led only. During our inspection, we found no evidence people had been harmed and the provider had notified and responded to incidents of concern in a timely manner.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scalford Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Scalford Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one 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.

Service and service type

Scalford Court 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with 10 staff, including the registered manager, the deputy manager, the nominated individual, care staff and housekeeping staff. We observed care and interactions between people and staff in communal areas. We also contacted 11 relatives by telephone who were able to share their views about their family members' care.

We reviewed a range of documents and records including the care plans and records for four people, sampled medicine records, three staff recruitment files and staff training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found around staff training information and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs, though we observed staff were consistently engaged with tasks and had little time to spend talking with people.
- People told us there were usually enough staff available, though they sometimes had to wait for assistance. One person told us, "Sometimes I have to wait for help once I've pressed the care call. It doesn't happen regularly and only when they are short staffed. It is a bit frustrating if I am waiting for help (with personal care) but they can't help being short staffed sometimes."
- Staff told us the staffing levels on staff rotas was sufficient but there were problems in obtaining cover for unplanned staff absence, such as sickness.
- The registered manager was in the process of recruiting staff and had taken interim measures by using long-term agency staff to ensure people were kept safe.
- The provider did not have a systematic approach to determine the numbers of staff required to keep people safe at all times. The provider had determined a level of staffing which people and staff stated was sufficient. However, this was not based on any current guidance or best practice and was not regularly reviewed to respond to people's changing needs.
- Staff were safely recruited. Recruitment checks continued to be carried out to ensure that staff were recruited safely. For example, to make sure Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who used the service.

We recommend the provider implements a systematic approach with consideration to current guidance and best practice. This will support the provider to determine the number of staff required to meet people's current needs and enable constant review and adaptation to respond to people's changing needs.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. When issues had arisen, timely action had been taken to ensure incidents were reported, investigated and action taken to reduce any risk of harm.
- Staff had completed safeguarding adults training and knew how to identify and raise concerns. One staff member told us, "People are kept safe because we monitor people closely. If we have any concerns, we talk with management and action is taken to keep people safe. I know I can raise concerns with other agencies if I need to."
- The registered manager worked with other agencies under safeguarding protocols to ensure people were kept safe from abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be assessed and care plans were in place to guide staff on how to

mitigate risks and provide care safely. This included risks around personal care, mobility and medication.

- Some risk assessments required further detail to provide relevant information for staff to keep people safe. For example, moving and handling risk assessments did not include specifics about equipment to be used, such as hoist type and size of sling. We raised this with the registered manager who told us these records were in the process of being updated and this information would be included as part of the review.
- Staff demonstrated they knew how to keep people safe. We observed staff supporting people to move, transfer and change position safely and with dignity. People felt staff knew how to keep them safe. One person described how they had experienced less falls through staff support and assessments for equipment to help them move around safely.

Using medicines safely

- Medicines were stored securely and supported by robust records.
- There were protocols in place where people required medicines to be administered as and when required or covertly (hidden in food or drink).
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training. Competency assessments were carried out to check staff were following the correct procedures.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The premises were clean and well maintained. However, some fabric armchairs were heavily stained and a moulded armchair was ripped. This hampered effective cleaning and sanitisation. The registered manager explained these items of furniture were people's personal possessions and assured us they would speak with people and relatives to discuss alternative furniture.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People who were readmitted from hospital were supported to isolate as a precaution. We observed staff following safe PPE (personal protective equipment) practices and all staff were clear around when isolation periods were due to end.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing and vaccinations for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to record individual accidents and incidents. The manager undertook an analysis and overview of these to demonstrate they had been reviewed for any patterns and trends and to mitigate future risk.
- Relatives confirmed they felt their family member's were safe, were kept informed of any incidents or accidents, and consulted on proposed measures to reduce risks. For example, staff had implemented a lowered bed and safety mat following one person's fall from bed. Their relative told us this had reduced the risk of further falls.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were promoting a person-centred approach in the service. People and relative feedback included positive comments such as, "The care is excellent, we can't fault it. It's a very loving home always looking after the residents' best interests. A carer used her phone so we could Facetime with [Name of family member] and even showed us around their room. We could see that the photos [Name of family member] went in with had been put up," and "It is the best decision I ever made, moving here. The staff are so caring and kind and my quality of life has really improved since I moved here."
- Care plans focused on supporting people to achieve positive outcomes, such as maintaining independence and support to continue to make choices and decisions about their care and lifestyle.
- The registered manager understood their responsibility to comply with the duty of candour. Staff were aware of what action to take to report any concerning information or complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits to monitor and improve the service were completed regularly. These included audits around medicines and people's health monitoring. Where any concerning information was raised, actions were taken to remedy the findings. For example, review of care interventions or referral to external health professionals.
- Staff understood their roles and responsibilities and spoke well of the registered manager. Comments included, "I am provided with support and communication so I know what I need to do. Overall things are well managed here," and "Everything is run well, it is a tight ship. The [registered] manager is always informing us of any updates. If I have any problems I can speak to managers and they sort it out quickly."
- When things went wrong or there were incidents, people and their relatives were kept informed including any remedial action taken. For example, a recent security breach had been investigated and action taken to reduce the risk of this incident occurring again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were frequently asked for their views on all aspects of their care, the service and staffing. People and relatives could feedback their views through staff, quality calls by telephone and through surveys. Comments confirmed people and relatives felt involved and informed and included, "We

don't have any problems keeping in touch, the home is always easy to contact. We've been kept up to date right from the start."

- Staff felt able to share their views and felt supported by the registered manager. Staff were able to share their views formally through surveys and meetings or informally through line managers or directly to the registered manager.

Continuous learning and improving care; Working in partnership with others

- Staff were open and transparent throughout the inspection. Concerns raised during feedback were considered and we were assured actions would be taken to address these.

- The registered manager was committed to improving and developing the service to achieve the best possible outcomes for people.

- We saw referrals were made to external professionals as required and their advice was followed.