

V & L Corporation Ltd

Scalford Court Care Home

Inspection report

Melton Road
Scalford
Melton Mowbray
Leicestershire
LE14 4UB

Tel: 01664444696
Website: www.scalfordcourt.co.uk

Date of inspection visit:
02 January 2020

Date of publication:
05 March 2020

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 ●

Summary of findings

Overall summary

Scalford Court Care Home is a residential home providing personal care to 50 people at the time of the inspection. The service can support up to 55 people requiring care within the following bands; Older People, Physical Disability, people living with Dementia and younger adults (over the age of 55). Three additional rooms are being built.

Scalford Court is a converted Hunting Lodge which now accommodates residents in two adjoining adapted wings.

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

People using the service, staff and visitors all said there were enough staff to meet their needs. Unexpected staffing shortfalls were met in-house. Agency staff were not used, so people always knew the staff looking after them.

People were supported appropriately to eat and drink within a relaxed mealtime environment, with snacks and drinks of their choice available at all times.

Everyone told us staff were kind and caring, and we saw many instances of kind, respectful interaction. Staff knew and understood people's individual needs well.

Managers and staff were clear about their roles and have effective quality monitoring in place. They demonstrated an understanding of risks and regulatory requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (published 04 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 effective?

Good ●

The service was Effective.

Details are in our Effective findings below

Is the service caring?

Good ●

The service was Caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive 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

The Inspection team consisted of two Inspectors.

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 that 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought information from Healthwatch, who are an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We found there were systems and processes in place to protect people from abuse and avoidable harm. Advocacy was seen to be being used to good effect to protect residents when appropriate.
- People said they felt safe and could speak to staff about any concerns.
- Staff understood their responsibilities to safeguard people from abuse. They knew how to recognise the signs of abuse and when to report it. This included reporting to other agencies such as the CQC and local authority safeguarding team.
- We were given examples of when staff had identified the risk of abuse and had taken prompt action to make sure people were protected.

Assessing risk, safety monitoring and management

- Care plans had comprehensive personalised risk assessments for people with monitoring and regular reviews in place.
- Risk was assessed, for example people had their risk of developing pressure sores and risk of malnutrition assessed and staff knew what action to take to reduce the risk.
- People's choices and freedom to take informed risks was respected.
- Staff used mobility equipment in a safe way and explained to the person what they were doing throughout the process.

Staffing and recruitment

- Staffing numbers were calculated according to people's dependency needs and these were reviewed and changed when people's needs changed.
- People using the service, staff and visitors all said there was always enough staff to meet their needs.
- Unexpected staffing shortfalls were met in-house. Agency staff were not used, so people always knew the staff looking after them.
- People and relatives told us there were always staff available when they needed them. One person said, "You only have to put your hand up and staff are there for you."
- Staff told us there were enough staff to meet people's needs and keep them safe. A staff member said, "We all work well as a team, it's like a breath of fresh air."
- Staff were recruited in a safe way because checks were carried out before staff were offered employment.

Using medicines safely

- People told us they received their medicines at the right time and in the right way.
- We saw staff administering people's medicines in a safe way. They supported people appropriately where

support was required.

- Medicines were safely administered, stored and regular audits took place, both within the service and from their pharmaceutical supplier.
- Medicines training was provided and there was regular supervision to ensure that staff were competent

Preventing and controlling infection.

- There were measures in place to prevent and control infection, and these were effective. The registered manager told us how an infectious illness had been contained through use of infection control measures.
- People said their rooms were cleaned every day. The premises were kept clean and hygienic.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so action could be taken to prevent further risk.
- Assistive technology such as motion sensors were used appropriately when people were at risk of falling. This technology alerted staff when people were up and about. The registered manager told us they had reduced the number of falls at the service significantly.
- Lessons were learned from reviews and investigations carried out by other organisations. For example, staff had received additional training about oral health and processes had been introduced to ensure staff considered and met people's oral health needs. This was in response to a CQC report on oral health in care homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans had comprehensive personalised risk assessments for individuals. Staff kept up to date with legislation and best practice within the sector through ongoing training
- People received care and support from staff who had the skills required to meet their needs.
- A relative told us how their relatives well-being had improved since moving to the service. They said; "The difference is remarkable, they were agitated but now they are relaxed and at ease."
- Some staff had lead roles such as skin integrity and at management. This meant, staff attended meetings and were able to cascade their learning to other staff.
- The provider consulted a performance coach to support the manager and staff to develop the service.

Staff support: induction, training, skills and experience

- Staff received the training and support they require and were given opportunities to develop themselves and their skills within the workplace appropriately.
- For example, staff had recently attended training about supporting people with dementia. Staff told us how this helped them to better understand people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the meals provided and had enough to eat and drink. One person said "The food is excellent, more than enough to eat. We get drinks through the day and cold juice is available which I like."
- Risks to people with complex needs were identified and managed. For example, where people had swallowing difficulties appropriate healthcare advice had been sought and was followed by staff.
- Risk of malnutrition and dehydration was assessed and managed. People were provided with supplements and fortified food when they required additional calories.
- Staff recognised the importance of nutrition and hydration. Throughout our inspection we saw staff encouraging people to eat and drink. We saw staff using visual cues to offer people choices and encourage them to eat and drink enough.

Staff working with other agencies to provide consistent, effective, timely care ; Supporting people to live healthier lives, access healthcare services and support

- External Agencies were contacted and responded appropriately to ensure all identified needs are met.
- Staff knew what to do in the event of an emergency such as a fall or sudden illness. Defibrillators were available, and staff had been trained to use them.
- Staff knew how to recognise when people's health was deteriorating and took appropriate action.

- The home has a positive relationship with the Lead Nurse from the local GP Practice which enabled a rapid response to queries.
- People had access to healthcare services when they needed them. Staff supported people to attend hospital appointments and sought medical advice when required.

Adapting service, design, decoration to meet people's needs

- The building environment has been modified and decorated to be dementia friendly.
- People were offered choices and able to make decisions about their care. We saw many examples of this, and people told us they were involved in their care planning
- Staff sought people's consent before providing care and support. Staff carefully explained what they were doing and offered people choice.
- Staff assessed people's capacity to make decisions. Best interest decisions were recorded, and staff understood how to support people in the least restrictive way.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found people were asked for their consent and staff were following the principles of MCA and DoLS as they delivered person centred care.
- People were offered choices and able to make decisions about their care. We saw many examples of this, and people told us they were involved in their care planning
- Staff sought people's consent before providing care and support. Staff carefully explained what they were doing and offered people choice.
- Staff assessed people's capacity to make decisions. Best interest decisions were recorded, and staff understood how to support people in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone told us staff were kind and caring, and we saw many instances of kind, respectful interactions.
- People were treated with respect and kindness. Staff knew things which were important to people and knew how to offer reassurance when this was required.
- One person said about the staff, "Nothing is too much trouble, they are always available and will do anything for you."
- A relative said, "Staff are supportive, you can have a laugh or a cry and discuss worries. I couldn't recommend the place enough, it's a lovely place."
- Another relative said they were always made to feel welcome and staff were always kind.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices and were able to make decisions about their care. We saw many examples of this, and people told us they were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted
- People told us staff respected their privacy, dignity and independence.
- Staff had received training about privacy and dignity. They gave us examples of how they protected people's privacy when delivering personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew and understood people's individual needs very well.
- Each person had a care plan which reflected their physical, emotional and social needs and instructed staff about how they preferred to be supported.
- Care was person centred. Staff told us how they met people's needs in the way people preferred.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were communicating effectively with people, using pictures, visual clues and occasionally other appropriate languages

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- A relative told us, "We were asked for information and they found out things about (person)."
- People are supported to maintain relationships with people who are important to them, and to follow their interests and hobbies.
- Staff knew about the significant people and events that were important to people.
- People were able to follow their chosen religion and staff supported them to do this.

Improving care quality in response to complaints or concerns

- Managers and staff constantly were committed to improving the quality of care they offered and have a willingness to address any concerns.
- People knew how to make a complaint and said they felt confident doing so. One person told us how they had spoken to the registered manager and made a complaint

End of life care and support

- Staff have good links with palliative care teams and had appropriate training to ensure the end of life care is sensitively delivered.

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 requires improvement. At this inspection this key question has now improved to 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

- The culture was person centred, open and inclusive.
- Staff felt supported by their managers. A staff member said, "The care here is ten out of ten."

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 registered manager was aware of the duty of candour and staff were open and honest with people when something went wrong.

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

- Managers and staff are clear about their roles and have effective quality monitoring in place. They demonstrate an understanding of risks and regulatory requirements.

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

- The service demonstrates a willingness to engage residents, staff and outside agencies to continuously learn and improve care.
- Satisfaction surveys were sent to people, relatives and staff annually. The results were acted on and changes were made accordingly.
- Meetings were held for people and staff so they could provide their feedback along with suggestions for change. Everyone felt listened too.

Continuous learning and improving care

- There is a desire, led from the top, to improve. A performance coach has been employed who helps disseminate good practice learnt elsewhere as this is a stand-alone home and this allows staff to keep up to date.

Working in partnership with others

- The registered manager attended meetings with other professionals within the sector and took an active part in developing and implementing new policies designed to improve outcomes for people. For example, the registered manager piloted the 'red bag' scheme. This initiative improved communication when people

had to go into hospital.

- People had 'hospital passports' in place. These documents provided important information about people when they went into hospital.