

# Leong E N T Limited

# Skellow Hall

## Inspection report

Cross Hill  
Old Skellow  
Doncaster  
South Yorkshire  
DN6 8JW  
  
Tel: 01302354977

Date of inspection visit:  
09 October 2019  
29 October 2019

Date of publication:  
28 June 2021

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Skellow Hall is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

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

The environment didn't meet people's needs. There was a lack of activities taking place to ensure people were stimulated. People told us there was very little to do and put this down to a shortage of staff.

The service had no registered manager and systems and processes used to ensure the service was running safely were not robust or effective.

Risk to people were not always managed and reduced. Accidents and incidents were not analysed.

There were shortfalls in the way medicines were administered and staff were not suitably trained to administer medicines safely.

We recommended that the provider follows the Mental Capacity Act to ensure decision are made in people best interests.

Records were not accurate and up to date to show what care people had received. Staff were not suitably trained or supervised to be able to effectively carry out their roles and responsibilities.

We recommended that the provider use a tool to show staffing levels are safe and sufficient to meet people's needs.

There were systems in place to safeguard people from abuse and safe recruitment processes were being followed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 24/10/2018 and this is the first inspection.

The last rating for this service was requires improvement (published 11 May 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider contacted us following the inspection and gave assurances that they would act to address the concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Skellow Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to safe care and treatment, medicines, environment and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Skellow Hall

## 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 was carried out by two inspectors on the first day and two inspectors and a specialist medicines inspector on the second day.

#### Service and service type

Skellow Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 and professionals who work with the service. 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 four people who used the service and two relatives about their experience of the care

provided. We spoke with seven members of staff including the provider, manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk to people were not suitably assessed and managed. For example, we found that staff could not hear a call bell on an upstairs corridor. This meant that people could be left for long times without staff being alerted to them needing assistance. The manager was aware of this, but no action had been taken to reduce this risk.
- We found that when risks had been assessed appropriate action to reduce them had not always taken place. For example, one-person oral hygiene assessment stated their teeth were worn and decayed and would need input from a dentist. However, there had been no dentist involved and there was no oral care plan in place to instruct staff on what ongoing oral healthcare support the person needed.
- Risk assessments had not been routinely updated when accidents had occurred to ensure risks were assessed and reduced. For example, one person suffered numerous falls and there had been no referral for professional support and advice to determine if everything possible was being done to reduce risks.
- Accidents and incidents were not analysed for themes and trends, so incidents could be monitored, evaluated and lessons learned.
- We raised a concern during our inspection that equipment had been left blocking a fire exit. This concern had been raised previously during a fire safety visit, however on the day of our inspection we found this was still happening, despite fire checks taking place.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks had been assessed and monitored and environmental safety checks were being carried out.

Using medicines safely

- People were not protected from the unsafe management of medicines.
- The provider's system had failed to ensure missed medicines were reported and investigated.
- Medicines had not always been stored appropriately and room and fridge temperatures were not always recorded.
- Staff did not have access to policies and procedures relating to the management of medicines and there had been no recent competency check or training for the staff who were undertaking the administration of medicines.
- There were several inconsistencies with the completion of the administration records which meant that

they were not an accurate record of administration.

- When shortfalls in medicines administration occurred, these had not always been appropriately recorded and investigated. For example, we found medication that had not been signed for several days, when we checked the stock we found that the medicines had not been administered but the gaps had not been reported, meaning procedures in place for reporting this error had not been followed. We asked the manager to report this concern to the local authority safeguarding team.

The provider had failed to ensure the proper and safe management of medicines which is a breach of regulation 12 (Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Sufficient numbers of staff were not available to meet people's need.
- Calls bells that had been used to alert staff to people who need assistance were not always answered in a timely way.
- Staff were not always deployed in enough numbers so that people received care when they required it.
- People told us the staffing levels were not suitable and staff were often task orientated.
- One person was seen to be distressed and staff were busy carrying out tasks and were unable to dedicate time to reassuring the person.

The provider had failed to ensure there were sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the provider uses a suitable method to check there are sufficient numbers of staff available, based on people's needs and the layout of the building.

- The provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included at least two references, and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

#### Preventing and controlling infection

- People were not always protected from the risk of infection. We found a shower chair that had not been sufficiently cleaned and a bag containing soiled items left on a floor in the corridor.
- During a tour of the building we found some areas that could not be thoroughly cleaned, for example areas which had untreated wood. On our return inspection we found some of these areas had been addressed but some wood remained untreated, meaning it was porous to dirt and couldn't be adequately cleaned.
- On the first day of the inspection there was a malodour in the reception area and in one lounge. We discussed this with the manager who acted and on the second day of the inspection the odour was not present.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Staff told if they had concerns that a person was being abused they would report it to the manager, who, they felt, would take appropriate action.
- We identified two safeguarding concerns on the first day of the inspection which were reported to the local authority safeguarding team.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People we spoke with felt that staff didn't have all the skills needed to support them.
- One person said, "I don't think staff are trained enough, they have to learn as they go along." Another person said, "They [staff] need more training."
- The information we received about staff training showed training was not always up to date. For example, one member of staff who had started working in the service three months prior to our inspection had not completed several mandatory training modules, such as safeguarding adults, health and safety and infection prevention control.
- The provider could not be sure that staff had suitable and sufficient competency to carry out the role. This put people at risk of receiving unsafe care.
- The manager acknowledged that staff training needed to be better managed and the way training was monitored needed to be improved.
- Staff were not receiving adequate supervision or appraisals of their work. The manager showed us a supervision matrix and was aware that some staff required supervisions.

The provider had failed to ensure staff were suitably skilled and competent. This was a breach of regulation 18 (Suitability of Staff) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt confident to raise any issues with the manager at any time.
- Following our inspection, the manager told us they were addressing concerns relating to staff training, supervision and appraisals.

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

- People lived in a service that had not been fully adapted to meet their needs. The building was a very old building and there were areas that needed repairing and redecoration.
- The provider was in the process of a redecoration programme and we saw communal areas being decorated. However, the redecoration was not well planned.
- The dining room was being painted on the day of the inspection. However, there had been no arrangements made for an alternative place for people to have their meals. People were brought in to eat their lunch and there was a strong odour of paint, paint was still wet, and it wasn't a pleasant environment for people to enjoy their meal.
- The carpet in the dining room needed replacement, it was heavily stained, and its appearance was

shabby. The manager told us this was an area that was being replaced as part of the home improvements.

- During the inspection we discovered there had been a significant leak in one of the upstairs bedrooms and a large hole had been left that hadn't been repaired. The person had been allocated another room but furniture, bedding and a mattress had been left in the room which was extensively damp.
- We also found damp patches on an upstairs corridor that hadn't been investigated to identify a cause.
- We asked the manager to have the building assessed by a professional. Another leak was discovered in the corridor. The manager gave us timescales that the work needed to the building would be carried out.

The provider had not ensured premises and equipment were suitably maintained. This is a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and they were.
- However, where some people had been assessed as lacking capacity for certain decisions they hadn't been recorded as being made in people's best interests.

We recommend that the provider acts in accordance of the Mental Capacity Act 2005.

Staff working with other agencies to provide consistent, effective, timely care;

- People were not always supported to access health professionals when they needed them.
- We found an example where a person had a significant number of falls and they had not been referred to the fall team for an assessment and to determine if there was anything that could be done to reduce the risk of falling. We identified this was a shortfall in the management of the service and more information is detailed in the well led domain.
- People and their relatives told us staff were quick to deal with any acute health care needs. One person said, "They [staff] would get the doctor on the phone if I took poorly."
- During our visit we saw that a nurse had been called as staff were concerned about a person.
- We spoke to two professionals that visited the service and they both told us that healthcare services and support was accessed by the service. One said, "The [manager] regularly asks us for advice and follows up on this."

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

Supporting people to live healthier lives, access healthcare services and support;

- People's needs were assessed and recorded in their care plans.
- Protected characteristics under the Equality Act 2010 were assessed, and plans put in place to ensure specific needs could be met. Protected characteristics include those relating to cultural origin, gender,

sexuality and religion.

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

- People were supported with their nutritional needs.
- People were offered regular drinks and we noted there were drinks available in the lounge areas for people when they wanted them.
- When it was identified people were losing weight or struggling with textures and swallowing they were referred to the most appropriate health professional for advice on their diet. There was also good information on people's dietary needs in their care plans and in the kitchen.
- The cook had a good knowledge of people's dietary needs and told us they worked with the care staff to support people's needs.
- We received mixed feedback from people on the food offered. Most people said the food was very nice, however one person felt there could be an improvement in the food choices.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us they were not always supported in a timely way. We saw examples of people being left for long periods of time in wheelchairs in the dining room when they had finished their meal.
- People were not always supported in an individualised and personal way. During the first part of the inspection a number of people were sat in a communal lounge. The television was on, but it had gone on standby mode leaving the picture obscured by text. The television remained on standby mode for a considerable length of time before anyone noticed and people were sitting around with no meaningful, or stimulating activities taking place.
- The feedback from people about staff attitude towards them was mixed. Most people told us most staff were kind and caring, however we were told at times this wasn't consistent. A person said, "Staff are varied, but it's worse here when they are short staffed."
- We saw some positive interactions between staff and people when they were providing care. However, the interactions we observed were often task orientated and people's emotional needs weren't always met.

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

- Care plans were completed by involving people and their relatives.
- Care plans contained information about people's choices, likes and dislikes.
- People told us there were very little activities for them to take part in. They said this was often because of insufficient staff around to meet their needs. One person said, "There's never enough staff, there's nothing going on to do here."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained, we saw one person who was being hoisted have their dignity maintained by staff who pulled their skirt over their knees, so their clothes were not crumpled, and their body exposed.
- People told us that staff did knock on doors before entering their rooms and ensured curtains and doors were closed when providing personal care.
- Records were not always kept secure. We discussed with the manager that confidential records were left in an accessible place and not securely locked when not in use.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- There was a lack of social activities in place to keep people stimulated.
- People consistently told us there wasn't any stimulating activities. One person said, "There was very little going on."
- People were unable to access outside space independently if they wished. One person told us they found it difficult to access outside space and said, "I would like to be able to go outside for a bit of fresh air or a little walk but I'm unable to do this as staff are too busy."
- However, people gave us examples of how they had formed friendships with others living in the home, and these friendships were very important to them.

End of life care and support

- Information around people's end of life wishes had been recorded in their care plan but this information was not personalised or identified what was important to the person to ensure their last wishes were upheld. Good end of life care supports people, and those important to them, to have a good quality of life. Dignity and choice are central to this, as what is important to each individual in the last phase of their life will be different. Identifying people who may be in the last phase of life and having conversations about wishes and choices are important in supporting good, personalised end of life care.

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

- People told us they had been involved in writing care plans, however information in care plans didn't always meet people's needs.
- We found that staff didn't maintain accurate and up to date records of the care that people had received. Records were not always made when care was delivered so it was difficult to tell if people had received the correct care.

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.

- Information was available to people and displayed throughout the home.
- Care plans had a section for communication.
- We observed staff tailoring the way they communicated with people that were hard of hearing by getting

down to their eye level, so the person could better see them talking, and speaking slower and louder for people.

Improving care quality in response to complaints or concerns

- The manager kept a record of complaints that had been made.
- Complaints had been followed up by the manager in line with the company policy.

# 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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service did not have a registered manager. The provider had employed an acting manager, but no steps had been taken to register them with the Care Quality Commission.
- The manager and staff were not clear about their roles and responsibilities and did not understand the regulatory requirements.
- The manager told us they worked most of their hours completing the role of a senior care worker. This was due to staff shortages and sickness. This had a detrimental impact on the management of the service. The manager had no time allocated to responding to concerns from audits and the development and management of the service.
- There was a lack of provider oversight. The provider was unaware of the concerns we found during our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not ensure that people received person centred care.
- Outcomes for people were not met. For example, people receiving end of life care were not always supported in line with their needs, wishes and preferences.
- There were shortfalls in levels of staff at the service. The provider had no tool to show how they had determined staffing levels to ensure there were suitable and enough staff to meet people's needs.

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

- CQC were made aware that there had been an accident at the home where a person had sustained a fracture to their arm injury. The manager hadn't fulfilled their duty to inform the relevant bodies about this injury. The manager made this notification retrospectively, once they were made aware of their duties to report it.

Continuous learning and improving care

- Systems in place to monitor the service were not effective.
- We saw audits took place and, in some instances, raised areas which required improving. However, there was no evidence that actions had been taken to address issues raised.
- The provider had a sling audit to ensure moving and handling slings were safe to use. However, audits

showed these needed replacing as the labels were worn to the point where they were unreadable. There was no evidence to show what actions had been taken and the slings were still in use.

- We looked at the audit in relation to managing falls. We saw the number of falls were collated but no action was taken to minimise further risk to people. For example, one person had experienced several falls, but no action was taken to ensure their risk of falls were reduced.

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

- The acting manager had held a resident's meetings to obtain feedback about the service. At the last meeting in August 2019, people were asked about name suggestions for each landing. No further action had been taken.
- The provider met with relatives of people living at the home. The last meeting was held in May 2019. A discussion was held regarding refurbishment of the dining room to improve the lighting, flooring and décor. On our inspection we saw the dining room was in the process of being decorated, but the lighting and flooring remained the same. Relatives were concerned about people not getting drinks and some staff attitudes which had led to some families not feeling welcome at the home. There was no evidence to show these concerns had been taken seriously or addressed.

Working in partnership with others

- The provider did not always ensure that people were appropriately referred to healthcare professionals as required.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not ensured that the premises were properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure there were sufficient staffing available to meet peoples needs. The provider had failed to ensure staff received appropriate support, training and professional development as is necessary to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Section 33 HSCA Failure to comply with a condition  The provider failed to employ a Registered Manager.

### The enforcement action we took:

We issued a section 33 letter to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks in relation people's care were not assessed or managed appropriately. Medicines were not managed adequately to ensure people received the medicines they needed.

### The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The quality and safety of the service did not adhere to recognised standards. Systems and processes were not robust or effective. There was a lack of provider oversight of the quality and safety of the service.

### The enforcement action we took:

We issued a warning notice.