

Scaleford Care Home Limited

# Scaleford Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Scaleford Care Home provides residential care for up to 32 older people, some of whom are living with dementia. At the time of this inspection there were 15 people living in the home. Scaleford Care Home is a large property with a variety of communal areas. The first floor is accessed via a stairlift.

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

People living in Scaleford Care Home told us they were happy with their care and enjoyed living in the home. Staff told us they enjoyed working in the home and felt they were part of a family.

Relatives told us they felt their relations were safe in the home. We found people had not always been safe. Two people had moved into the home without proper pre-admission or risk assessments being completed. One person, known to be at high risk of falls was in a bedroom with uneven floor coverings. There was a risk they would trip when mobilising. Some bedroom furniture had broken handles which could injure people.

Staff received regular training and supervision, people told us the staff knew how to support them.

The service had not always been well-led. There had been a lack of oversight by the registered manager and provider. In part this had been related to them working remotely during the pandemic. All staff we spoke with said it would be better if the registered manager was on site.

Rating at the last inspection and update

The last rating for this service was requires improvement (published January 2020) there were breaches of the regulations in relation to safe care and treatment and good governance. We returned to inspect to review the safe and well-led domains to check whether enough improvement had been made. During the inspection, we identified concerns in relation to the effective domain and extended the inspection to include this. At this inspection the service remained requires improvement overall and has deteriorated to inadequate in the well-led domain. This service has been rated requires improvement for the last three consecutive inspections.

We looked at infection prevention and control (IPC) 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 COVID-19 and other infection outbreaks effectively.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to safe care and treatment and good governance. We have identified a further breach in relation to person-centred care. 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

Details are in our well-led findings below

**Inadequate** ●

# Scaleford 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### The inspection team

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Scaleford 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 on the first day.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authorities and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this

report.

#### During the inspection

We met with the registered manager and the provider. We reviewed a range of records, including; recruitment files, rotas, medicine records and care records for four people. We toured the premises, reviewed maintenance records and fire safety procedures. We spoke with six members of staff including care staff working on days and nights and senior care staff. We observed staff interactions and spoke with seven people living in the home. We spoke with the relatives of six people.

#### After the inspection

We continued to seek clarification and feedback from the registered manager and provider.



# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found shortfalls in how the provider assessed and managed environmental risks. At this inspection we found there continued to be shortfalls in risk management. One person assessed as being at high risk of falls had been moved to a bedroom with defective flooring which posed a tripping hazard. A new shower had been installed, staff reported this had been difficult for some people to access. Risk assessments for individuals to access the shower had not been updated. These were updated after the inspection.
- Two people had recently been admitted to the home, without any pre-admission or risk assessments being completed. Though the registered manager had started to address this during the inspection there had been the potential for people to experience harm. One person told us having to use so many stairs had affected their health condition.
- The provider and registered manager had not responded in a timely way to address people's personal care needs. They had not been aware of the condition of some people's toenails until we requested they review everyone's feet. Nine people were identified as having toe nails which were too long. We were assured the chiropodist would provide care and support.

We found no evidence people had been harmed, however, we found evidence that systems were not in place to assure us risks were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's policy and procedures for safeguarding people were understood by staff who were able to recognise what might be a safeguarding concern.
- Staff said they were confident the management team would respond to any safeguarding concerns they raised.

### Preventing and controlling infection

At our last inspection improvements made to the prevention and control of infection had not had time to become embedded. The home remained in breach of Regulation 12 (Safe care and treatment). At this inspection we found though some improvements had been embedded there remained concerns about infection prevention and control (IPC) and cleanliness in the home.

- The kitchen hygiene rating had recently been reduced from five which is the highest to four. The hygiene report identified the kitchen needed to be painted.
- Some medicines had been stored in the kitchen fridge without being placed in a secure container. This meant there had been a risk the medicines or food could become contaminated.
- Some toilets and bathrooms had soiled light pull cords and stained or missing grouting.
- Stair handrails needed to be painted as the paint had worn off in parts exposing the wood which appeared to be stained. The surfaces of the dining tables had worn through in places which posed a potential hygiene risk.
- Some furniture in bedrooms had broken handles which could injure people using them.
- We asked the provider and registered manager for a copy of the homes refurbishment plans but did not receive this.

We found no evidence people had been harmed, however, we found evidence that systems were not in place to assure us risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- COVID-19 infection control policies had helped protect people from the risk of infection.
- Visits from relatives and professionals were managed in line with current government guidance.
- We saw staff used the correct personal protective equipment (PPE), throughout the inspection.
- The provider ensured staff and residents had regular COVID-19 tests in line with current government guidance.

#### Staffing and recruitment

- Staff had been recruited safely, in line with the providers recruitment policies and procedures. All necessary information had been included in staff recruitment files. Pre-employment checks had been completed prior to staff starting work.
- Staffing levels were determined by the registered manager in response to people's needs.
- Staff told us they felt there were enough staff on duty to support people safely but at times they had been very busy. We observed staff responded to people in a timely way and had time to chat with people.

#### Using medicines safely

At our last inspection we recommended the provider review their current practice and follow good practice guidance on the administration of medicines. At this inspection we found improvements had been made.

- Medicines were managed safely, in line with the providers policies and procedures.
- People received their medicines from trained staff. Staff responsible for giving people their medicines said they felt competent and confident. Medicine administration competency checks completed by the manager evidenced this.

#### Learning lessons when things go wrong

- The registered manager had a system in place to analyse and learn from incidents and accidents.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not everyone's needs and choices had been assessed prior to them being admitted to the service. This meant there was a risk the service would not know what support the person needed or their preferences. Two people had moved in the day before the inspection. One of the two people admitted had arrived without the staff knowing they were coming. This person told us their health had been affected by having to use so many stairs. Assessments had been started during the inspection and we received assurance these would be completed.
- Other care records we looked at included robust assessments of people's needs. People's choices and preferences had been recorded. People we spoke with who were living in the home told us staff knew what support they needed.
- All staff we spoke with said they needed more information about people moving in to the home.

We found no evidence people had been harmed, however we found the provider had failed to ensure care and treatment met people's needs and reflected their preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had been supported to access health professionals to meet their healthcare needs. Care records included information from other professionals to guide staff. Contact with medical staff and professionals had been recorded.
- Advice from speech and language therapists had been included in people's care plans and was followed by staff.
- People had received regular eye checks from a visiting optician.

Staff support: induction, training, skills and experience

- Staff had received training which helped them to meet people's needs effectively. New staff told us they had induction training and felt this was of good quality.
- Relatives told us the staff understood their relations needs and how to help them.
- Staff told us they received regular supervision, to support them in their role. Supervision is a one to one meeting with a senior member of staff to talk about staff development needs and achievements.

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

- People were supported to maintain their nutritional and hydration needs. Staff monitored people's weights and ensured people were referred on to other professionals when needed. This included speech and language therapists and doctors.
- Where people had a modified diet they had been supported to follow this.
- People told us they enjoyed the food. Food was homemade and looked appetising.

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

At our inspection in November 2019 we found systems were either not in place or robust enough to demonstrate the home was appropriately maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was no longer in breach of this regulation. However, we found further refurbishment work was still needed to ensure consistent quality of furnishings and decoration. We asked for a copy of the refurbishment plan during the inspection but did not receive this.

- A lack of clear signage around the home meant it might not been easy for people to find their way around. Some bedroom door numbers had partially fallen off. Not all bathrooms and toilets had signs or pictures on them to support people living with dementia to find them. We discussed this with the registered manager and provider who told us they would address this.

#### 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.

- People's consent to receive care had been sought in line with the law and followed the principles of the MCA.
- The home had applied for appropriate legal authority to deprive people of their liberty from the local authority. Any conditions attached to DoLS authorisations had been recorded and met.
- Staff understood their role in gaining consent from people. We saw staff asking people before supporting them and knocking on bedroom doors before entering. Relatives told us they were always contacted for their views when people needed support making decisions.

# 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 deteriorated to inadequate. This meant there were 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

- Although some improvements had been made, the provider continued to be in breach of some regulations. The service has been rated as requires improvement for three consecutive inspections and failed to demonstrate compliance with relevant regulations since 2017. We could not be assured, therefore, that the registered provider understood quality performance, risk management or regulatory requirements, and subsequently, we have rated the provider inadequate in this domain.
- Risks in relation to the environment had not been properly identified and managed. People admitted to the home without preadmission assessments had been at risk of harm due to staff now knowing what support they needed.
- The auditing system in place had not been effective in identifying concerns we identified at the inspection.
- The registered manager had at times needed to work remotely which had impacted on their oversight of the home. All staff we spoke with told us they felt supported by the registered manager, but said it would be better if they were present at the service full time.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff enjoyed working in the home and were committed to providing high quality care.
- Relatives praised the quality of care in the home. Comments included "The carers are good, she really bucked up when she moved in." and "They understood my relative very quickly. The carers are so kind. I feel she is really well cared for."
- Relatives praised the registered manager and said they found it easy to approach them.

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 understood their responsibilities in relation to the duty of candour. Notifications had been submitted to CQC.
- Relatives told us the registered manager and staff always contacted them if there was any change or incident. Comments included; "They will ring me even at midnight to let me know if [name] needed to go to hospital" and "They keep us up to date."

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

- Relatives told us they had been involved in decisions about their relations care, and their views about the service had been sought by the provider.
- The provider had used questionnaires and surveys previously though most relatives we spoke with said they were able to contact the registered manager any time they needed to.
- Regular staff meetings had been held. Meeting notes showed clear agendas which addressed any issues and regular agenda items, including safeguarding and COVID-19. Staff told us they were able to join in with meetings and raise any concerns.

Continuous learning to improve care; working in partnership with others

- Opportunities to learn and improve care had been impacted by the pandemic. However, the staff team had learned how to manage the risks COVID-19 presented and avoided outbreaks.
- Opportunities for the registered manager to share experiences, skills and knowledge with other managers and partner organisations had been missed. Previous links with other organisations had provided positive support which had resulted in improved management of the home. We were assured this would be part of the provider's improvement plan.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to complete sufficient pre admission assessments. This meant people might not have received person centred care which reflected their needs and preferences.</p>