

Scorton Care Limited

Scorton Care Village

Inspection report

Scorton
Richmond
North Yorkshire
DL10 6EB

Tel: 01748811971

Date of inspection visit:
03 January 2019

Date of publication:
05 February 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Scorton Care Village provides both nursing and residential care across two buildings for up to 114 people, some of whom maybe living with dementia. Elizabeth Swale House provides residential care for up to 54 people. We did not visit this part of the service at this inspection. Archery Bower House provides nursing care for up to 60 people. When we inspected 29 people lived in this part of the service.

People's experience of using this service: The provider did not have sufficient oversight of the service to ensure people received a safe, high quality service. Where they introduced new medication systems, they did not ensure appropriate training, coaching and monitoring occurred to check they were implemented safely. This had led to people being at risk of not receiving their medicines as prescribed.

Although staff knew people and their preferences very well, the records to guide staff on how to support people safely and monitor their progress were not always up to date or in place.

Where accidents or incidents occurred the management team did not ensure they investigated and understood where lessons could be learned to prevent future occurrences.

Staff and the management team demonstrated they were committed to people's wellbeing and understood that their records are used to evidence how they keep people safe and deliver high quality care. A new registered manager had been in post since December 2018 and had already started to implement changes to improve safety and quality.

The provider reflected on the concerns raised prior to the inspection and our findings. They advised us after our inspection that they had implemented a series of changes to their systems and approach to governance. They told us this would achieve improvements.

We observed people were supported well, with kindness and compassion by all staff. There was enough staff on duty to provide timely support to people when they needed it.

Improvements had been made to the environment as part of a refurbishment programme which was ongoing at the time of our inspection.

A full description of our findings can be found in the sections below.

Why we inspected: We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scorton Care Village on our website at www.cqc.org.uk.

Rating at last inspection: Requires improvement (Published 5 October 2018). The service remains rated

requires improvement. This is the second consecutive time the rating has been requires improvement.

Enforcement: The provider continued to be in breach of a regulation because the governance of the service had not improved. You can see what action we told the provider to take at the back of the full version of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We will work alongside the provider, local authority and clinical commissioning group to monitor progress. If any concerning information is received 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 well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Scorton Care Village

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection with a pharmacy specialist advisor.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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. This registered manager was placed in charge of Archery Bower unit in December 2018.

Notice of inspection: The inspection was unannounced.

What we did: Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who visited the service, following the concerns being raised, to understand what action had been taken. We used all this information to plan our inspection.

During inspection: We spoke with three people who used the service and two relatives about their experience of the care provided.

We spoke with seven members of staff including the nominated individual, registered manager, clinical lead, team leader and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the sole director and owner on the telephone during the inspection.

We reviewed a range of records. This included seven people's care records and medication records. Multiple records relating to the management of the service and a variety of policies and procedures used by the provider were looked at during and after the inspection.

Is the service safe?

Our findings

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

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.

At the last inspection in August 2018 the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because they had failed to maintain records which reflected people's current care needs and associated risks. Sufficient improvements had not been made at this inspection.

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans did not always contain up to date information about people's level of need or how to intervene in an emergency. Records were not always maintained where people required their needs to be monitored, such as hydration, wound care and catheter care.
- Information gathered about people's health, such as hydration, constipation, diabetes and weight, were not always used or communicated to understand people's current progress.

We found no evidence of harm to people. However, poor communication and lack of robust records relating to risk and ongoing monitoring of people's progress placed them at risk of avoidable harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider responded to our feedback immediately and brought forward the introduction of a new electronic care plan system which they told us incorporated appropriate risk management and monitoring of people's progress. They confirmed on 21 January 2019 this was completed and they were confident all areas of need were robustly recorded.

At the last inspection in August 2018 we recommended the provider seek an approach to managing behaviours that may challenge the service, which should include appropriate, consistent and successful support to people who can become anxious or distressed. This recommendation had not been actioned at the time of this inspection. This recommendation remains in place.

- People living with dementia experienced distress because they could no longer communicate effectively or had become frustrated. Staff intervened positively because they knew people's needs and preferences well. However, there was no care plan format to clearly record information for staff about what may cause distress and how to intervene appropriately.
- Care plans did not contain protocols for staff to follow and understand when medicines were prescribed for people on and 'as and when' required basis, should they be distressed.

Using medicines safely.

- Medicines were overall managed safely. Following concerns being raised with the provider prior to our inspection, they had worked with the local authority to implement immediate changes to the management of medicines to improve safety. When we inspected, the action taken had improved safety in this area.
- Records still required improvement to provide staff with information to make decisions about when to safely administer 'as and when required' medicines. Also, to understand safety information about people's allergies. Care plans did not describe how people preferred to be supported with their medicines.
- The medicines storage trolleys were kept within a locked room but were not chained to the wall as per legislation. The temperature of the room was not appropriately maintained at below 25 degrees centigrade to ensure medicines stock did not deteriorate and become ineffective.
- A new electronic medicines system had been implemented by the provider. Lack of training, understanding and competence of those using the system had created the concerns raised to us. The provider immediately responded to make improvements. However, their system to check the medicines arrangements had not alerted them to the serious concerns.
- The provider had not adapted the policy in use to personalise it to the service at Scorton Care Village. The staff employed to follow this policy therefore did not have appropriate guidance to implement systems safely.

The provider had not ensured appropriate policies, training and coaching for staff to safely implement the medicines system. The provider's system to check safety had not highlighted the serious concerns with medicines management. Although no harm to people was evidenced there was a significant risk of harm to people due to poor governance. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Learning lessons when things go wrong.

At the last inspection in August 2018 we recommended the provider incorporated all the relevant requirements under the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 into their accident and incident document. This recommendation had not been fully actioned at the time of this inspection. This recommendation remains in place.

- Where accidents or incidents occurred, they were not always appropriately recorded or reviewed by the management team or provider. For example, staff had recorded for one person incidents of challenging behaviour which the management team were not aware of.
- Medicines errors had not always been recognised as errors or recorded. Therefore, investigations to understand the root cause had not been carried out.
- The management team did not demonstrate they were learning lessons following incidents and accidents because work to improve systems and staff competence had not been instigated.

Staffing and recruitment.

- Staffing levels were appropriate and ensured people received responsive care and support. The management team had a tool they could use to understand the number of staff required to keep people safe based on their needs.

Preventing and controlling infection.

- A recent visit from pest control services had occurred and they clarified the building was free from any infestation. They gave advice on how to store food items in the kitchen areas of each unit to prevent vermin being attracted to food sources. We saw staff had not always adhered to this advice. The registered manager immediately intervened to ensure appropriate storage was used.
- The environment was observed to be clean and improvements had been made since the last inspection to

prevent the spread of infection. A refurbishment plan was in place and future work would continue to improve this area.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

At the last inspection in August 2018 the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because they had failed to implement effective systems to ensure quality and safety. Sufficient Improvements had not been made at this inspection.

- The systems the provider had in place to check for safety and quality had not highlighted all the concerns outlined in the safe section of this report.
- Systems to provide oversight of the service to reassure the provider that staff were implementing their policies and carrying out their responsibilities had failed.

The provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This placed people at risk of avoidable harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not established adequately or operated effectively enough to ensure safety and quality. A contemporaneous record was not always kept in relation to each individual. Practice was not improved following the evaluation of information from checks and incidents.