

Park View Care (North East) Limited

Scottlyn

Inspection report

Mile Road
Widdrington
Morpeth
Northumberland
NE61 5QR

Tel: 01670790482






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Scottlyn is a residential care home which provides accommodation and support for people with a learning disability or autism and younger adults. The service provides personal care and support to up to eight people. At the time of the inspection there were seven people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered provider had not ensured effective systems were in place to audit and monitor quality to drive improvements. Additionally, they had not ensured measures were in place to support the registered manager in their job role.

The registered provider had failed to assess the impact to the service of the registered manager covering shortfalls in staffing which had impacted on their ability to complete managerial tasks. Fire drills had not been undertaken to assess if staff could safely evacuate people from the service in the event of an emergency.

The registered provider was not a visible presence within the service. We have made a recommendation that the registered provider considers how they engage more closely with people, their relatives and staff.

People told us they felt safe and relatives confirmed they had no safety concerns. Systems were in place for reporting and responding to any allegations of abuse. Staff knew how to safeguard people and were confident to raise any concerns.

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.

There were enough staff to meet the needs of people and staff worked flexibly to accommodate this. Systems were in place to ensure staff were recruited safely. Staff feedback confirmed they felt well supported by the registered manager and received training relevant to their job role. Staff received supervision and appraisal in line with the providers policy.

Assessments of people's needs were completed. People received person-centred care which met their

needs and were encouraged to be independent. Where risks were identified measures to mitigate the risks people were exposed to were in place. One person had not received a pre-admission assessment prior to moving to the service. We have made a recommendation the registered provider reviews their assessment procedures to ensure best practice guidelines are always followed.

Staff were respectful and treated people with kindness and care. The cultural needs of people were considered in the planning of care and individuals and were involved and consulted in how they wanted support to be delivered. Relatives were welcomed into the service and staff supported people to maintain relationships with the people of their choice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 14 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Scottlyn

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 one inspector.

Service and service type

Scottlyn 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 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 the inspection

We checked all the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and four relatives. We spoke with four members of staff including the registered manager and registered provider.

We reviewed a range of records in relation to the safety and management of the service. This included a variety of care records for three people. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted three visiting health and social care providers to seek their views of the service and continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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

- Emergency plans were in place to ensure people were supported in certain events, such as fire. However, a requirement from the fire service was the registered provider needed to assess overnight staffing levels and complete a fire drill. The fire drill was required to establish if people could be evacuated safely in a specified time frame. There was no evidence the required actions had been undertaken.

The failure to ensure emergency plans had been fully risk assessed contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were in place for people. Measures were recorded to mitigate the known risks people were exposed to.
- People were encouraged to engage in positive-risk taking to maintain their independence. Where risks were identified, care plans showed ways in which staff could reduce these risks. To enable people to take part in activities such as going out independently.
- Premises checks had been completed to help ensure the safety of the building.

Staffing and recruitment

- There were enough staff to meet the needs of people. However, due to staff shortages the registered manager could not always complete their management duties as they were covering the shortfall in staffing. There was no evidence the registered provider had assessed the impact of this to the service.

The provider's failure to ensure staffing requirements were fully assessed contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing was provided by a stable and consistent staff team. Staff understood the needs of the people they supported well.
- Procedures were in place to ensure staff were recruited safely. The registered manager described the process in detail and the recruitment checks made prior to any new employee starting work.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and people told us they felt safe. One person said, "The staff make you feel safe here [Scottlyn]. I worry sometimes I might be unwell when I'm asleep so I like the staff being here." A relative told us, "As a family we definitely feel that [name of person] is safe. You know

she is happy here by how [name of person] behaves."

- Staff understood their role in how to protect people and told us they would be confident to raise any concerns if they suspected any form of abuse.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Preventing and controlling infection

- Infection control policies and procedures were in place and followed by staff. The environment was clean, homely and had no malodours.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.

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

- Assessments of people's needs were completed. Assessments were updated when required. Records were reviewed and updated at the frequency identified by the provider.
- One person had been admitted to the service without the completion of a pre-admission assessment.

We recommend the provider reviews their assessment procedures to ensure best practice guidelines are always followed.

Staff support: induction, training, skills and experience

- Systems were in place to check staff were competent and skilled. Staff understanding and skills were checked and monitored through supervision, observations and team meetings.
- Training the provider had deemed mandatory was delivered to staff. Additional training was provided to meet people's needs. For example, staff had received training in epilepsy and diabetes.
- Staff reported they felt well supported by the registered manager. One staff told us, "I'm always going to the manager to check I'm doing things the appropriate way. We talk things through and [name of registered manager] discusses how she would do it and we agree on what is best."
- Newly recruited staff completed a comprehensive induction programme. One staff said, "I was new to care and found the induction good. It covered mandatory training and we read care plans and did shadow shifts with other staff."

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

- People's nutritional needs were met. The meal time experience was relaxed and staff engaged with people to make meal times a socially enjoyable experience.
- Staff were knowledgeable about people's dietary needs and preferences. Food was prepared to the correct consistency for people who required a specialised diet. People had access to food and drink during the day when they wanted it.

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

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. Staff followed any recommendations provided by health care professionals.
- People received annual health checks with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.

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

- The environment had been adapted to meet the needs of people.
- People were able to personalise their bedrooms with belongings of their choosing.

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.

- The registered manager followed all of the principles and guidance related to Deprivation of Liberty Safeguards (DoLS) authorisations.
- People's ability to consent to their care and treatment was assessed.
- The provider had documented 'rules of the home' for people. This recorded some restrictions which were in place for all people living at the service. For example it recorded, 'no alcohol may be brought into the home unless prior permission is obtained from the service provider as part of a special event'. The registered manager confirmed in practice the recorded restrictions were not in place for people and this was assessed on an individual basis. Following the inspection the registered manager wrote to us to confirm this documentation had been removed from people's care files.

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

- People and their relatives told us staff were caring. One person said, "[Name of registered manager] cares about us all and looks after us all. She's a really caring person especially if people are not well." A relative told us, "Staff are very nice, they are always taking notice of the residents. People aren't just left to sit."
- Staff treated people with kindness. Throughout the inspection we observed positive interactions where staff demonstrated caring attitudes towards people.
- Staff were knowledgeable about people's needs, personal histories and preferences. Staff responded to people promptly and offered reassurance during their interactions or when people showed any signs of being anxious.
- Staff promoted inclusion, equality and diversity for people. The registered manager described how discrimination of any kind was challenged. People's religious views and care needs were recorded in care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld the privacy and dignity of people. Staff understood the importance of maintaining people's privacy and described dignified ways of working. This included staff seeking consent from people and talking to them throughout any personal care support.
- Staff encouraged people to be independent. This included people being supported to participate in completing household tasks. One person said, "I like to help to clean my bedroom and will clean the TV and the doors. I will dry the dishes too."
- Staff ensured people's confidential information was stored securely. Staff had access to records when they were required. This meant people's confidentiality was maintained as only people authorised to look at records could view them.

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

- People's communication needs were recorded in care plans. Staff knew the most effective ways to support people to express their views.
- Records confirmed people were involved in decisions about their care.
- Advocacy services were used to support some people if this was required. An advocate helps people to access information and to be involved in decisions about their lives.

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

- People received personalised care which was specific to their needs. Care plans reflected the health and social care needs of people and demonstrated the involvement of health and social care professionals.
- People were involved in the development of their care plans. Records evidenced people or their representative were involved in assessments and their views taken into account when planning care. Staff encouraged people to be independent and always offered choice to people during their interactions.
- Staff considered least restrictive ways of working. This positively impacted on people's wellbeing. For example, care plans were in place for some people to access the community independently.
- Visitors were welcomed into the home. Staff supported people to maintain relationships with their family and friends.

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.

- People's communication needs were met. Information was available for people in accessible formats. For example, easy read documents had been produced using pictures for people who could not understand written words.

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 range of meaningful activities were available for people to participate in. People told us they enjoyed the activities and liked to engage in them.
- Relatives were invited into the home to join people for social events. On the day of the inspection a singing entertainer had been organised. We observed all people engaged and joining in by singing and dancing with staff and their relatives.
- We received mixed feedback from relatives regarding activities. One relative said, "The only thing regarding [name of person] is the activities are not person-centred for them. Activities such as knitting do not appeal. In the summer they are happy but it's more difficult in the winter." Another relative said, "There is always something going on for people to join in with."

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged and

investigated. The provider had a clear policy which detailed how any complaints would be investigated and responded to. No complaints were raised with us during the inspection.

End of life care and support

- No one at the service was receiving end of life care. Care plans were not in place which reflected people's wishes for their end of life care. The registered manager told us care plans would be updated to reflect any end of life care wishes people had.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed a range of audits. However, the provider did not have systems in place to monitor and oversee quality. During our inspection there was no evidence provider audits were being completed to drive improvements within the service.
- The provider had not ensured effective support was in place for the registered manager. There was no evidence supervision had been provided for the registered manager since our last inspection.
- The provider had not ensured the 'Statement of Purpose' for the location was up to date. A statement of purpose is a legally required document that includes a standard set of information about a service. The provider responded to this feedback and immediately provided an updated document to CQC.

Robust systems and processes were not in place to demonstrate the registered provider had effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibilities in relation to the duty of candour regulation. They worked in an open and transparent way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider did not have an arrangement for sharing feedback and best practice information across their service locations.
- Robust systems were not in place for the provider to engage with people, their relatives and staff. One relative told us, "I think the management is all down to [name of registered manager], I've never spoke to the provider in fact if they were to walk in now I wouldn't know who they were."

We recommend the provider reflects on the feedback we received and considers ways to engage more closely with people, their relatives and the staff team.

- Staff told us they felt supported by the registered manager. One staff said, "[Name of registered manager] always does things. She stays late to catch up on things, if someone rings in sick she comes in, you'd never find another [name of registered manager], she's really good."

- Systems were in place to recognise and reward staff for their contributions. This included the provider thanking staff at Christmas with a gift.
- Surveys were used to gather feedback from people, relatives, staff and visiting professionals.

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

- The registered manager promoted a positive culture within the service. Staff delivered care and support which was person-centred and respected the rights of people.
- Relatives and visiting professionals were complimentary of the registered manager and how the service was managed. One visiting professional said, "The registered manager is very approachable and has a lovely relationship with all the service users. She keeps me informed of anything needed or any changes in need."

Working in partnership with others

- Staff had positive relationships with people and understood the needs of the people they supported well.
- The service had established some links within their local community and worked in partnership with other health and social care professionals.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to effectively monitor the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service.</p>