

MyMil Limited

Scraptoft Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Scraptoft Court Care Home is a residential care home providing personal and nursing care to up to 34 people. The service provides support to people with dementia, physical disabilities, and long-term mental health conditions. At the time of our inspection there were 31 people using the service.

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

People told us they felt safe. Risks to people's health, safety and wellbeing had been robustly assessed. Medicines were managed safely, and staff had undergone robust recruitment checks prior to starting work. We recommend the provider consider reviewing the PRN protocols for people and adding further details where possible. We also recommend the provider consider maintenance on the wooden handrails in communal areas to ensure they are free from chipped paint. This will make it easier to keep the handrails clean.

Staff members had the relevant training to support people effectively and meet their needs. People who required assistance to eat their meals received this in a dignified and compassionate way. People could access the level and well-maintained garden whenever they chose.

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.

People were treated with respect, care and compassion. Staff went above and beyond to ensure they respected people's diversity

People received personalised care and support, which met their needs. Communication needs for people were also met. Complaints were investigated, documented and responded to.

People said the service was well-led. We observed good outcomes being achieved for people. The provider worked closely with health professionals and understood their legal duties.

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 24 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Scraptoft Court Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Scraptoft Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Scraptoft Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Scraptoft Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 September 2023 and ended on 8 September 2023. We visited the location's service on 7 and 8 September 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with 2 people, 5 relatives, 9 staff including the registered manager, and 1 healthcare professional.

We reviewed a range of records, including 7 people's care plans, medicine records for 6 people, mental capacity information for 12 people, staff rotas, audits, cleaning schedules and meal records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and in a timely way. We observed the medicine trolley being locked and secured each time it was left unattended.
- Medicines were administered by a trained nurse. Medicine Administration Records (MAR) were completed each time a person received their medicines.
- Some people required medicines 'as and when required' (PRN). People who receive medicine this way should have a protocol which supports staff in when and how to administer this type of medicine. We found protocols were in place, however, only contained basic information.

We recommend the provider consider reviewing the PRN protocols for people and adding further details where possible.

Preventing and controlling infection

- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed some wooden handrails with chipped paint, which exposed porous wood. This meant the handrails were more difficult to keep clean.

We recommend the provider consider maintenance on the affected handrails.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were welcomed into the home to visit their loved ones. There was no restriction on friends and relatives spending time with people, and there was a variety of places for people to sit with their visitors. During the inspection we observed numerous visitors coming in to see their relatives. One relative told us, "I can come when I like. I try to avoid mealtimes, but other than that, I come when it suits me."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff had received safeguarding training and understood different types of abuse. Staff felt confident speaking out and told us they would raise concerns if they witnessed abuse.
- People, their relatives and staff were assured the provider's systems and processes would ensure a thorough investigation and be dealt with in a transparent way. In addition, staff knew who they could report to if they felt a safeguarding investigation had not been handled appropriately by the provider.

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

- Risks to people's health, safety and wellbeing had been robustly assessed. Care plans contained detail and guidance for staff on ways to reduce risks to people. For example, 1 person had a diagnosis of diabetes. The care records provided clear guidance to identify if the person was suffering from low blood sugar, high blood sugar, and the action staff should take.
- Staff knew people's dietary requirements, and understood risks associated with choking. People who required a modified diet or thickened fluids received their meals or drinks in this way.
- Risk assessments were reviewed monthly, or sooner if needed. Where accidents or incidents had occurred, there was a thorough review and investigation. Lessons learnt were updated into people's care plans, along with risk assessments and shared with staff through meetings.

Staffing and recruitment

- Staff were recruited safely. The processes the provider used to recruit staff were thorough and robust. Evidence of the person's identity, and background checks such as references and Disclosure and Barring Service checks were undertaken before staff commenced employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to ensure people were cared for safely. Staffing rotas showed a mix of long serving staff, newer staff, and a variety of bilingual staff on each shift. The provider regularly reviewed their staffing levels using a dependency tool.
- Some people required constant supervision and support. We observed staff within these roles to carry them out fully and to always stay with the person.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's needs were comprehensively assessed. Records clearly described risks to people and guidance for staff on how to minimise risks to people. Care plans and risk assessments were updated on a monthly basis, and more frequently when there had been a change in a person's needs.
- People's assessments included recognised tools such as Waterlow score to assess their skin integrity needs, and the Malnutrition Universal Screening Tool (MUST) to establish if nutritional risks were present.
- People's religious needs were taken into consideration, and staff told us some people preferred female only staff to assist them with personal care. This was respected and acted upon.

Staff support: induction, training, skills and experience

- Staff members had the relevant training to support people effectively and meet their needs. Staff competency was regularly assessed to ensure compliance with best practice. Nurses were supported to maintain their professional registration.
- Staff received an induction which consisted of required learning modules, receiving an overview to the service which helped them learn where fire exits and other key places were, and a briefing about the people who lived at the service and their needs. Staff told us this helped them feel confident when starting employment.
- Staff received regular supervision to support them in their role and to review their practice, and appraisals to identify gaps in their knowledge and any required professional development.

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

- People were supported to eat and drink in a way that met their needs. The menu included a variety of choices for people at each mealtime, including vegetarian and halal options. The cook also prepared meals of people's choice if they did not like any of the menu options offered.
- People's weights were monitored regularly, and nutritional tools had been completed to ensure people at risk of malnutrition had been identified.
- People could eat their meals wherever they felt most comfortable. Some people chose to eat in either of the 2 dining rooms, other people preferred to eat in the lounge or in their bedrooms. A robust checking system ensured all people received their meals.
- People who required assistance to eat their meals received this in a dignified and compassionate way, with staff engaging with them throughout their meal. People who required specialised equipment to support them to eat independently, such as plate guards, were observed to use these during mealtimes.

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

healthier lives, access healthcare services and support

- People had health action plans in place which listed contact details for all medical professionals involved with their care.
- The service had excellent links with the local GP surgery, who came in weekly to provide consultations for people and to ensure oversight of their health needs.
- Other health professionals attended regularly such as Occupational therapists, who praised the service, staff and registered manager.

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

- The environment was tastefully decorated, and featured multiple wall murals, depicting scenic views. Other corridors were decorated with themes, such as a sports theme. Corridors were wide enough to be accessible for wheelchair users and people who used mobility aids.
- People could access the level and well-maintained garden whenever they chose. A relative told us, "[Person] doesn't have to ask someone to take them to the garden, [person] has got freedom to walk to the garden themselves and sit outside." We observed a number of people and visiting relatives use and enjoy the outside space during the inspection.
- People's ensuite bedrooms were clean and bright. We observed bedrooms to be decorated in neutral colours and personalised to people's choices with their own items.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider, registered manager and staff were working in a way which aligned with the principles of the Mental Capacity Act and associated codes of practice. Where staff had reason to believe a person lacked the capacity to make a decision, capacity assessments were completed to assess this appropriately. The assessments were decision specific, and if a person was deemed to lack capacity for that particular area of care, a best interest decision had been completed.
- A number of people had legal authorisations in place to deprive them of their liberty. Some authorisations included conditions which the provider must meet. We reviewed these conditions and found the provider was meeting each condition.
- People were supported to make their own decisions wherever possible, and staff respected their wishes. Staff supported people in the least restrictive way. One staff member said, "I respect who people are and give them a choice."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect, care and compassion. We observed kind and positive interactions between people and staff. People and relatives provided glowing feedback about staff, the registered manager, and the care they or their loved one received.
- The provider instilled its vision and values within staff, and motivated staff to genuinely care about the people they supported.
- Staff went above and beyond to ensure they respected people's diversity. For example, 1 staff member told us how they been learning Portuguese phrases to enable them to communicate meaningfully with a person at the service who preferred to communicate in this language. This also supported people to be able to express their views in a way that made them feel comfortable.
- Staff gave information to relatives who needed support to understand their loved one's conditions or behaviours. One relative said, "There has been support for me from the registered manager when I've been struggling, she has been very supportive."

Respecting and promoting people's privacy, dignity and independence

- People received care and support in a way which respected their privacy and dignity and encouraged them to be independent. Staff described how they closed curtains and doors when delivering personal care, and encouraged people to complete the tasks they could manage independently.
- People's social needs were understood and met. Staff actively encouraged people to maintain their relationships with family and friends, through visits, phone calls and video calls. The registered manager told us how they had supported a person to locate their long lost relative, and they now conduct regular video chats with each other.
- People were supported to maintain their personal appearance, with a hairdresser attending regularly, a chiropodist, and a person who did nails. One relative said, "[Relative] always has their nails done every week which is a lovely touch." The person told us, "We get a choice of colour for our nails – she has a box with every colour you can think of!"

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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's care plans were highly personalised to ensure they received care and support which was specific to their own needs and requirements. Where people were unable to communicate all of their needs, their relatives were involved in developing care plans and records.
- Staff knew people very well. When a new person moved in, staff took the time to get to know them, and to understand their health conditions, needs, likes and dislikes. A number of people living at the service were unable to communicate their needs to staff, which meant staff had to be able to predict what the person needed. The knowledge staff had developed was key in ensuring they could meet people's needs.
- The provider utilised online technology systems to the fullest with their care recording system. All staff used a handheld device which allowed them to see in real time the most recent care interventions each person received. This meant staff could respond appropriately to people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information in a way that was accessible for them. This included alternative languages, large print and easy read.
- The provider had completed communication care plans for each person. These described challenges and barriers to communication that each person experienced, and information on ways staff could communicate effectively with them using their preferred method.
- Staff understood people's communication needs. For example, 1 person preferred to speak in an alternative language to English. Multiple staff could speak with the person in their preferred language, and staff were happy to change tasks with each other in order to meet people's communication needs.

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

- People could experience a wide variety of activities. A colourful and vibrant activities room contained an array of activities and interest items, from colouring, arts and crafts, board games, giant uno, fidget toys, baby dolls, costumes and hats, and more. A further activities area included books, stuffed toys, a cardboard

post-box, and a widescreen TV.

- A dedicated activities coordinator had been employed to offer people with the opportunity to take part in activities each day.
- Music and singing were key areas of entertainment. Music was observed playing in the lounge areas and in people's bedrooms, singers came into the home and performed which people really enjoyed. When describing the activities their loved one participated in, a relative said, "Oh, he loves the karaoke machine! I think he has found a second career as an Elvis impersonator!"
- People were encouraged to make friends with other people living at the service. One relative said, "[Relative] has made friends with [person] so that is lovely!"

Improving care quality in response to complaints or concerns

- People knew how to give feedback about the service, and any complaints or concerns they had. Relatives told us they also knew how to complain if they had concerns regarding the care of their loved one.
- The provider had received complaints since the last inspection. We reviewed these and found the registered manager had thoroughly investigated each concern and documented their findings. The registered manager also responded to all concerns which were received. A relative told us they had raised a concern, the registered manager was upfront, investigated and they had been very happy with the outcome.
- Some complaints were unsubstantiated and were closed. Other complaints which had been upheld were used to provide learning and improvement across the service, and communicated to staff through memos and at staff meetings.

End of life care and support

- At the time of the inspection, there was no one who was imminently approaching the end of their life. However, end of life care plans had been completed for some people who had life limiting conditions or had recently had a significant decline in their health.
- People's end-of-life care plans were person centred, and included their wishes, families wishes and religious requirements. They also contained information and guidance for staff to follow when the person passed away.

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.

The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People, their relatives and staff told us the service was well-led. The registered manager was highly spoken of, and staff felt valued by them. We found the registered manager to be receptive to feedback. For example, 1 person's fire evacuation plan did not state they had oxygen in their bedroom. When this was raised with the registered manager, they took immediate action to rectify this.
- People received good quality, person centred care which achieved good outcomes for them. The registered manager advised that 1 person, prior to admission to this service was frequently admitted to hospital. Since admission, staff had worked really hard to support the person with their health conditions, and as a result the person had not been admitted to hospital since moving in.
- A relative advised their loved one was very anxious when moving in and was making multiple telephone calls each day to them. The relative explained that staff had been excellent, and their relative had really settled in. This in turn, had dramatically reduced the volume of anxious telephone calls, and the telephone calls they did have together were more meaningful and about the person's day and activities.
- The provider worked closely with other health professionals. We spoke with a visiting occupational therapist who told us they found the provider to be open, responsive and willing to work with them to achieve the best outcomes possible for people. They said, "Every bit of advice I've given here has been followed. It is very good, I have no concerns."

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

- Systems and processes ensured effective oversight of the service. The registered manager completed a range of audits relating to the service and where errors or issues were found, took action to remedy these.
- Staff understood their role in providing safe care to people and received regular feedback from the registered manager and other leaders during supervisions and annual appraisals. Staff told us morale was good.
- The provider demonstrated they were open and transparent, and understood their legal duty to submit statutory notifications.

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

- The provider's systems and processes gave people the opportunity to provide feedback. This was by way of a survey, and at meetings. The outcome of the survey and the minutes from the meeting were pinned up

on the board outside the lounge for people and their relatives to read.

- People's views and concerns were acted upon when they provided feedback. For example, a small number of people had stated on a recent survey that they were not satisfied with the current menu choices. This was discussed in more detail at the next meeting. Following on from this feedback the menu was changed and the new menu was posted on the display board.
- People's communication needs were taken into consideration when seeking feedback. Four people preferred to communicate in an alternative language to English. The provider had employed bilingual staff, which supported seeking feedback. This meant that all people's voices could be heard.
- Staff were involved in shaping the direction of the service by providing feedback to the registered manger. For example, staff had identified the cleanliness of the service had not been up to the standard they aspired to achieve. This was discussed, and an additional housekeeping role was added to the workforce. The vacancy had been filled and staff told us this had made a huge difference to the standards of cleanliness across the service.