

Scarborough Hall Limited

# Scarborough Hall and Lodge 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: Scarborough Hall and Lodge is a residential care home providing accommodation and personal care to 85 older people, some of whom have a physical disability or are living with dementia. At the time of our inspection 84 people were living at the service.

People's experience of using this service: Improvements had been made to the assessment, monitoring and management of risk. People who used the service were kept safe through effective systems being used for medicine management, prevention of falls and infection prevention and control.

All areas were clean, tidy and there was effective cleaning taking place to keep people safe from the risk of infection. The rooms we looked at were nicely decorated in colours of people's choosing.

People told us they felt safe and well supported. The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met. People's medicines were managed safely. The uptake and completion of staff training had improved and staff received regular supervision.

The provider had introduced new ways of working in regard to risk and falls analysis which had significantly reduced the number of falls in the service over the last year. People benefitted from the proactive approach to identifying risk and reducing this where possible.

Staff had received training and development around management of dementia and demonstrated a good understanding of dementia care. They worked with people's individual strengths to ensure their independence, wishes and choices were promoted.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives were supported to receive information in an accessible way either through easy read, large print and pictorial formats to enable them to be involved in their care and support.

People enjoyed good food. Their health needs were identified and staff worked with other professionals, to ensure these needs were met.

Staff knew about people's individual care needs and care plans were person-centred and detailed. People participated in a range of activities within the service and in the community, they also enjoyed the company of others in the service.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were supplied with the information they needed at the right time, were involved in all

aspects of their care and were always asked for their consent before staff undertook support tasks.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

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

Rating at last inspection: Requires improvement (report was published 18 June 2018).

Why we inspected: This inspection was a scheduled inspection based on the previous rating. At the last inspection on 30 April 2018 there remained breaches of Regulations 12 and 18; safe care and treatment and staffing. The provider gave us an action plan outlining how they intended to meet the legal requirements. At this inspection improvements had been made in risk management and staff training and supervision. The two breaches of regulation were met.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. 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 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 ●

# Scarborough Hall and Lodge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 the inspection on both days and was assisted by an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience on this inspection had expertise in dementia care and older people.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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:** The inspection was unannounced.

**What we did:** Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority who work with the service. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information was sent to CQC before this inspection. We took this into account in making our judgements in this report.

During the inspection we spoke with a regional support manager, the registered manager, deputy manager,

the maintenance person, two activity workers and two care staff. We also had a conversation with two healthcare professionals who were visiting the service. We spoke with seven people and two relatives. We received written feedback from seven other families after the first day of the inspection.

The majority of people stayed in their bedrooms during our inspection, except for mealtimes. Therefore we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the environment and the dining experience.

We looked at four people's care records including medication administration records (MARs) and a selection of documentation about the management and running of the service. This included recruitment information for four members of staff, staff training records, policies and procedures, complaints and staff rotas.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 30 April 2018, we asked the provider to take action to make improvements to their monitoring, assessment and reduction of risk for people who used their service, and this action has been completed.

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

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider reported abuse to safeguarding when it was recognised.

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

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed. Staff understood how to promote people's independence and freedom, whilst minimising potential risks.
- Improvements had been made to risk management and the falls monitoring processes. The number of falls within the service had been reduced by 66% over the last year. The changes included improved staff training/knowledge to recognise risk factors, more frequent observations of people and use of sensor equipment in bedrooms. One family told us, "Our relative is safe. They have a sensor mat and staff respond quickly. Staff always ring when our relative has a fall, but there has not been anything serious so far."
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and the provider monitored them for any trends or patterns.
- People who used the service said they felt safe, confident and happy when being supported by staff.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment.

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty meet people's needs and to enable people to take part in social activities and to attend medical appointments. A tool was used to monitor the number of staff needed, based on people's needs. People told us they received care in a timely way.

Using medicines safely.

- Medicines systems were organised and people were receiving their medicines when they should. The

provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- Care staff said they had received training in the handling of medicines. This was confirmed by our checks of the staff training files.

Preventing and controlling infection.

- Improvements had been made to infection prevention and control practices. The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection on 30 April 2018, we asked the provider to take action to make improvements to staff training, support and guidance, and this action has been completed.

Staff support: induction, training, skills and experience.

- A comprehensive staff induction and training programme was in place. Staff told us training had improved and they had access to a good range of subjects. One staff member said, "The training around falls has been really effective."
- Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff were supported through regular supervision and annual appraisals.
- People told us staff had the right skills to look after them. One person said, "Well I think so, they are really helpful and know what I like."

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

- Assessments of people's needs were completed and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- People's nutritional needs were met and choice was provided. Information on people's dietary needs and preferences was obtained on admission. Staff offered people appropriate support with eating and drinking and different options of meals.
- One family told us, "It's like a hotel service with a great range of meals. Our relative doesn't like most foods, but the chef will make them anything they want; they don't have to choose from the menu. They have gained weight and enjoy meal times which has reassured us very much."

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

- Two healthcare professionals gave positive feedback about the service. One said, "The staff are very knowledgeable and have paperwork to hand when I visit. The service is dementia friendly and staff are kind and patient with people."
- People had good access to healthcare professionals. Records of visits were kept and people had documents in place, to provide key information should they need to go into hospital. One family told us, "The attention to ongoing monitoring of healthcare needs has been excellent. This has resulted in our being able to feel comfortable that all our relative's needs are being met, which has resulted in a great deal of pressure being taken off our shoulders."

- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

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

- The service was nicely decorated and well maintained and met the needs of people who lived there, including people living with dementia. For example, the provider had taken on board best practice guidance for dementia environments around colour schemes for walls and flooring. There was good signage to enable people to recognise facilities and orientate themselves around the building.
- People were able to access outdoor gardens and seating areas to the rear and side of the building. The outdoor spaces were safe and secure so people living with dementia could walk freely around the paths and gardens.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People told us they could make individual choices and decisions about their daily lives.
- People with capacity had signed their care plans and there was evidence of best interests meetings being held where people lacked capacity to make choices and decisions around their care.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People appeared comfortable and well looked after and staff demonstrated a friendly approach which showed consideration for their individual needs. One family told us, "My relative is living with dementia. However, the care and support they receive is second to none. They are delighted with their room which overlooks the garden, and speak highly of all the staff. My relative enjoys the food and various activities that are organised."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. One person told us, "I think it is a very good place. I won't be going anywhere else."
- Staff listened to people and provided sensitive support to ensure their needs were promoted.
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked.
- People's bedrooms were clean, tidy and personalised and all had space within which staff could deliver care.
- Personal information about people was securely stored and staff understood the need for confidentiality.
- Staff treated people on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. People's preference around which staff gender delivered their personal care was respected by staff.

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

- People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided.
- For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence.

- People said they were treated with compassion, dignity and respect. They told us staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company.
- One family told us, "From our initial contact and continuing to the present day both our relative and family have been treated with the utmost respect and care."
- People appeared comfortable and their personal care needs were met.
- People said staff were supportive in helping them to remain as independent as possible.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences. One family told us, "The day our relative moved in the registered manager came and spent an hour with us going through the care plan making sure it was person-centred and had all their likes and dislikes. That for us was truly a cut above the rest."
- Care plans and risk assessments contained relevant information and were up-to-date.
- People and their representatives were involved in reviews of care. This made sure care plans were current and reflected people's preferences as their needs changed.
- Staff understood people's needs and found creative ways of supporting them to have a good quality of life. People told us they attended meetings when they occurred and enjoyed the social activities arranged for them by the service.
- People enjoyed attending a monthly in-house church service and where requested staff would assist them to local services.
- People had a range of activities they could take part in. They told us about bingo and dominoes and sometimes there was craftwork and entertainers such as singers. They said they enjoyed reading daily newspapers and completing puzzles.
- The provider used a secure phone App to enhance the activity experience for families. It was called the Magic Moments Club App. Each person signed up to this if they wished. Families were able to add photos and stories to it that could be shared with the person during activities and one to one chats. Staff added photos of activities and other information about what was going on in the service so families were kept up to date. Families had an email sent to them with a link to the App, once downloaded this gave them access to the general pages and their relative's page. One family member said, "The Magic Moments App means that I have an additional method of keeping in touch with my relative and life in general at the service. My brother, who lives abroad, finds this tool very useful."

Improving care quality in response to complaints or concerns.

- The registered manager was aware of the need to make information for people available in formats they could understand. They said this was 'a work in progress'.
- There was a complaints procedure and information was provided to help people understand the care and support available to them. Complaints, niggles and grumbles were all dealt with appropriately by the registered manager when received. There had been no formal complaints made in the last year.

End of life care and support.

- Each care file contained people's wishes and choices regarding end of life care. These gave staff details of

who to contact in an emergency and what people wanted regarding their care and support.

- One visiting healthcare professional told us, "Training has taken place to empower staff to do more proactive work with people. Monthly reviews take place where we look at everyone's health and wellbeing. Family meetings are held to look at people's future care needs and this has been very successful. There is a focus on best interests and the end of life care plan so there are no surprises, but more anticipated care."

# 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 service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service. Visitors said, "I have nothing but positive words for the service and the staff that work there, they are all friendly and they are like my new family" and "I wouldn't hesitate to recommend the service to anyone who is looking for a care home, they certainly get top marks from me."
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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

- The service had a welcoming and friendly atmosphere. Staff morale was high and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.

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

- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, relatives and health care professionals.
- Feedback from people who used the service, relatives, health care professionals and staff was obtained using satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

Continuous learning and improving care.

- The registered manager demonstrated an open and positive approach to learning and development. Since our last inspection on 30 April 2018 improvements had been made around risk assessment and monitoring, staff training and staff support and development. Regulatory requirements were met.

Working in partnership with others.

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.