Maria Mallaband Limited

Skell Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected Skell Lodge on 3 January 2019. The inspection was announced. When we last inspected the service in May 2016 we found the provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Skell Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Skell Lodge is a large, detached house situated in a quiet residential area, within walking distance of Ripon city centre. The service is registered to accommodate a maximum number of 23 older people. At the time of the inspection there were 18 people who used the service.

Although the overall rating for the service was good we found there were insufficient staff on duty at times to meet the needs of people who used the service and this had placed people at potential risk of harm. We informed the registered manager about our concerns with staffing levels who told us they would speak with senior management. After the inspection the registered manager spoke with the regional director and changes were made to increase staffing numbers. However, although staffing levels were increased following our inspection, the provider had not done this previously of their own accord.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked.

The home was clean and tidy and communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. People were supported by a team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place.

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.

Staff supported people to maintain a healthy and nutritional diet. People were supported by staff to maintain their health and attend routine health care appointments.

Staff were kind and caring. A health professional told us end of life care was exceptional and people were treated with dignity and compassion. Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People had access to a range of activities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager, senior staff and the provider, to monitor and improve the quality of the service. Feedback was sought from people who used the service through meetings and surveys. This information was analysed and action plans produced when needed.

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 has deteriorated to requires improvement.

At times there were not enough staff on duty which had placed people at potential risk of harm.

There were arrangements in place to ensure people received medicines in a safe way.

Good recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

Staff were aware of the different types of abuse and action to take if abuse was suspected.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Skell Lodge

Detailed findings

Background to this 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 was 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.

This comprehensive inspection took place on 3 January 2019 and was unannounced. This meant the provider and staff did not know we would be visiting. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted commissioners and other health and social care professionals who worked with the service to gain their views of the care provided by Skell Lodge.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with the registered manager, a senior care assistant, a care assistant, the activities co-ordinator, the handy man and the office administrator. We spent time observing staff interactions with people throughout the inspection. In addition, we spoke with six people who used the service and one relative.

Requires Improvement

Is the service safe?

Our findings

People told us the service was safe. Comments included, "The staff are so lovely you can't help but feel safe" and "Yes I feel safe knowing staff are there to help me."

We checked to make sure there were enough staff on duty to meet people's needs. The registered manager told us during the day (from 8am until 2pm) there were three staff on duty. This then reduced to two staff for the rest of the day and night. From Monday to Friday, during the day, the registered manager was also on duty. We raised concern at the staffing levels from 2pm until 8pm, as in addition to their caring duties, staff also had to prepare a light tea (unless this was sandwiches as the cook would prepare these before they left for the day) and tidy up afterwards. Staff also had to undertake laundry duties. This meant staff were leaving the main building to access the laundry. Staff did have a pager which notified them if people were using their call bells to summon the help of staff.

The registered manager told us some ancillary and care staff had recently left their employment resulting in all staff pulling together to cover shifts. However, this had meant at times there were only two staff on duty to care for people. The registered manager told us they were actively recruiting to fill the vacant positions. However, we found these low staffing levels still placed people at potential risk of harm. We asked people who used the service if they thought there were enough staff on duty to meet people's needs and we received mixed reviews. Some people thought there were enough staff on duty but others told us at times they had wait when they needed support.

We informed the registered manager about our concerns with staffing levels who told us they would speak with senior management. After the inspection the registered manager spoke with the regional director and changes were made. From Monday to Friday care staffing levels were increased to three care staff during the day and evening until 8pm. In addition, the registered manager was on duty. On a weekend there were three care staff on duty during the day and the evening. In addition, a kitchen assistant shift had been created from 4pm until 7pm for seven days a week.

Although staffing levels were increased following our inspection. The service had worked with low staffing levels placing people at risk of harm. The provider had not increased staffing numbers previously of their own accord.

People told us the service was safe. Comments included, "The staff are so lovely you can't help but feel safe" and "Yes I feel safe knowing staff are there to help me."

Health and safety checks of the building and equipment were carried out. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. Relevant checks had been carried out on the hoists, fire extinguishers and the fire alarm.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff understood the policies and how to follow them. Staff were

confident the registered manager would respond to any concerns raised.

Staff continued to be safely recruited and had all the required pre-employment checks in place. This included references, employment histories and Disclosure and Barring Service checks to make sure staff were safe and suitable to work with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling and nutrition. This enabled staff to have the guidance they needed to help people to keep safe.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked. Checks on medicines were undertaken.

The home was clean and tidy. Communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had completed infection control training.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt to reduce the risk of reoccurrence. There were plans in place for emergency situations. For example, what to do in the event of a fire, and each person had an up to date personal emergency evacuation plan. This meant staff had the information they needed to ensure people were safely evacuated in an emergency.

Good

Is the service effective?

Our findings

People told us staff provided a good quality of care. Comments included, "I think it's [the care] very good. Staff are so helpful and happy" and "I am quite happy and very well cared for."

Prior to using the service an assessment of people's needs was completed. This was to ensure their needs could be met and the correct equipment was available to ensure people's safety and comfort. A relative told us, "[Registered manager] can't do enough for you. [They] got [person] a [specialist] bed. This is a great place."

Care staff told us they were well supported in their role and received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff told us they felt well supported by the registered manager. Staff said, "[Registered manager] is a very good manager. [They] are very supportive and loves what [they] do."

Care staff had received the training they needed to meet the needs of the people. This training included safeguarding, first aid, infection control, dementia awareness, moving and handling, medicines and fire awareness. Staff told us the training was plentiful and enjoyable. New staff completed induction training and shadowed more senior staff until they were confident and competent. One staff member told us, "My induction was really good. I followed [senior staff] for two weeks. It's a lovely place to work. It's a good team and all of the staff are so helpful."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. Mental capacity assessments and best interest decision were available within care records we looked at during the inspection.

The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included. People told us they liked the food provided. Comments included, "I enjoyed my lunch. The chicken pie was quite alright, a bit of mushroom with it and the leeks were nice in the white sauce" and "I can have what I ask for. At breakfast I ask for shredded wheat, orange juice and prunes."

Records were available to confirm people had visited or received visits from the district nurse, optician, chiropodist and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits. On the day of the inspection the chiropodist was in the service attending to people's feet.

The service was comfortable, well maintained and homely in style. People's bedrooms were individually furnished and decorated. We did note some of the sofas in the lounge area were low and some people

would have difficulty getting up from these. However, there were other chairs available and the registered manager told us they were in the process of replacing furniture.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Comments included, "I had been on my own for many years before coming here and up to now I'm content and looking forward to the future" and "It's a brilliant care home with caring staff. They are like friends. It's just like a little family."

A health professional wrote and told us, 'We visit the home on a daily basis and feel that the care home provides exceptional patient centred care. The first impressions when entering the home are that staff are welcoming and friendly, the homely atmosphere is evident and residents appear to be happy and contented.'

Staff knew people well. For example, they knew about people's life history, what was important to them and their personal preferences. Staff showed concern about people's wellbeing and responded to their needs. We observed relationships between staff and people to be friendly and positive.

Through our observations we saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We saw staff were appropriately affectionate with people and staff communicated effectively with each other and people who used the service. Staff spoke positively about the caring relationships which had developed amongst the team. One staff member said, "We all chip in and that's how we roll here. We all love working here."

The registered manager told us how each year a Christmas tree was erected in the grounds of the service. People who used the service and staff then decorated small wooden trees and placed these around the big tree in memory of those people who had died during the year. Photographs were then taken of the trees and sent to the relatives in their Christmas cards. This showed staff and people remembered and were thinking of those people who had died.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff were extremely polite and friendly in their approach to people. Staff knocked on people's doors and waited for a response before entering. Staff described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. We saw that when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. This showed us that that people were treated with dignity and respect and this promoted their well-being. However, we did note two people had finger nails that needed cleaning and pointed this out to the registered manager to take action.

Information on advocacy was available for anyone who required this. At the time of the inspection there was one person who used the advocacy service.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and a relative praised staff and the care provided. Comments included, "In November we [person and relative] went for a hospital appointment and they asked what care home we came from as [person's] skin was beautifully cared for" and "I have everything I need and I am very well cared for."

The service employed an activity co-ordinator who worked 15 hours over five days to support people to follow their interests and take part in activities and outings of their choice. People visited the local shops and went into Ripon. People told us they enjoyed dominoes, arts and crafts, crosswords and a sing a long.

A professional wrote and told us, 'Staff promote a good quality of life. This has been noted when recently a resident explained to the home manager that [they] missed baking and making pastry as [they] always baked at home. Following this the home manager went and bought the ingredients for the resident to make [their] own pastry. Also, when you enter the hallway the residents have a wish tree where they can express their own wishes anonymously such as paint their nails and their favourite TV programs.'

People and staff told us they had recently enjoyed the Christmas fayre, the Christmas dinner celebration in the service where families were invited and people spending time together making a beautiful Christmas Cake. Everyone had been involved from stirring, mixing and icing the cake.

People confirmed they were involved in discussions regarding their care and making choices about the support they received. Care records showed people's needs were individually assessed and plans were developed to meet those needs. For example, records guided staff on how to be responsive to people's hygiene, mobility and nutritional needs.

A relative said communication with the service was good, and that staff responded quickly to any changes people wanted in their support. A health professional wrote and told us, 'The staff are very quick on reporting any issues and react well to any advice given."

The service had a complaints policy and procedure, details of which were provided to people and relatives when they first joined the service. People told us they would feel comfortable in speaking with staff if they had any concerns.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. A health professional wrote and told us, 'It has to be also noted that their end of life care is exceptional, they ensure that the resident is treated with dignity and compassion and involve the resident's family, providing support and care.'

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in

place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been registered with the Care Quality Commission and other predecessor organisations since 2005.

People and a relative spoke extremely positively of the registered manager. Comments included, "[Registered manager] is so approachable" "[Registered manager] is very nice and [they] come into see if you are alright or if [they] can do anything. [Registered manager] is very caring" and "[Registered manager] can't do enough for you." We saw the registered manager go into the bedroom of a person and heard the person say, "I'm glad you have come in you make my day."

Staff spoke very positively about the culture, values and leadership of the service. Comments included, "I absolutely love working here [registered manager] and staff are so passionate and caring" and "[Registered manager] is a diamond. I have never come across a [person] so passionate about [their] residents and staff and that motivates you."

The registered manager carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included regular checks of care plans, health and safety and medicines. Records confirmed that where audits identified issues action was quickly taken to address them.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service. Meetings for people who used the service also took place. We saw that discussion took place about safeguarding, the care provision, activities and meals.

The service had established good links within the local community. They were part of the resident's association. This was a formal group of people who lived in a neighbourhood who formally met to chat and discuss any concerns within the community. Representatives from the local churches visited the service and local shops regularly supported the service with providing tombola and raffle prizes.

The registered manager understood their role and responsibilities, and could describe the notifications they were required to make to CQC and these had been received where needed.