

SCASS Ltd

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## 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

SCASS Ltd is registered to provide accommodation with personal care for up to eight people with a learning disability and/ or autistic people, people with a physical disability and younger adults. At the time of the inspection, one person was staying there as a permanent resident and they had people who regularly stayed for short respite.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

**Right Support:** People were encouraged to be independent where they could to provide self-fulfilment in people's lives. Staff were always on hand to keep people safe and offer support at any time.

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.

**Right Care:** People's care was designed around them, staff respected people as individuals and enjoyed spending time with them and getting to know them. Staff understood the importance of being understanding and patient with people. Staff through providing consistent support built trusting relationships with people using the service through the words used and their actions. Staff demonstrated they were there to ensure people's safety and recognised abuse and how to report it.

**Right Culture:** The culture of the service was focused on providing a welcoming and safe environment for people using the service. People were regularly observed in a way that was non-intrusive, and staff who were working with them shared updates with management to ensure people always received the best care to help people live a happy and fulfilled life.

Delete extra space

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 September 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well led findings below.

# SCASS Ltd

## 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 one inspector.

#### Service and service type

SCASS Ltd is a 'care home'. SCASS Ltd provides a respite service, offering short breaks for people living with their families or other unpaid carers. 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.

#### 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.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used all this information to plan our

inspection.

During the inspection

We reviewed 3 people's care records, including risk assessments, care audits and medicines information. We looked at staff recruitment, training and supervision records for 3 staff, the providers policies and procedures. We spoke to and observed 1 person who used the service, the registered manager, assistant director and office manager and 3 staff. We spoke with 2 relatives to seek their feedback on the service.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider failed to have effective risk assessments, did not have adequate water checks, did not follow safe medicine and infection control practices, and lacked effective systems to ensure they learnt lessons when things went wrong. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had appropriate risk assessments in place to reduce the risk of harm they may face.
- Relatives we spoke with they told us they felt their family member was being kept safe. A relative said, "[Person] is safe, I have access 24/7, I can go any time, different times of the day." Another relative said, "[Person] is safe, I put her life in their hands."
- Records confirmed risk was regularly reviewed and updated to ensure people's needs were being met safely. Records of risk included, epilepsy, diabetes, mobility and medicines.
- Staff told us risk assessments were an accurate reflection of the current needs of an individual using the service.
- Staff told us how they kept people safe, a member of staff said, "We always make sure there is a good staff to client ratio. During the night, staff take it in turns to check on clients, make sure everything is locked up."
- Staff knew people's different risks and worked with each other to ensure people were protected from harming themselves. We observed this during the inspection, and this meant they were following the information as stated and explained to visitors how to keep people safe while also being safe within the service.
- Medicines management had improved, and the recording of medicines was structured and accurate.
- Staff were now having their competency checked by management and staff also completed self-assessments in medicines to check their knowledge, records and staff confirmed this took place.
- Staff explained how they administered medicines safely and the procedure to follow if an error occurred.
- Where staff did not administer medicines, they explained they were present as a second witness with another member of staff to ensure medicine was given on time and correctly.
- Records confirmed water temperature checks were being completed regularly. Records showed legionella testing was up to date.
- Other safety checks had been performed within the service, these included gas safety checks, portable

appliance testing and gas safety checks.

- A fire risk assessment and environment risk assessment had been completed to ensure the building was safe for people and staff. Fire drills were performed and records confirmed how long it took to get people out of the building.
- Processes were in place to learn when things went wrong. Staff provided an example where they had changed how they administered medicines after an incident to ensure it did not happen again. A member of staff said, "We know the procedures to follow if we were to drop a tablet. When we did have an error we documented what happened. It's the distractions so we changed the time we gave it and took it to another area."
- The home was clean, tidy and free from any malodour. The risk of infection was minimised as people's rooms were regularly cleaned and bedding was changed.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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

- People's relatives were able to visit the service without any restriction and in line with safe and best practice.

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

- Systems were in place to protect people from potential abuse and staff were alert to the procedures.
- Staff demonstrated they understood the providers safeguarding policy and how to report allegations of abuse if they suspected it.
- A member of staff said, "I need to put my clients first, I'd report to the manager, if anything isn't done, I'd report to local authority and the CQC."
- A relative told us they had confidence in staff and were able to check their relative to see if any bruises were present on them.

#### Staffing and recruitment

- Staff were recruited safely and the service followed the providers policy and procedure.
- Records confirmed appropriate recruitment checks had been completed, this included verified references, staff had completed an application form and attended an interview.



- Staff were required to complete a Disclosure and Barring Service check to ensure they were safe to work with vulnerable people. 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 provide care to people using the service and the service managed staff rotas effectively.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to ensure care and treatment was provided with the consent of relevant people. This was a breach of regulation 11(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

- Appropriate DoLS applications had been made and records confirmed outstanding application were being followed up. After the inspection we received confirmation that outstanding DoLS applications were up to date.
- Staff using the service asked people for their permission before providing care. A member of staff said, "I ask clients if they want to receive personal care, I show [person] two different options to give choice."
- People within the service were seen to be making choices during the day about what they wanted to do or where they wanted to go, and staff supported them to do this.

## Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received appropriate and necessary training and supervision to enable them to do their jobs effectively. This was a breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- People were supported by staff who received an induction, regular training and ongoing support in order to provide effective care.
- Relatives told us staff were good at their jobs and knew how to manage and look after their family member using appropriate skills.
- Records confirmed staff received the following training; medicines, diabetes, safeguarding adults, infection control, epilepsy, health and safety and managing people who were in distress.
- Staff told us training was useful and helped them to perform their jobs to the best of their ability.
- Records showed staff received regular support in the form of supervision and were able to speak to management outside of supervision for guidance and support. A member of staff said, "Yes I have supervision, I feel comfortable to bring anything up to any manager and they encouraged me to develop."

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

- People's needs were assessed before they began to use the service and they were continually monitored to ensure care was suitable, records confirmed this.
- Records confirmed the service were providing good care and were always trying to provide care that met people's needs. For example, staff knew people's histories, preferences and full health needs.

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

- People were able to eat foods they enjoyed and were supported with a healthy diet and to stay hydrated.
- A relative told us they were happy with the food their relatives were provided with?. A relative said, "[Person] is happy and healthy here."
- We observed people eating food they liked as confirmed in their care plan.
- Food was presented in a way to support safe eating and staff were close by to ensure people were supported.
- Staff were aware of the people who were required to limit their sugar intake due to diabetes and those who were at risk of choking. A member of staff said, "A few [people using the service] need their food cut up due to risk of choking, we watch people who have diabetes and their sugar."
- Staff told us they would eat the food but there could be more choice for people to provide a balance. We asked the registered manager about the food, they told us they made batches of food but could offer an alternative if people did not want to eat what was on offer.
- The service monitored people's weights regularly and records confirmed this. Where this had not been done, systems were in place to follow up with care staff to carry out this check.

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

- The service worked with other health professionals to ensure people received the best health outcomes.
- People were supported to access their GP, dentist, optician and social worker.
- Care plans documented people's hospital passport. This is a document that tells the hospital about people's healthcare, their learning disability, how people like to communicate and how to make things easier for people when accessing health care services.

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

- People's living space was personal to them and decorated to meet their needs.
- We observed people had their own special items displayed in their rooms and were able to bring items from home to help them settle while using the service for respite.
- Living areas were bright and clear, providing people with space to move freely around the home. A sensory area was also provided for people using the service.

# 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

- People were treated with kindness and respect by staff who were patient and understanding.
- A relative said, "I love it here, [registered manager] is so accommodating. They [staff] are all so brilliant here." Another relative told us there were good people at the service and they were able to tell the registered manager if staff were seen to not treat their relative well at the service.
- Staff enjoyed caring for people at the service and spoke to people in a calming manner. We observed good interactions between staff and people using the service and people were seen to respond in a positive way with staff.
- A member of staff said, "I love all the clients, everyone I work with is lovely." Another member of staff said, "I try and implement that fun side with our clients, they always have a day with laughter and love."
- Staff did not discriminate at the service, a member of staff said, "We treat them [people using the service] equally, they are individuals, their disability doesn't define them as a person."

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

- People were encouraged to make decisions about their daily care as much as possible with the involvement of their relatives.
- During the inspection we observed staff support people to decide on different activities they would like to participate in.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted.
- Staff told us they ensured doors were closed when people received personal care and support.
- A member of staff said, "We have a sensory room, it's just been decorated, gives people their own space. One person [can use words to communicate] can tell us anything, if they just want to talk, we have the time and space to do this and respect their wishes."
- We observed people within the service making cups of tea independently with minimal support from staff.

# 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 requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. People's care plans were not personalised. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People with a learning disability or autistic people received individual care planned around them, records confirmed this.
- Records and observations showed that staff were fully aware of each person's preferences and how to respond to people in different situations. Staff knew how to respond to people who were distressed or if they wanted to start their favourite pastime. For example, we observed a member of staff, gently stroke a person's hand to calm them down, as stated in their care plan.
- Staff we spoke with knew people's like and dislikes in depth. The registered manager said, "I've seen staff play [person's] music that he likes, I know they have read the care plan."
- A member of staff told us the care plans had improved. They said, "I think so, all the care plans and "about me" book are written in the first person. It gives more personal information and background knowledge about them [people]."

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.

- The provider was following the Accessible Information Standard to ensure people using the service were able to communicate in their preferred method.
- People's communication needs were clearly documented in their care plans and staff followed this.
- The registered manager showed us they used Picture Exchange Communication System (PECS) with some people who used the service. PECS is a way for autistic people to communicate without relying on speech

using pictures, symbols, words or photographs to ask for things. This promoted inclusion and supported people who did not use words to communicate to be understood within the service.

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 were able to take part in activities they enjoyed while using the service.
- People used the day centre which was next door to the main home and spent time with other people who attended the day centre.
- Staff told us the activities people enjoyed, a member of staff said, "[Person] likes to be outside, we used to be out a lot."

Improving care quality in response to complaints or concerns

- Systems were in place to make complaints and to have those responded to.
- There were no complaints at the time of the inspection, but staff knew how to advocate on behalf of people using the service if there was anything people were not happy with.
- Relatives we spoke to knew how to complain and told us they had in the past and these had been resolved to their satisfaction.

End of life care and support

- At the time of the inspection there was no one requiring end of life care and support.
- Records confirmed discussions had taken place with relatives, where applicable, to discuss end of life wishes for their family member.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective audit systems to ensure the safety and quality of the service. The provider also did not have effective systems in place to continuously learn and improve the service. This was a breach of regulation 17(1)(2)(a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team and staff were clear about their roles and their purpose was to provide a safe and fulfilling environment for people using the service.
- The service had implemented a detailed action plan to improve the service since the last inspection. This showed the service was considering all aspects of care and risk monitoring to support a safe environment for people using the service. For example, the service had introduced specific training to staff around epilepsy, diabetes and autism to provide staff with the skills to support people.
- Auditing of the service had improved overall, there were systems in place to support the management team to check care was being delivered as required, recruitment checklists were in place, training and staff competency was being monitored, staff were attending regular meetings and received supervision.
- Records showed staff documented what people did during the day, personal care received, food eaten, their mood and activities within their personal communication book.
- Staff confirmed they now attended more meetings at the service and records confirmed this. The service used technology to enable more staff to attend virtual meetings. A member of staff said, "We usually have them once a month, sometimes they [management] will hold two meetings if someone cannot attend."
- Records of meetings showed the meetings began with sharing positivity and what had gone well and then to remind staff of why they did this job and what was expected of them to support people using the service.
- The service was still working on the best way to capture written feedback from relatives and health professionals. They were using feedback forms but had to withdraw them due to Covid -19 pandemic and the risk of cross contamination. Previous feedback received from relatives had been analysed with no complaints about the quality of care.
- We observed the service's social media page which was a personal space for relatives to see activities their



family member had taken part in as posted by the provider.

- Relatives told us they were always telling the management of the service how pleased they were with the care.

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

- People received care in a positive environment which encouraged people during their daily lives.
- We observed people being spoken to well and engaged in different activities of their choosing during our inspection.
- Staff told us they felt supported in their role and could speak to the management team freely. A member of staff said, "I feel I can go to management and speak about people's needs. They [management] are forever telling us to come and tell [them] if we have any ideas." Another member of staff said, "There's always people laughing and smiling, the clients [people] are all characters and give it a good vibe." A third member of staff said, "Working for SCASS is rewarding and brilliant as they provide a good and safe environment for service users and staff."
- The registered manager told us they operated an open-door policy and we observed this during the inspection. They said, "Staff can come to us with work and personal issues."

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 and other managers were clear about their responsibilities under duty of candour.
- The registered manager said, "We are open and transparent, we get on well with families and relay information with families."
- The registered manager was aware of what needed to be reported to the CQC.

Working in partnership with others

- The service maintained good links with other health professionals, health organisations, people's previous placements and charities.