

# TLC Care Management Ltd

# Scissett Mount

## Inspection report

Busker Lane  
Scissett  
Huddersfield  
HD8 9JU

Tel: 01484861180

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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

Scissett Mount is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 55 people.

Scissett Mount is a purpose-built home and all bedrooms have en-suite showers. There is a large communal lounge, dining room, indoor bowling area and cinema room.

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

People said they enjoyed living at Scissett Mount and felt safe. There was a range of activities for people to be involved in. The home also had its own indoor bowls area and cinema room.

People and relatives were complimentary about the staff and management teams, saying they were kind, caring and very helpful. There was good communication with the home through weekly emails and phone calls with relatives.

Care plans and risk assessments identified people's individual needs and provided guidance for staff on how to meet these needs. People received the support they needed to maintain their health and wellbeing. Medicines were safely managed and administered as prescribed.

The home was clean throughout and all staff were following the Personal Protective Equipment (PPE) guidance.

A robust quality assurance system was in place, with regular audits being completed and actions taken to address any shortfalls identified. Staff felt well supported by the registered and deputy managers, who were approachable and there were regular staff meetings.

There were enough staff on duty to meet people's needs. The staff had completed the training they needed to carry out their roles. Floor managers had completed advanced care practitioner training.

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.

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

This service was registered with us on 30 May 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service was registered with us.

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 coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Scissett Mount

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Scissett Mount 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people about their experience of living at Scissett Mount. We also spoke with seven members of staff, including the registered manager, floor manager, care staff, chef, domestic assistant and the management consultant.

We observed the support provided throughout the inspection in communal areas of the home.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to their recruitment. A variety of records relating to the management of the service, including quality assurance audits and maintenance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and supervision information. We contacted three relatives for their feedback about Scissett Mount and a member of night staff. We also spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The risks people may face had been identified, assessed and guidance provided for staff in how to manage these known risks. These were evaluated each month to ensure they were up to date.
- We observed safe moving and handling techniques being used. Staff had completed moving and handling training and had their competency assessed in these techniques.
- Staff had completed training in managing the behaviours people may have if they become anxious or agitated.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

### Using medicines safely

- People received their medicines as prescribed. Guidelines were in place for when any medicines not routinely administered were to be used. The guidance for when anticipatory drugs were to be administered when people approached the end of their lives required more detail. The registered manager told us they would review this guidance.
- Medicines administration records were used to record all medicines administered. Daily, weekly and monthly checks were made to ensure all records were completed, check stock quantities, medicines re-ordering and review staff training was up to date. Action plans were written for any issues found and signed off when they had been completed.
- Floor managers administered all medicines. They had received suitable training for this role and also completed an annual competency assessment.

### Preventing and controlling infection

- The home was very clean throughout.
- Policies and risk assessments had been updated to take into account COVID-19. Suitable PPE was available and used appropriately. Staff and people living at the home were part of a regular testing programme. Vaccinations had also been provided for people living at the home and members of staff.
- A separate room next to an entry door had been used for visiting professionals, such as district nurses, so they did not have to walk through the home during the COVID-19 pandemic, reducing the risk of spreading the virus.

### Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Members of staff completed regular safeguarding training and were aware of the procedures for reporting any concerns.

- All accidents and incidents were recorded and reviewed by the registered manager. The incidents and accidents were analysed to establish if there were any patterns or common features across the home. Any actions that may reduce the risk of a re-occurrence of the incident were recorded and implemented.

#### Staffing and recruitment

- There were sufficient staff on duty to meet people's assessed needs. Feedback from people living at Scissett Mount and staff was positive about the staffing levels at the home. The registered manager told us staffing levels would be increased as more people moved to live at Scissett Mount.
- Staff were safely recruited, with all pre-employment checks completed prior to staff starting work.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the management team and colleagues. A member of staff told us, "I can go and talk with [registered manager] any time I want to."
- Staff completed a range of mandatory training prior to starting their shadow shifts, working alongside an experienced member of the team, so they could get to know people, their needs and routines. Care staff were offered the opportunity to enrol on a diploma in Health and Social Care. Floor managers had completed or were enrolled on an advanced care course.
- Domestic and kitchen staff also completed a range of care courses so they were able to support people during meal times or in the case of an emergency.
- The staff supervision matrix showed staff had a supervision meeting every three to four months. The registered manager said they were aiming to complete the staff supervisions every two months going forward. Staff told us they were able to raise any ideas or concerns in their supervision meetings.

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

- People's nutritional and dietary needs were being met. People said they enjoyed the food and there was a choice of meals available. We were told, "The food's very nice; you can ask for extra things not on the menu if you want to."
- Information about modified diets and people's dietary needs was available in the kitchen and was regularly checked to ensure it was up to date.
- People's weights were monitored and those considered to be at risk of losing weight were referred to the dietician or speech and language team. Food and fluid intake were monitored; however, the target amount of fluid was not recorded on the monitoring sheets, which meant staff may not be aware if people were not drinking enough. The registered manager told us the target amounts will be recorded on the form in future.

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

- People were supported to maintain their health. Any specific medical conditions were identified and guidance provided for staff to follow, for example supporting people with their diabetes.
- The medical professionals we spoke with were complimentary about the service. One told us, "The staff are always keen to help, have any information I need available and follow the guidance I give them."
- Health appointments were facilitated using video calls to reduce the need for visitors to the home. A weekly video call with the GP practice had also been introduced during the COVID-19 pandemic to discuss any changes in people's health and wellbeing.

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

- The service was purpose built and was well maintained and decorated throughout. Bedrooms were large, enabling people to have a ¾ sized bed if they wanted to.
- People were assisted to orientate themselves within the home through the use of dementia friendly signage. Each person chose a picture or symbol that meant something to them to be put on their bedroom doors. This would help people living with dementia recognise their own rooms.
- A relaxation lounge had been set up. This was available for people if they became anxious or upset and had low level lighting to reduce people's stress.

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

- Pre-admission assessments were completed by video calls and telephone during the COVID-19 pandemic. Information was obtained from people themselves, their families if appropriate and other professionals involved in the person's care and support. An initial care plan was written and information verbally given to the staff team.
- People initially moved into Scissett Mount for a respite stay. This enabled them to settle into the home before deciding to move in permanently. This also allowed the home to get to know the person and their needs well.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Care records contained capacity assessments and records of best interest meetings for a variety of decisions, for example living at Scissett Mount, administering medicines and the use of bed rails.
- Where people had been assessed as lacking the capacity to make decisions DoLS applications had been made. These were monitored by the registered manager so that re-applications could be made prior to the DoLS expiry date.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives were very positive about the staff team and the support they received. People said, "I love it; the staff come and talk to me" and "The staff are really nice; there's no falling out."
- We observed and heard positive interactions throughout our inspection. Staff spent time chatting with people in the communal areas of the home. Staff knew people's needs and their likes, dislikes and preferences. A life story book contained a range of information about each person's family, jobs they had done, hobbies and interests.
- People's cultural needs were recorded. The registered manager told us they had options in place to meet people's cultural needs, for example a prayer room could be set up if required. People's cultural diets could also be met if needed.

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

- People's communication needs were assessed, and information provided about how they made their wishes known to staff. Staff were able to describe how they gave people day to day choices, for example what to wear or what they wanted to eat.
- Relatives told us the communication with the home was good. Systems had been developed during the COVID-19 pandemic to phone or email relatives on an agreed timescale. Relatives said they were involved in the care and support their relative needed. One relative told us, "We now get an email update each week, so we always know where we're at. If there is anything at all they will ring to let us know."
- Where required, referrals to an advocacy service were made. This ensured the person had a representative at the meeting to speak on their behalf if they were not able to do so themselves and there were no other relatives or friends able to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support. One member of staff said, "I get the person's permission before I give any support and always explain what I am doing."
- Staff described how they prompted people to complete things they were able to do themselves to maintain their independence. Care plans included information about what people were able to do for themselves, the choices they could make and what support they needed from the care staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Person centred care plans were in place which identified people's individual needs and provided clear guidance for staff in the support people needed to meet the identified needs. These were evaluated each month by the floor managers and any changes in people's support needs recorded. A two-page summary of people's support needs was used as a quick reference guide for staff if required.
- A named keyworker system had been introduced at the service. People knew who their named keyworker was. The keyworker role was to ensure people had the items they wanted, for example clothes and toiletries and to check if they had any suggestions or concerns.
- The registered and deputy managers monitored that all care plan evaluations were completed as planned.

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

- During the COVID-19 pandemic people had been supported to speak with their relatives by phone and video calls. Computer tablets had been purchased and a large video conferencing system had been donated. Relatives told us, "Whenever I phone, I can always speak to [Relative's Name], the staff take the phone to her."
- A visitor's pod had been set up to enable face to face visits to take place when local COVID-19 restrictions allowed.
- There was a weekly plan of activities in place. The home had a range of facilities available including an indoor bowls area and a cinema room. Outside gardens could be used in warmer weather and the registered manager had further plans for a sensory garden and barbeque area.
- Separate small seating areas had been set up in different parts of the home so people could choose if they wanted to sit quietly or be in the communal lounge.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A communication care plan identified people's communication needs, including if they wore glasses or had hearing aids.
- The home used picture menus so people could see what the options for each meal were when they were

choosing what they wanted.

#### Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were acknowledged, investigated and a response provided. Any lessons to be learnt were documented and followed up with the staff team as required.
- Relatives said they could speak directly with the registered manager or staff team if they had any issues or concerns. One relative said, "I asked about communication a few months ago as we used to visit every day. [Registered Manager] rang me back the same day and now does a weekly update by email."

#### End of life care and support

- People and their families were asked about their advanced wishes for the end of their lives, although not all families wished to discuss this.
- The registered manager had enrolled the care staff on a workbook-based end of life training course. This would provide them with the knowledge and understanding of people's end of life care needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A robust quality assurance system was in place. A range of audits were completed and action plans were written to address any issues found. All audits were reviewed by the registered manager and actions were signed off when completed.
- The provider had recently contracted a management company to provide support and guidance for the registered manager. The management company completed their own monthly audits and checks and produced a monthly management report. The registered manager and provider had acted on recommendations made by the management company.
- A clear staffing structure was in place. Floor managers led each shift and had started to be responsible for evaluating all care plans each month. Head of departments, for example the chef and head housekeeper completed the audits for their areas of responsibility.
- A resident of the day system was used so that each person had a set day in the month when their care plans were evaluated, medicines checked and the chef spoke with them about their food preferences. This helped ensure all evaluations were completed each month.

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

- The staff we spoke with were positive about working at Scisset Mount and felt well supported by the registered and deputy managers. Staff told us they could raise any concerns with the management team and they would be acted upon and listened to.
- Relatives were positive about their relative's health and wellbeing outcomes. We were told, "They (the staff team) have gone above and beyond since [Name] has come out of hospital. I couldn't ask for anymore."
- The service had adapted how it worked with other professionals during the COVID-19 pandemic. Video conferencing was used for GP consultations where possible. Professionals we spoke with were positive about the service and the staff team. One said, "The staff will always contact us for advice if they need to."

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

- Regular residents' meetings were held to ask people for their thoughts about the service and if they had any suggestions for example to change the menu or an activity they would like to do. Minutes from the meetings showed that the suggestions people made were put into place.
- Staff meetings were arranged to provide staff with information about the home and allow staff to

contribute their ideas and concerns. One member of staff said, "We can write things down in advance to bring up at the meetings; we can all contribute our opinions."

- Surveys had recently been sent to people living at the service, their relatives and the staff team. The initial feedback was positive. The results of the staff survey had been collated and staff meetings had been arranged to discuss the comments made.
- Relatives and staff said the registered manager was approachable and there had been improvements at the home since they had been appointed.

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 notified the CQC and safeguarding teams of any accidents and incidents as appropriate.
- Relatives said communication with the home was good, for example if their relative was unwell. They could also contact the home if they had any queries or concerns. One relative said, "I can contact any of the staff team if I need to; they know [Name] very well. I don't have to just speak with the managers."