

TLC Care Management Ltd

Scissett Mount

Inspection report

Busker Lane
Scissett
Huddersfield
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Scissett Mount is a care home registered to provide nursing and residential care to a maximum of 85 people. At the time of our inspection, the provider was delivering residential care to older people and those living with dementia. On the day we inspected this service, 68 people were living in the home.

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

The management of medicines was not found to be robust. Recording needed improvement along with the monitoring of fridge temperatures. Following our inspection, the home manager took action to address these issues. People said they received their medicines as prescribed. Staff responsible for medication management had received refresher training and competency checks.

We identified some areas for improvement in the recording of risks to people. The home manager took immediate action to address this. Staff demonstrated a good knowledge of risks to people.

People were safeguarded from the risk of abuse and systems in the home supported this. People felt safe living at Scissett Mount. There were sufficient numbers of safely recruited staff.

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.

The home manager was open with us about challenges the home faced and we saw action being taken to improve service delivery. Strong examples of lessons learned and continuous improvement were identified throughout our inspection. Systems used to identify shortfalls were effective as issues had been identified and were being acted on before our inspection.

People, relatives and staff were involved in the running of the home through meetings and surveys. Staff were working with a range of partners. The culture within the home was improving and feedback about the home manager was positive.

The premises was found to be clean and hygienic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (6 February 2021).

Why we inspected

We received concerns in relation to the safe management of medicines, staffing levels, staff training and the

safe moving and handling of people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good overall based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scissett Mount on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and an Expert-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Scissett Mount is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Scissett Mount is a care home with nursing care, although this activity was not being provided when we inspected. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. However, following our inspection, the manager received confirmation they were registered. Throughout our inspection report, we refer to them as the 'home manager'.

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

During the inspection

We spoke with 12 people who lived at the home, 2 relatives, the home manager, 2 deputy managers, 5 care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We reviewed a range of records. These included people's care records, staff rotas, and documentation to support how the service is run.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were needed in the safe management of medicines.
- Medicine records were not always fully completed. For example, a transdermal patch had been administered, but there was no record of where the patch had been administered to avoid skin irritation. We found examples of medicines being stopped without a record of why and by whom this was decided. There was also no picture on 2 medicine administration records (MAR's) to show who the person was to avoid medication errors.
- One fridge temperature recorded 9.5 degrees Celsius, which was over the 8 degrees Celsius refrigerated medicines should be stored at. The deputy manager took immediate action to address this.
- Medication audits were not taking place prior to the home manager being appointed. A pharmacy had been asked to conduct a medication audit and the provider was awaiting their findings. Following our inspection, the home manager introduced monthly medication audits and daily stock checks.
- People told us they received their medicines as prescribed. One person told us, "They get my medicine right."
- The registered manager was aware of the challenges regarding the safe management of medicines and had started taking action prior to our inspection. We saw staff received refresher medication training and competency assessments.

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

- Risks to people were being managed safely and strong examples of lessons learned were seen.
- One person did not have a risk assessment for incidents relating to behaviour. Another person used a helmet to prevent injury of falls, but this had not been recorded in a risk assessment. The home manager took immediate action to address these issues. Staff were aware of people's risks and how these were managed within the home.
- Certificates relating to the maintenance of the premises and equipment, including fire safety were found to be up-to-date.
- Before our inspection, the home manager identified gaps in staff knowledge around the safe management of medicines and safeguarding people from abuse. They had arranged for further training in these subjects and took additional steps to strengthen practice in the home.
- The home manager updated daily walkaround and spot check templates to ensure they addressed some gaps in recording which we identified.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.

- People we spoke with consistently felt they were safe. Comments included, "I feel safe because of the lovely staff" and "I do feel safe because I know what is going to happen."
- Staff we spoke with had received safeguarding training. They were confident in describing their safeguarding responsibilities and knew how to recognise and report concerns about people being harmed.
- The safeguarding log contained records which showed appropriate action was taken in response to these incidents.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Conditions related to DoLS authorisations were being met.
- Trackers were being introduced at the time of our inspection to provide increased monitoring of DoLS applications and authorisations.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff.
- One person told us, "There seems to be enough staff." Another person told us, "I've only pressed (my call bell) once by mistake and they (staff) came running." Our observations found staff had a visible presence in the home.
- We looked at staff rotas covering a 2 week period at the start of February 2023 and found shifts were staffed based on people's assessed care and support needs. The home manager was looking at recruitment to cover weekends, to include a receptionist and an extra activities person.
- We looked at 2 staff files and found safe recruitment practices were being followed.

Preventing and controlling infection

- Infection prevention and control was being well managed.
- Staff showed a good understanding of infection control. A staff member told us, "After each contact with residents we wash our hands before going to help another person or handling food. If doing personal care, we use gloves and aprons and these must be removed before leaving the room."
- High standards of infection control were maintained at this service as regular cleaning was taking place, which was found to be effective.

Visiting in care homes

People were welcome to have visitors at this service without restriction.

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

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

- The culture within the home was improving under new leadership.
- The home manager joined Scissett Mount in November 2022. They contacted us at this time to discuss concerns about the safe management of medicines. Whilst improvements were still needed, they were overseeing this work. They were able to demonstrate how improvements had been made and challenges around the staff culture had been carefully, but robustly handled.
- Wellbeing sessions for staff showed positive feedback about the home manager. One staff member said, "She is a good manager who takes everyone with her. She is always willing to help." A relative told us, "The new manager comes across as exceptionally good. There is a genuine will to support relatives. The home is better now without a doubt, with so many staff I could name who are dedicated and caring."
- Two relatives we spoke with gave feedback about how friendly and approachable staff on reception were, which made them feel welcome.

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 provider's duty of candour was being met.
- The registered manager was open and transparent throughout our inspection. They welcomed our feedback during the inspection and took prompt action.
- A relative told us how impressed they were with communication from the nominated individual following a medication error, as this reassured them about action being taken.

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

- The provider engaged with people who used the service, their representatives and staff.
- We looked at recent examples of meeting minutes for people and their representatives and meetings for staff. Meeting minutes were detailed and demonstrated an open culture where voices were being heard. During our inspection, we could see action had been taken in response to feedback.
- The nominated individual carried out a walkaround in January 2023. This showed how people who lived at this home were asked for their views and any concerns were followed up.
- Wellbeing supervisions had been provided for most staff with more to follow our inspection.

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

regulatory requirements

- Robust systems of oversight were in place and continued to be developed.
- The oversight of people's care needs had been strengthened shortly before our inspection. Daily meetings with department heads were taking place to discuss key issues.
- In February 2023, clinical risk oversight was used to identify gaps in 'as required' medication protocols, weights, fluids, pressure wounds and falls. These audits showed timescales and who was responsible for actions.
- A nutritional audit carried out February 2023 showed a good understanding of people's dietary needs, looked at their weight, which partners were involved, such as dieticians and speech and language therapists. Actions were updated to clearly show next step.
- The nominated individual carried out their own audits and produced detailed reports which demonstrated a sound understanding of people's care and support needs.

Working in partnership with others

- Staff worked in partnership with a range of professionals.
- The home manager told us a weekly video call took places with the GP and an advanced nurse practitioner.
- Contact was being made with partners who were providing support around the safe management of medicines to strengthen systems.

Continuous learning and improving care

- A wide range of examples were seen around improvements being made to the running of the service.
- We discussed concerns with the home manager which had been brought to our attention before this inspection. Suitable action had been taken to address these points and gave us assurances about improvements being made.
- Staff had written reflective statements on subjects such as medication errors and not identifying and reporting safeguarding concerns.
- Concerns were raised before our inspection about the laundry service. A meeting for people and relatives in January 2023 addressed these issues and how improvements were being made.