

SCASS Ltd

SCASS Ltd

## Inspection report

Blossom House, 371a Upton Lane,  
Forest Gate  
London  
E7 9PT

Tel: 02084718811

Date of inspection visit:  
29 December 2016

Date of publication:  
24 January 2017

## 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

SCASS Ltd provides accommodation and support with personal care for up to eight people with learning disabilities and physical disabilities. Primarily a respite service providing short breaks for people who live with their families or other unpaid carers, three people were staying there when we inspected. The service is provided in a large house in Forest Gate in the London Borough of Newham, which is co-located with a day support service provided by the same provider. The ground floor of the service premises has been adapted for use by people who use wheelchairs or have other mobility limitations. The service supports people who live in the boroughs of Camden, Newham and Redbridge but is available to all.

This unannounced inspection took place on 29 December 2016. The provider met all legal requirements we checked at our last inspection in September 2013.

The service had a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a very homely and welcoming feel, and staff knew people and their support needs very well. People had care plans to which they were encouraged to contribute, and staff were aware of the requirements of the Mental Capacity Act 2005 and what this meant for the people who used the service.

Staff were aware of their roles and the leadership of the service was clear in its vision, values and aims. Staff supported people to undertake a wide range of activities and there were always enough staff, who had been properly vetted before they started work, to ensure people could undertake the activities of their choice.

People were supported to eat nutritious foods and access health care services when required.

Staff kept people safe and the service had a robust system of risk assessments and strategies in place to support people safely. People with specific medical conditions had plans and guidelines in place to address these.

Staff supported people with complex communication needs to communicate effectively.

## 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.

There were enough staff to meet people's needs safely and in a timely manner, and the provider had a robust safer recruitment system in place.

Risks were assessed and strategies were in place to mitigate those risks. People were safeguarded from abuse.

Medicines were managed safely within the service.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to carry out their roles.

Consent to care was sought in line with legal requirements and the staff knew what to do if a person did not have capacity to make decisions about their support.

Food and drink provided was nutritious and appetising, and staff supported people to access healthcare services when necessary.

### Is the service caring?

Good ●

The service was caring.

Staff knew people very well and the atmosphere in the service was relaxed and comfortable.

Staff supported people to communicate effectively using pictorial aids when required.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed each time they used the service for a short break and their care plan revised to ensure staff were

aware.

Staff supported people to undertake the activities of their choice.

There was a system in place for receiving and responding to complaints.

### **Is the service well-led?**

The service was well-led.

The leadership of the service was open and transparent, and staff were aware of their roles. The service's vision, values and aims were clear and evident in the work of the staff.

The registered manager had a system in place to check the quality of the service.

The service had been recognised for its work by outside agencies and had won an award in each of the last two years.

**Good** ●

# SCASS Ltd

## 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 was planned to check whether the provider is 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 inspection took place on 29 December 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed all of the information we held about the service including notifications of important events affecting the service and the people who use it that the provider is required to tell us about.

Most of the people who were using the service at the time of our inspection had significant communication needs and were not able to tell us verbally about their experiences of the service, so we observed their interactions with staff. During the inspection we spoke with one person who used the service, the registered manager, the deputy manager and two support workers. We reviewed three people's personal care and support records, four staff personnel files and other records relating to the management of the service such as staff training information, records of checks and audits, feedback forms and complaints.

After the inspection we spoke with two people's relatives to gather their views of the service, and another support worker.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe staying at SCASS Ltd. One person told us, "Yes, it is very safe". A person's relative said, "I have no concerns when [my relative] is staying there for respite."

People were safeguarded from the risk of abuse as the provider had systems in place to protect people. Staff told us about the different types of abuse and what they would do if they suspected a person had been abused. One staff member said, "I would stop and make sure the person is ok first of all, then report it to the manager. I can also report it to Newham safeguarding." Records showed that all staff had been trained in safeguarding adults, and we saw that contact numbers for reporting abuse to the local authority safeguarding adults team were clearly displayed on several noticeboards around the service premises. Safeguarding information in a pictorial format was also available for people who used the service to assist them to understand how to keep safe.

Risks relating to the service and to people's support were assessed and guidelines were in place for staff to assist them to mitigate these risks. Each person's personal care and support records contained a detailed, comprehensive risk assessment that included clear guidelines for staff on how to support people safely. These were reviewed each time the person used the service for a short break. People with specific medical conditions that could pose risks to their safety had clear plans in place with strategies for staff, for example one person had epilepsy and their plan included information about the types of seizures they experienced and what to do when these occurred. They also had additional safety measures in place, such as a sensor mat in their bedroom and padding around their bed to minimise the likelihood of hurting themselves when they experienced a seizure.

Some people who used the service at times exhibited challenging behaviours, behaviours which pose a risk of harm to themselves, other people or property. Each of these people had a clear plan in place, as part of their risk assessment, for staff to follow should they exhibit such behaviours. These were detailed and included information on how to support the person to calm down and avoid incidents when triggering events occurred. Staff had also been trained in physical intervention strategies, however one staff member told us they hadn't needed to use these "recently as we are very careful to look out for triggers and try to defuse the situation before it gets to that point." Records showed that one person's incidents of challenging behaviours had reduced significantly since they started using the short break service.

Risks relating to the service premises were also assessed with clear guidelines in place and roles for staff, particularly in an emergency. There was a clear fire evacuation procedure and records showed that fire drills were carried out periodically to ensure staff knew what to do. The registered manager had developed an annual planner of all health and safety tasks and updates to be completed, and records showed these were carried out according to the planner. Records also showed that all equipment used within the service premises was checked and maintained safely and according to the manufacturers' guidelines.

Medicines were managed safely within the service. For each short break respite visit, staff completed a form detailing all of the medicines the person was taking and the amounts given to the service for their use during

the stay. Medicines were stored in a locked cabinet, and the medicine administration records we checked were up-to-date and fully completed by staff when medicines were administered. Records showed staff had been trained to administer medicines safely. Details about the medicines, what they were prescribed for, and any potential side-effects were included in each person's personal care and support records to inform staff. One person who used the service took their medicines without assistance from staff, and there were clear guidelines for staff to follow to ensure this person's safety when they did so.

The registered manager followed the principles of safer recruitment and staff were checked and vetted to ensure they were suitable to work with people using the service before they started work. Each staff personnel file we checked contained the application form the staff member had completed, detailing their employment history in health and social care, and references to their good character which were verified by the registered manager. Records also showed that each staff member had a Disclosure and Barring Service check to ensure they were not barred from working with people in need of support, and these were refreshed every three years to ensure the staff member remained of good character throughout their employment with the service. Each personnel file also contained proof of the staff member's right to work in the United Kingdom. Volunteers working within the service were also required to have relevant checks to ensure they were suitable before volunteering to work within the service.

There were enough staff to ensure people's needs were met safely and in a timely manner. Staff told us, and records confirmed, that there were at least two staff on shift within the respite service at all times, including during the night. Staffing was shared with the co-located day service, and staff told us that staffing levels were increased as necessary, depending on the number of people staying in the respite service and their support needs. We saw there were enough staff to ensure people could be supported on a one-to-one basis, or two-to-one basis when necessary. A staff member told us, "There is never one staff working alone, there's always at least two of us on shift."

The service premises were clean and free from unpleasant odours when we visited. The registered manager ensured staff were provided with appropriate personal protective equipment when supporting people and when undertaking additional tasks such as cooking and cleaning. There was a cleaning plan in place and the service employed a cleaner two days per week, with additional cleaning tasks undertaken by support staff when necessary. Food was stored appropriately in line with food hygiene guidelines, and staff used different coloured chopping boards to reduce the risk of cross-contamination.

The registered manager had a system in place to monitor incidents and accidents that occurred within the service.

## Is the service effective?

### Our findings

People and their relatives told us the service met their needs. One person said, "[The service is] alright" and a relative told us, "The staff know what they are doing. [My relative] is always treated well."

Staff received the training and support they needed to carry out their roles effectively. Staff personnel files showed they had each completed training on topics of general relevance to their role, such as health and safety, food hygiene, moving and handling, first aid and communication skills. Training was also provided in topics specific to the needs of the people who used the service, such as stoma care, dysphagia and epilepsy awareness. Refresher training was provided to ensure staff remained up-to-date in their skills and knowledge.

Each staff member completed an induction programme when they first started work at the service, including shadowing more experienced members of staff. The registered manager also required staff to undertake qualifications in health and social care, and each staff member had, or was working towards, these to level two or three. Some staff had also started working as apprentices within the service and gained their qualification through their apprenticeship.

The registered manager supported staff through periodic supervision and appraisal of their work. We saw records of these meetings. Staff told us these were useful and allowed them the opportunity to raise any issues relating to the people they supported, identified any training needs and monitor their progress.

People consented to their care and support in line with legal requirements. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that the staff of the service were knowledgeable about the requirements of the MCA and what this meant for the people who used the service. Records showed, and staff confirmed, they had been trained in the MCA, assessed people's capacity to make decisions about their support, and used 'best interests' decision-making to ensure decisions were made in people's best interests when they did not have capacity to make decision for themselves.

Some people who used the service had DoLS authorisations in place, and the conditions of these were known and met by the registered manager and staff.

Staff supported people to eat a nutritious diet and ensured they had enough to drink. Each person's

preferences relating to food and drink were recorded when they first came to stay at SCASS Ltd, and menus included these. People could also request the meals of their choice, as they wished. Where people had specific nutritional needs, such as a diabetic or soft diet, these were catered to. Food being prepared looked and smelled appetising when we visited, and we saw that staff encouraged people to eat healthy foods including lots of fruit and vegetables. We observed that staff were very positive while supporting people to eat.

Staff supported people to access healthcare services when required. Most people who used the service stayed only for short breaks and so the service was not required to support them to routine medical appointments, however we saw that one person, who was staying at the service longer-term, had a hospital passport with up-to-date information on their medical history, current diagnoses and concerns, communication needs and preferences should they need to be admitted to hospital. Staff of the service had also arranged for this person to see medical professionals when they needed to.

The design and layout of the service premises met people's needs. Bathrooms had been recently redecorated and specially adapted for people with mobility needs, and the bedroom on the ground floor was set up for a wheelchair user. Communal spaces were airy with homely décor, and there was a very large garden which people could use when the weather was nice. The service premises also had a 'chill-out room' people could use for some time alone or if they felt the need to calm down.

## Is the service caring?

### Our findings

People and their relatives told us the staff of the service were caring. One person said, "The staff are nice." A relative told us, "The manager and support staff are just lovely. [My relative] always looks forward to going back for respite." A staff member told us, "The best thing about working here is supporting the clients. It's nice to see people happy and well-cared for."

Staff of the service had developed positive relationships with the people they supported. We observed that staff interacted well with people and there was a homely, comfortable atmosphere within the service. Staff knew people's histories and what was important to them, and chatted with them about topics of interest. We noted that one person was staying at the service longer-term, and not for a short break. Their records contained a thorough and comprehensive life history document titled 'About Me' which they had brought with them from another service. The registered manager told us she intended to introduce a similar document for people who stayed at the service for longer than a short break.

Staff supported people to communicate effectively, particularly when they did not communicate verbally. We saw pictorial communication aids were used with good effect to support people to make their needs and wishes known, and staff had been trained in how to communicate effectively with people who did not speak, or spoke only little. One staff member told us, "You need to look at their non-verbal signs – gestures and body language – and even if they don't speak they often make sounds. You can tell by their facial expressions if they are happy. We also use aids to help people tell us what they want."

People were encouraged to have as much say in planning their care as possible. Records showed that staff developed an activity plan with people when they started their short breaks, and people's preferences and wishes for their care were noted in their care plans and adhered to by staff. There was good communication with people's families while they were staying on short breaks by means of a communication book for each person. Staff also completed a daily record form detailing the activities the person had undertaken, what they had eaten and drunk that day, what personal care support was provided by staff and general comments about the person, their behaviours and moods.

When people started using the service, on their first short break, the registered manager ensured they were given a 'welcome pack' with information about the service, contact details, what they could expect from the service, safeguarding information and information on how to make a complaint. Parts of this were in a pictorial format to aid understanding for people who did not read. A relative told us this was "very useful".

Staff ensured people's privacy and dignity were maintained when they received care and support. We observed a staff member encourage a person to move into a different room of the service to discuss a sensitive issue out of hearing of other people who used the service. Staff told us about how they maintained people's dignity while providing support with personal care. One staff member said, "I always close the door to ensure privacy, and make sure people are decent before leaving the bathroom when I support them with personal care."

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs. One relative said, "Each [short break] visit is different and the manager always checks what has changed since the last visit."

The registered manager assessed people's needs when they were first referred to the service, and developed a care plan based on those needs. Each person's records contained an initial assessment by the local authority as well as the service's assessment form and care plan. One person's local authority assessment stated that they "refused to walk most of the time" and that the service may need a wheelchair for this person to use, however we observed them easily walking around the service without any issues and getting ready for an outing in the community without a wheelchair. The registered manager told us, "It's never been an issue here. Staff support [the person] to walk and [they] do." Assessments and plans were reviewed for each short break to ensure staff of the service were aware of any changes.

Staff supported people to undertake a range of activities throughout their stay at SCASS Ltd. Records showed that each person had a full timetable of activities and there were enough staff to support people to access the activities of their choice. The registered manager told us that some people used the co-located day support service while staying for short breaks, while others maintained their usual timetable of daily activities such as attending college and undertaking voluntary work. We observed staff supporting people to go for a walk and to a local café during our visit, and saw photos of people enjoying themselves at community events such as a Christmas disco. A staff member told us, "Anything they wish to do, we will at least try to facilitate!"

Activities within the service were also available, such as board games, crafts, videos and a weekly music and movement session. During good weather, staff encouraged people to get out into the large garden and supported them to plant and tend to vegetables and flowers.

The service had a system in place for receiving and responding to complaints, however we saw that there had been no formal complaints received. The registered manager told us she dealt with issues as they arose and relatives told us they knew how to complain if they needed to, but hadn't had to. One relative said, "[The registered manager] is very open, I know I can complain if I need to but any issues are addressed immediately." The registered manager said, "I have a close relationship with the parents and we work things out."

## Is the service well-led?

### Our findings

People's relatives and staff told us the management of the service was open and transparent. A relative said, "Any issues I go straight to the manager, but they have been very rare." A staff member told us, "[The registered manager] is very open. This is the best place I have worked, and it's half because of the clients and half because of the great team."

The service had a clear vision and values for person-centred care that was shared by all staff, and evident in the care we observed being provided. The registered manager was very hands-on and available to support people who used the service and staff, most of the time. The registered manager and other members of the management team were also available on-call if staff, people or their relatives needed additional support when they weren't present.

Information was shared within the service through team and managers' meetings held every three to six months. The registered manager told us that they also held a meeting with all staff when a new person started using the service, to ensure that all information about the person and their needs was shared clearly with all staff who would be supporting the person. Staff told us they felt well-supported by the registered manager, with one staff member saying "any issues I can take straight to [the registered manager]. She is really open."

The provider had a system in place to check the quality of the service. After each short break visit, the person and their family/ unpaid carers were asked to complete a feedback form about the visit and the service. These were reviewed by the management team and, if any issues were raised, action taken as a result. For example, additional training was provided to staff.

Staff were aware of their roles and the registered manager had employed a team leader who was due to start shortly after our visit. The team leader was employed to take over some of the line management responsibilities for the registered manager, in recognition the service (and the co-located day service) was growing and it was "getting too much". The registered manager had a clear plan for the service, which was initially started to support young people aged 12 to 25 but had expanded its remit over the last few years as more people needed support.

Records held within the service, both those relating to people's personal care and support needs and those relating to the management of the service, were robust, up-to-date, clear and stored in accordance with guidelines for confidentiality.

The registered manager ensured they kept their own knowledge up-to-date by participating in local authority provider forums, local provider networks and through regularly reading relevant magazines and internet sites. We also saw that the service had recently signed up to the 'dignity pledge' and was introducing a 'dignity champion' to ensure dignity in care and support was at the forefront of service provision.

The service had been recognised by outside agencies for its work and had won awards in the two years prior to our inspection, for being in the 'top 20 recommended care homes in London' (under the name Blossom House).

The registered manager fulfilled all requirements of their registration with CQC.