

Minster Care Management Limited

Sycamore Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sycamore Lodge is a care home with nursing for up to 77 older people. The home is divided into five units. At the time of our inspection 62 people were living at the home. Some people were being cared for at the end of their lives and some people were living with the experience of dementia. The home is operated by Minster Care Group who provide care and support in care homes throughout the United Kingdom.

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

People were supported to take their medicines safely but we saw some practice issues needed improvement. We also found some safe environment issues. The registered manager responded to these promptly and we were assured that they had maintained people's safety.

There were enough staff to keep people safe. Staff had training on how to recognise and report safeguarding concerns and they knew how to do so. The registered manager worked with other agencies to investigate concerns. The home was clean and there were procedures in place for preventing and controlling the spread of infection.

People's care plans set out personalised information about their care preferences and the support they needed, including their communication needs. People were supported at the end of their life to have a comfortable and dignified death.

The provider had appropriate procedures in place for responding to and learning from incidents and complaints. There were systems in place to monitor the quality of the service. The provider took action in response to audits and checks to improve and develop the service. The staff worked with other services to provide people with joined up care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 December 2021). 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

We carried out an unannounced comprehensive inspection of this service on 23 November 2021. Breaches

of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. 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 changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe 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.

Sycamore Lodge

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 conducted by 2 inspectors, a member of the CQC medicines team, a nurse specialist advisor 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

Sycamore Lodge 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. Sycamore Lodge is a care home with nursing care. 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 a registered manager in post.

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 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 9 people who used the service and 3 visiting relatives. We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a number of staff, including 3 care workers, 1 senior care worker, 2 nurses, the activities coordinator, a quality assurance manager, the deputy manager and the registered manager. We looked at the care records of 13 people and 8 people's medicines support records, and 8 staff recruitment files. We also looked at a variety of records related to the running of the service, including, maintenance checks, meeting minutes and quality audits.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about people's safety at all times. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, we found that risks were not always appropriately managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- The service assessed and managed risks to people's safety and well-being and people we spoke with told us they felt safe. However, we identified some potential environmental hazards. We informed staff and the registered manager so they could address these. After our visit the registered manager also provided evidence of how the service was addressing some repairs issues we found, such as fixing a person's window or radiator.
- People's care and risk management plans set out how to support people so they were safe. However, two people's plans were not always clear on their use of a call bell to request staff support. We raised this with staff and they updated people's plans after our visit. Other risk management plans included how to manage or reduce the risk of developing pressure sores or who may be at risk of falls due to mobility issues. Staff worked with other professionals to do this, such as occupational therapists and tissue viability nurses. People's plans stated how pressure relieving mattresses should be used and these were checked regularly.
- There were appropriate fire safety arrangements in place, including regular checks of the fire alarm systems and equipment. The provider was implementing recommendations from a recent fire risk assessment to maintain a safe environment.
- The maintenance manager undertook a variety of checks to maintain a safe environment in the home, including water, lighting, mobility equipment and people's bed rails, and took action to address issues these checks found.

Using medicines safely

At our last inspection, we found that medicines were not always managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12

- There were appropriate arrangements in place to ensure people received their prescribed medicines as required and these were audited regularly. However, we identified some improvements needed to make sure medicines were always managed safely.
- Medicines were stored appropriately, but on one unit staff did not always record accurately the fridge temperatures when used to store some medicines. The provider took immediate action and contacted the local pharmacist to seek advice to address this and ensure accurate temperature monitoring.
- On one unit staff did not always keep up to date records of waste medicines before they disposed of them. This meant there was not always an accurate record of the medicines that had been received, used and disposed of by the service. We discussed this with the provider and they took prompt action to address this after our visit.
- Staff administered people's medicines as prescribed, including medicines to be given at specific times, and recorded this effectively on a digital system. We observed staff gained people's consent before administering people's medicines in a polite, supportive manner.
- People had medicine care plans in place that provided guidance to staff about peoples' medicines and how to support them with their health needs.
- Some people were prescribed medicines to be taken on a when required basis, such as for pain relief. There was information for staff in people's care plans on how to support people with these medicines consistently.
- There was a process in place to report and investigate medicine incidents.
- The staff received training on providing medicines support and the provider assessed their competency to do so safely.

Preventing and controlling infection

- The provider had appropriate, up to date procedures in place for preventing and controlling infection so as to keep people safe.
- The provider was promoting safety through the layout of the home and keeping the premises clean. We noted some bins used to dispose of medical equipment, such as needles, were not dated to show when healthcare professionals had started to use them. We discussed this with the registered manager so they could address this.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were provided with PPE, such as masks, aprons and gloves to wear so they could support people safely. Staff were shown how to use this. They also completed awareness training on infection prevention and control. The registered manager maintained sufficient stocks of PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- The provider responded effectively to risks and signs of infection and worked with statutory partners to do so. We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

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 if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate processes in place to keep people safe from the risk of abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This included using whistleblowing procedures. Staff and the managers felt confident in raising concerns and being supported by the provider.
- The service worked with other agencies to respond to and investigate concerns.

Staffing and recruitment

- The registered manager ensured there were enough staff to keep people safe and meet their needs. Most staff told us there were enough staff on shift but some said this was difficult at night. The registered manager reviewed staffing levels regularly and informed us they adapted these when required to meet people's needs.
- There were suitable recruitment processes in place to help make sure the provider only employed appropriate staff. These included Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had appropriate systems in place for recording and reviewing incidents and accidents and making improvements based on these. Staff we spoke with were aware of this process and gave examples of responding to incidents and learning from these.

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

- People received care and support in a planned way that reflected their individual needs and personal preferences. We saw staff provide this in a caring and considerate manner.
- People's care plans set out their care and support needs and how staff were to support them, such as when providing skin care management, personal care, and assistance to wash and dress. Their plans were personalised and reflected their preferences, likes and dislikes. We noted that the section in one person's plan about their food preferences lacked detail and we raised this with the managers so they could address this. Other care records, though, indicated the person received effective support to eat and drink and their nutritional health had improved since they moved to the home.
- People's care plans also set out in appropriate detail the support they required to live safely with a diagnosed condition, such as diabetes or epilepsy. We saw a person's plan reflected how their behaviour was affected by their advanced dementia and how staff needed to respond to this with sensitivity. Staff we spoke with said they found people's care plans informative.

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 service supported people to meet their communication needs.
- People's care plans set out information about how people communicated and how staff were to promote this. This included when a person may be hard of hearing or did not use words to communicate.

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

- The home offered people a range of timetabled activities and support to engage in these. These were arranged and facilitated by an activities coordinator and we were told most other staff supported people with these as well. We observed these taking place during our visit. Activities included arts, crafts, music workshops, bingo, 'active chat', reminiscence groups and 'pamper' sessions. People's art work decorated the units and we saw staff helped people celebrate their birthdays.
- The service also worked with volunteers and other agencies to provide meaningful activities, such as dementia workshops.
- Staff supported people to attend religious services of their choosing and invited local community faith

leaders to the home to lead these.

Improving care quality in response to complaints or concerns

- There were appropriate procedures in place for managing and learning from complaints. Records of these showed the registered manager had investigated and responded to these appropriately. A member of staff told us people were encouraged to speak up if they were unhappy about something. There was information on how to make a complaint available in the units and in people's service guide.

End of life care and support

- People were supported at the end of their life to have a comfortable and dignified death.
- People's care plans set out information about their wishes at the end of their life.
- A member of staff spoke about being sensitive to people's reluctance to discuss end of life care while encouraging them to record their preferences for this so these could be known and respected.

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.

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

At our last inspection, we found systems and processes for monitoring and improving quality, as well as monitoring and mitigating risk, were not always operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The registered manager maintained a system of checks and audits to monitor the quality of the service and make improvements when needed. This enabled them to check on elements such as regular care plan reviews, call bell response times, people's dining experiences, incidents and complaints actions, staff recruitment, building maintenance issues, and working with the local authority when people lacked the capacity to consent to their care arrangements. The provider also used the system to monitor the service to ensure improvement actions were implemented.
- The service was responsive to issues that we and periodic quality audits by senior managers found. For example, adding more personalised detail to people's care plans.
- The registered manager conducted a regular, documented 'walkaround' check of the service to monitor people's care and the environment. We saw they took action in response to their findings.
- There was an established, stable management team at the service who were suitably qualified and experienced. Staff spoke positively of the managers who they said were approachable and supported them. One member of staff said, "You learn a lot from [the registered manager], they explain things."
- The registered manager notified CQC of significant incidents and the provider displayed the previous inspection ratings at the home and on their website, as required by regulations.

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

- There was a positive culture at the service and staff were focused on meeting people's health and care needs. Staff and managers we spoke with demonstrated a good understanding of these. One person told us, "The [staff] are lovely, do anything for you, even some shopping." Staff and managers we spoke with demonstrated a good understanding of people's needs.
- We saw information in the units that advocated respecting people's dignity and people had described what this meant for them. Meeting records indicated the provider planned to nominate staff dignity

champions for each unit. A 'champion' is a member of staff with a sound knowledge of promoting dignity in people's care and supporting other staff to do this.

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 demonstrated a good awareness of their duty of candour responsibilities. We saw there was information displayed in the home promoting working in an honest and transparent manner. There were processes in place for responding and apologising to people when things went wrong.

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

- People, staff and relatives had opportunities to engage with the running of the service.
- The registered manager held regular meetings with people and their relatives where they were able to comment on their service. Records showed people had recently discussed topics such as vaccinations, COVID-19, staffing, industrial action and maintenance.
- The service coordinated regular 'food committee' meetings so people could meet with and provide feedback to the catering team.
- There were regular team meetings and records showed the registered manager used these to discuss issues including staff training, staffing changes, improvement actions and learning from incidents and accidents.

Working in partnership with others

- The service worked closely with other professionals to help provide people with joined up care. This included social workers, district nurses, psychiatrists, tissue viability and Parkinson's Diseases specialists and GPs.