Sanctuary Home Care Limited

Sycamore Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 3 March 2016.

Sycamore Court is a residential care service providing personal care and support for up to 12 younger and older adults living with a learning difficulty and/or an autistic spectrum disorder. The premises are on two floors, all bedrooms are single, and there are three lounge/dining areas, two kitchens and a variety of bath and shower rooms.

At the time of our inspection there were nine people using the service.

The service has a registered manager. This 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.

People told us they were happy at Sycamore Court and considered it to be their home. They also said they liked the staff and felt safe with them. The accommodation was homely and bedrooms were personalised. Staff and the people using the service got on well together. The atmosphere was warm and friendly and people appeared relaxed and comfortable.

When we asked people what they liked best about Sycamore House they told us 'the staff'. People helped to choose the staff who supported them. The staff we met were well-trained and knowledgeable about the people they supported. There were enough staff on duty to meet people's needs, accompany them out into the wider community, and spend both one-to-one and group time with them.

People told us they enjoyed the meals served. They said what their favourite foods were and we saw these were on the menu. Staff encouraged people to eat healthily and to try a wide range of food but also understood that people had a right to choose what they ate.

Staff told us they got to know the people using the service by being introduced to them and spending time with them, talking with their relatives and friends, and reading their care plans. They supported people to take part in a range of one-to-one and group activities including pub visits, discos, shopping, cinema, arts and crafts, trips to the park, and cookery.

Staff ensured that all the people using the service were involved in its running. Some people were able to give their views verbally, but for those who couldn't staff used their communication skills, including signing, to include them. At a house meeting we attended staff ensured all the people using the service were involved and understood what the meeting was about.

The registered manager oversaw all aspects of the service. She got on well with the people who lived at

Sycamore Court who happily approached her whenever they wanted to. Staff told us they had confidence in the registered manager and said she provided them with good leadership.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This included regular surveys which gave the people using the service, relatives, and other stakeholders the opportunity to comment on how well it was it running. We saw that ongoing improvements had been made as a result of this system.

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.

People using the service were safe at the service and staff knew how to protect them from abuse.

There were enough staff on duty to meet people's needs and support them to do activities.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the training they needed to provide effective care and support.

Consent to care and treatment was sought in line with legislation and guidance.

People had a choice at mealtimes and were supported to eat healthily.

Staff understood people's health care needs and supported them to receive the medical assistance they needed.

Is the service caring?

Good

The service was caring.

The staff were caring and kind and got on well with the people using the service.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People has access to a range of group and one to one activities.

People understood how to make a complaint.

Is the service well-led?

Good

The service was well led.

People using the service were involved in how the service was run.

The registered manager and staff were dedicated to ensuring the people using the service had a good quality of life.

Audits were carried out to check on the quality of the service.

Sycamore Court Residential Care Home

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 3 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with two people using the service on an individual basis. We attended a house meeting attended by the same two people, and four others. At the meeting people shared their views about the service with us. We also spent time with two people using the service who were not able to share their views verbally. And we spoke with the registered manager, a senior support worker, and three support workers.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

At the house meeting we attended staff asked people who they would tell if they were unhappy or felt unsafe. People were quick to respond, calling out the names of staff they would tell including the registered manager and their key workers. We saw that people who could give their views verbally were confident to speak out.

People who communicated in other ways appeared content and relaxed. We saw they had no hesitation in approaching staff for support, and looked to staff for reassurance when they needed it. Staff told us they would advocate for those who could not speak out. One staff member said, "We know them all so well that if they were unhappy we could tell by their behaviour or body language. We could then do something about it."

Records showed that staff completed safeguarding training when they started working for the provider. This was updated annually. The training covered: recognising the signs of abuse; how, when and to whom all suspected incidents should be reported; and the staff member's role in reporting suspected abuse. The provider's safeguarding policies included procedures for all aspects of safeguarding to ensure staff had the guidance they needed to protect people and work in conjunction with other authorities with safeguarding responsibilities.

Staff understood their responsibilities to safeguard the people using the service. They knew that any safeguarding concerns must be reported to the local authority who take the lead in safeguarding investigations. One staff member said, "All the staff know about safeguarding and we make sure the service users are safe. If we ever saw any signs of abuse we would report it to management straight away and make sure it was dealt with."

We looked at how risk was managed at the service. We saw that staff were aware of situations where people might be at risk and took proportionate action to keep them safe. For example, staff accompanied one person, who was at risk of falling, around the premises and ensured they were safely seated when they wanted a rest. Another person had a sensor in their room so staff were alerted if they got up at night and needed assistance. These were examples of staff managing risk in order to keep people safe.

Where people were at risk, support plans and risk assessments were in place so staff had the information they needed to help reduce the risk. For example one person's risk assessment for mobility explained the physiological reasons why their mobility was reduced, and what aids and adaptations staff should use and when. It also set out the person's understanding of the risk and how this could fluctuate depending on where they were or if there were any distractions. This helped to ensure that staff had the information they needed to support this person safely.

People told us they liked the staff and felt safe with them. At the house meeting we attended people were asked what they thought of their keyworkers (a keyworker is a named staff member who has a central role in supporting a particular person using the service). Their response was to cheer in appreciation. People were

also asked what they thought of staff who were new to the service. They also got a good response and people said they liked them too. We could see that the people using the service felt positive about the staff who supported them.

During our inspection there were enough staff on duty to meet people's needs. Records, including the service's staff rota, showed that the staffing levels we saw were the usual ones. We talked with the registered manager and staff about staffing levels at the service. The registered manager said there had been a busy time earlier in the year when staffing levels had been a challenge due to a change in the needs of one person using the service. She said that as a result the service had had to use agency staff while more staff were recruited. She said the situation had not been ideal, as the people using the service needed continuity of care, but it had now been resolved.

Staff acknowledged this had been a challenging time for both them and the people using the service. They said that management had kept them informed throughout and they had been asked for their views with regard to the suitability of agency staff. They said permanent staff had since been recruited and they were now satisfied with both the suitability and the numbers of the staff employed.

Records showed that staff were safely recruited. The provider's recruitment policy and procedures met legal requirements. The staff recruitment files we sampled had the required documentation in place including criminal records checks. This showed the provider had taken the necessary steps to help ensure the staff employed were fit to work in a care environment.

Where possible the people using the service were encouraged to get involved in the management of their medicines. For example, one person was able to 'pop' their medicines out of a blister pack once staff had prompted them to do this. Other people had their medicines given to them with staff explaining at the same time what the medicines were for to help involve them in the management of their medicines .

Records showed that all the people using the service had risk assessments in place for their medicines. These told staff how to reduce risk when administering medicines. For example, one person was to be given their medicines one at a time to reduce the risk of choking. Another person had a process in place to help ensure their medicines were managed safely when they went on day trips or social leave. This included the name of the person who would be administering their medicines when they were not at the service.

Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely. Records showed that staff were trained both in-house and by the service's contract pharmacist. This was followed by a six weeks shadowing period when they observed experienced staff administering medicines. Once they were considered trained they were subject to regular competency checks to ensure their medicines administration skills remained up to date.

Good

Is the service effective?

Our findings

When we asked people what they liked best about Sycamore House they told us 'the staff'. People helped to choose the staff who supported them. They were involved in staff recruitment, having had training from the provider, and interviewed potential staff members to see if they thought they were right for the service.

The staff we met were knowledgeable about their roles and responsibilities. They said they were satisfied with the training they'd had which enabled them to provide effective, person-centred care. One staff member told us, "The training prepared me for my role here, and I learnt so much." Another staff member commented, "The training covers all the essentials and is particularly good at highlighting areas of risk that you might not know about if you are new to care. It's also good on the importance of giving people choice."

Records showed that new staff followed the provider's training programme. This included an induction followed by a range of general courses in key areas of care including manual handling, first aid, food hygiene, infection control, health and safety, safeguarding, and medicines management. This was supplemented by training that was more specific to the needs of the people using the service, for example learning disability and autism awareness, dementia care, and the care of people living with epilepsy. This helped to ensure staff had the skills and knowledge they needed to meet people's diverse needs.

If staff needed training to meet the needs of particular individuals using the service this was provided. For example staff had been trained by a local district nursing team in the administration of a specific epilepsy medication. They had also requested training in eye drop administration as, due to risk, the provider did not allow untrained staff to undertake this task. The registered manager said this training had been requested and she was waiting for a response from the district nursing team.

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. The application 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 they were and related assessments and decisions had been properly taken.

Staff had had training in the MCA and DoLS and understood the importance of people consenting to their care. This was a theme throughout the service's care plans and risk assessments and demonstrated that staff were working in line with the legislation laid down by the MCA.

At the house meeting we attended people said they liked the meals. We asked people what their favourite food was and they called out different items including 'lasagne', 'fish and chips' and 'ice-cream'. We saw that all these items were on the menu. The staff member facilitating the meeting asked people for future menu choices and people made suggestions which the staff member said would be added to the menu.

The service had printed photos of food items and meals to help people choose what they would like. One person using the service suggested that more of these were needed to give people a greater choice. The staff member made a note of this and said she would ensure more photos were produced.

During our inspection the evening meal was served. We saw that people were offered choice of what to eat and where to sit. Two people needed assistance with their meals so staff sat with them to provide support. Two people who required a soft diet were provided with this. People appeared to enjoy their meals and the food served was plentiful and well-balanced.

Records showed that people's nutrition and hydration needs were assessed and areas of risk recorded so staff knew what these were. Staff had referred people to the SALT (speech and language therapy) team if they had difficulties in swallowing. Instructions from the SALT team were in people's records and staff were following these. For example, one person was not suited to hard/dry foods so staff followed the SALT team's advice and moistened their meals with sauce, gravy, custard, or cream.

Staff encouraged people to eat healthily but also understood that people had a right to choose what they ate. For example, one person's records stated 'encouraged by health professionals and family to follow a balanced diet but will sometimes choose not to follow this advice'. When this happened staff were instructed to 'explain the impact of such foods'. This helped to ensure this person made informed choices about what they ate.

Staff told us they encouraged people to try a wide range of foods. The service's weekly 'cook and eat' sessions gave people the opportunity to sample different menu items. One staff member told us, "All our service users can make it clear if they don't like something. They either tell us or they push it away. We then record this information so they aren't given it again, although we might offer it to them in the future as people's likes and dislikes change over time." This showed that staff encouraged people to eat a variety of food and to try new food items.

All the people using the service were registered with a local GP. The registered manager told us that the GP was supportive and knew all the people using the service personally. She said, "The GP is very accommodating when I call them for advice. They listen to us and we listen to them so we work well together." Records showed that people saw their GP routinely for health checks and as necessary if there were concerns about their health

The staff we spoke with understood people's health care needs and described how they ensured they were met. For example, one staff member told us they had recently noticed one of the people using the service was 'unusually quiet'. Having spoken with the person and checked them over physically the staff member called the GP who visited and prescribed antibiotics for an infection. The staff member said, "Within a few days [person's name] was fine and I took them back to the GP to be signed off." This showed that staff took prompt action if someone using the service appeared unwell.

Records showed that people's health care needs were documented in their care and support plans so staff had the information they needed to help keep people healthy. We saw that people had access to a range of healthcare professionals, consultants, occupational therapists, dentists, and opticians. It was also made

clear in records whether or not people using the service were able to alert staff verbally if they became ill, or whether staff needed to look for signs of poor health. This helped to ensure that staff could support people to maintain good health.

Good

Is the service caring?

Our findings

We saw that staff and the people using the service got on well together. The atmosphere at the service was warm and friendly and people appeared relaxed and at home. One relative had recently written to the staff to say, '[Person's name] always called Sycamore Court his home and was keen to get back to you all when he was away.'

At the house meeting we saw that staff involved all the people using the service who attended. Some people were able to give their views verbally, but for those who used non-verbal communication staff used their communication skills to ensure they were included. For example when we asked people about menu choices and their favourite foods one staff member knelt down in front of one of the people using the service to listen to them carefully and find out their answer. This was then relayed to the rest of the group. The staff member also included another person by hand signing to them and again relaying their contribution verbally. We could see that these two people were pleased to be included and take part in the meeting along with everybody else.

Staff told us they got to know the people using the service by being introduced to them and spending time with them, talking with their relatives and friends, and reading their care plans.
They said they used their communication skills to help them support people in a caring way. One staff member told us, "We use empathy and we are good listeners. We do everything at their pace and by their choice. This helps them to trust us."

Staff told us about other ways in which they built relationships with the people using the service. For example, one staff member was playing football with four of the people using the service when we inspected. They told us that when they started working at the service they found out that some people liked football so they introduced regular football sessions for them.

This staff member also said that another person was keen on gardening and knowledgeable about this and had attended a gardening club in the local community. When the club closed the staff member came up with a way of continuing this person's interest. They told us, "We decided to do the garden here ourselves and make [person's name] our 'project manager'. He tells us where to plant things and enjoys being outside and telling the staff what to do. It is good for his self-esteem."

Other staff we talked with had a good understanding of people's needs and their preferred lifestyles. For example, another staff member told us about the two people they key worked. They could knew what their favourite foods and activities were and knew how best to communicate with them using non-verbal methods. The staff member had learnt sign language to enable them to communicate more effectively with both people and others using the service.

Staff gave the people using the service the opportunity to be involved in the running of the service. When we arrived for our inspection one person was in the process of bringing the recycling out for collection. They told us they liked doing this job and other tasks at the service. There was a cleaning rota in place so that all

the people using the service had the opportunity to help at the service although it was their choice whether they did this or not. For example, during the house meeting people were asked if they wanted to learn a new skill – ironing – so they could iron their own clothes. This suggestion was met with a distinct lack of enthusiasm which staff accepted this as people exercising their choice.

Staff and the people using the service continued to be caring towards people even if they were no longer living at the service. When one person was in hospital staff and people using the service visited them regularly. They also visited another person who had moved into an older person's service once a month and invited the person to events at Sycamore Court. This showed that people using the service were valued and continued to be valued even if they had moved on to other accommodation.

Records showed that care planning at the service was a collaborative process. People using the service and their relatives, friends, advocates and health and social care partners were all involved in this. Once people's preferences were determined staff developed a personalised plan for them which included the outcomes they wanted. These included health and emotional well-being, having choice and control over their lives, and improving their quality of life. Staff then used personalised reviews, attended by those chosen by the people using the service, to evaluate if their needs were being met. This approach helped to ensure that the people using the service were supported to express their views and be actively involved in making decisions about their care, treatment and support.

We looked at how staff ensured people's privacy and dignity was respected and promoted. During our inspection we saw that staff always knocked on people's bedroom doors and waited to be asked before they went in. We observed that staff were always polite and kind when they spoke with people. Entries in daily notes were written in a respectful manner and staff had signed a confidentiality agreement to help ensure the privacy of people using the service was maintained.

Records showed that all staff were trained in equality and diversity, dignity and respect, and effective communication. This helped to ensure they had the skills and knowledge they needed to respect and promote people's dignity and privacy.

Good

Is the service responsive?

Our findings

Care records showed that people received personalised care that met their needs. They had an assessment prior to admission and this formed the basis of their support plans. Those we looked at were individual to the people using the service and focused on their strengths and preferences. They included information about their health and social care needs, likes and dislikes, and cultural needs. People's preferences with regard to their lifestyles were included. This helped staff to provide care in the way people wanted it.

The service promoted independence, encouraging people to 'do things for themselves' rather than 'having things done for them'. However care plans acknowledged that the support people needed varied depending on how they were feeling. For example, people using the service had days when they were able to support themselves, but on other days they needed more support from staff. This was recognised and staff responded by providing flexible support to meet people's changing needs.

Staff supported people to take part in a range of one-to-one and group activities. People were encouraged to choose their own activities either as a group or on an individual basis, depending on their preferences. Group activities including pub visits, discos, shopping, cinema, arts and crafts, trips to the park, and cookery. All the people using the service took part in some or all of these activities.

Staff worked with people to find out what activities they enjoyed. For example they discovered that one person, who used non-verbal communication, had good reflexes and liked to play hand-ball with a beach ball. They also liked looking through magazines with staff and having hand and foot massages. Staff ensured they had the opportunity to enjoy these activities. Another person enjoyed colouring and we saw them doing this during the inspection. A staff member told us this person also liked 'people watching', singing, going out in their wheelchair to feed the ducks in the park, and attending a day centre.

Staff told us they showed pictures and photographs to people to see if they wanted to take part in particular activities. One staff member said they had recently shown pictures of the cinema to one person and this had met with a positive response. The staff member said, "I'm going to take her to see if she likes it but if she doesn't we can call a taxi and come home. It's up to her." This was an example of staff helping to ensure people had a personalised activity programme to enhance their quality of life.

During the house meeting people were asked if they had any complaints and concerns and staff told them to tell staff or the manager if they did. After the meeting one person said, "I'd tell my key worker if there was anything wrong."

The provider's 'Comments, Complaints and Compliments' advised people what to do if they were unhappy about any aspect of the service. It included contact details for the local authority and local government ombudsman in case a person wanted to take their complaint outside of the service.

Good

Is the service well-led?

Our findings

People told us they were happy at Sycamore Court and considered it to be their home. At the house meeting we attended people reacted positively when we asked them what they thought of the service. One person said, "Very good," and another commented, "I really like it here."

The accommodation was homely and people appeared relaxed and comfortable living there. Bedrooms were personalised and people had their own keys to their rooms if they wanted these and could manage them. Two cats lived at the service and the people living there helped to look after them. They were proud of the cats and told us about them and how much they liked having pets.

At the house meeting staff ensured all the people using the service were involved and understood what the meeting was about. People were asked for their ideas and suggestions about the menu, holiday destinations, and what they thought of the staff and the service in general. After the meeting this information was shared with the registered manager so she was made aware of people's views.

The provider was planning to move the service to a new location which staff said would provide improved accommodation for people. Records showed that people using the service and relatives had been involved in this potential move and had been fully consulted. People using the service told us they were looking forward to it. One person told us, "It's [the new accommodation] much nicer than here and I want to go there."

The provider conducted regular surveys which gave the people using the service, relatives, and other stakeholders the opportunity to comment on how well it was it running. These were carried out independently of Sycamore Court giving the respondent the opportunity to communicate directly with the provider. The results were shared with the people using the service and their relatives.

The registered manager was involved in all aspects of the service. She told us she spent time with the people using the service and staff every day getting their feedback on the service. We observed that the registered manager got on well with the people using the service who happily approached her whenever they wanted to. Staff told us the registered manager was 'very fair' and 'always supportive'. They said they had confidence in her as a registered manager and thought she provided them with good leadership.

The provider's area manager visited the service at least once a month to monitor its progress. The registered manager said the area manager 'provides constant support and encouragement' and could be contacted at any time for advice if required. The registered manager could also make use of the provider's human resources department, out of hours/on call service, a senior management operational team, and a finance department. This meant the registered manager had access to support and expert advice from the provider when she needed it.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This consisted of a schedule of audits, surveys, staff supervisions and meetings, and internal quality and

improvement visits carried out by the provider's representatives. This system helped to ensure that the both the provider and the registered manager had an overview of how well the service was running.

We saw that improvements had been made as a result of this system. For example, a medicines audit had identified that improvements were needed to the way staff managed medicines in the service. As a result some staff received extra supervision and were retrained. They had then had their competency checked by the registered manager. Records showed this had resulted in an improvement in the way medicines were managed which was an example of on-going improvement at the service.