

Lakewood Limited

# The Sycamores Nursing 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

Our inspection took place on 9 and 11 March 2016 and was unannounced. We last inspected the service on 19 and 25 March 2015. At the last inspection we identified the provider needed to take action to improve in a number of areas, this was to ensure medicines were well managed, that people were protected from the risk of infections, that people's consent was obtained in respect of their care and that people were always treated with dignity and respect. We found that the provider had made improvements in these areas and had addressed the breaches of regulation we had previously identified.

The Sycamores is a purpose built home providing personal and nursing care for up to 84 people. The home is in three distinct units on separate floors. Oak, the ground floor unit accommodates people with learning and/or physical disabilities. Ash and Elm, the middle and top floor units accommodate older people, Elm catering for older people living with dementia. People that need nursing care are accommodated on Oak and Ash units.

There was a registered manager in post at the time of our inspection. 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.

People felt safe and well treated by staff. There was sufficient staff available to keep people safe. Staff were able to identify signs of abuse and knew when and how to raise concerns. People had their medicines when needed. Appropriate checks on staff ensured they were safe to work at the service. Individual risks to people were identified and staff were knowledgeable about these.

People's rights were promoted, and their best interests considered. People had confidence in staff who they felt were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted.

People felt staff were kind and caring. Staff showed people respect and ensured their privacy was maintained. People's choices were recognised and promoted by staff who supported them to make these choices. People were supported to be independent by staff.

People were involved in the care and support they received. Staff demonstrated a good awareness of people's individual needs and preferences. People were able to have involvement in daily pastimes they enjoyed and were supported by staff with these. People were able to complain and were confident issues raised would be addressed.

People and staff were able to approach managers, who listened to what people said. There were systems in place to capture and respond to people's views so as to monitor and improve the quality of the service. Staff felt well supported, enjoyed their work and supported the provider's improvement agenda.

## 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 felt safe and staff treated them well. People felt there was enough staff to keep them safe. Staff could identify signs of abuse and knew when and how to raise concerns. People had their medicines when needed. Staff were vetted to ensure they were safe to work at the service. Individual risks to people were identified and staff were aware of these.

### Is the service effective?

Good ●

The service was effective.

The provider had ensured that people's rights were promoted, and their best interests considered. People had confidence in staff who they felt were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted.

### Is the service caring?

Good ●

The service was caring

People felt staff were kind and caring. People were treated well by staff and shown respect. People's privacy and choices were promoted by staff. People were supported to be as independent as possible.

### Is the service responsive?

Good ●

The service is responsive

People were involved in the care and support they received. Staff were knowledgeable about people's needs and preferences. People were able to pursue pastimes that they enjoyed with supported to follow their preferred lifestyles. People were able to complain and were confident issues raised would be addressed.

### Is the service well-led?

Good ●

The service was well led

People and staff were able to approach managers, who listened to them. There were systems to capture and respond to people's experiences and monitor the quality of the service. These views were used to support learning and help the service improve. Staff felt well supported and enjoyed their work.

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# The Sycamores Nursing 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.

The inspection took place on 9 and 11 March 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a special advisor who was a specialist wound care nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Before the inspection, the provider completed a 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 notifications of incidents that the provider had sent us since the last inspection. Notifications are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. In addition we sought the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 24 people who used the service and one visitor. We also spoke with the area manager, the registered manager, deputy manager/nurse, two nurses, three senior carers, six carers, 3 housekeeping staff, four catering staff and two maintenance staff. We also spoke with two health/social care professionals. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at 10 people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at records relating to the management of the service. These included minutes of meetings with people, training records, complaints records, stakeholder survey records and the provider's self-audit records.

# Is the service safe?

## Our findings

At the previous inspection on 19 and 25 March 2015 we found the provider had not met the regulations. We had found that people's medicines were not managed safely and people were not protected from the risk of infection. The provider sent us an action plan after our March 2015 inspection and told us how they would make improvements. We found the provider had addressed these breaches of regulation at this inspection.

The provider had taken steps to ensure people's medicines were managed safely and people received medicines as prescribed. People told us they received their prescribed medicines when they needed them and some said staff told them what the medicine was for. One person said, "I know what (name of medicine) is for; the nurse explained it to me when I first came here". Another person said, "Medication is like clockwork - always there and always at the same time". People said they had their medicines at the times they preferred to take them, and they had painkillers when needed. One person said they did have regular pain but staff responded quickly getting their medicine reviewed and now they had no pain. We saw senior staff administering medicines and these were given to people safely. Medicines were stored, managed safely and administered by staff who were trained and assessed as competent to do so. People's Medicine Administration records (MAR) showed people received their medicines as prescribed. This included medicines that people had 'as required' where we saw there was clear guidance for staff to as to when these medicines should be given. However we found records of application of people's prescribed creams indicated these were not always applied. We found positive outcomes found in respect of people's skin care which indicated creams were administered, but not consistently recorded. The registered manager assured us these records would be monitored.

We found the provider had made improvements in how they protected people from the risks of infection. The environment was visually clean, with the exception of one room. The cleaner told us they were going to clean the carpet in this room, and we saw this happened shortly after. A nurse said there were systems in place for the regular cleaning of the environment and equipment as was evidenced by what we saw. We saw staff were more observant of infection control at this inspection, with use of protective equipment such as gloves and aprons and washing their hands between tasks. We saw staff were more attentive and ensured people were given the opportunity to have clean hands. For example they offered people hands wipes after eating. At our inspection in March 2015 the risk of infection was higher as a washing machine was broken, resulting in a backlog of soiled laundry. All the washing machines were working at this inspection, and we found the laundry to be more organised. We did see some areas where improvements could be made to promote infection control however this was acknowledged by the registered manager as actions they would address. For example, people used communal lifting slings and there was no planned system for washing of these slings. The registered manager stated they were to purchase individual slings for people.

People said staff were available when they needed assistance. One person said, "The staff are always here to help you". Another person said, "Help is always available throughout the day".

We saw when people summoned staff with call bells they responded quickly. Staff told us there were sufficient staff at all times to meet people's needs. People and staff told us that when practicable agency staff would be used to cover gaps due to staff leave, although the registered manager said the preferred

option was to use employed staff to assist with the consistency of people's care. We found there were sufficient staff to support people in all aspects of their daily living. For example staff were always available in communal areas so they were able to assist people quickly if they needed assistance.

People said they had no concerns about their safety and they were cared for in a safe way. One person said, "I feel very safe and secure". Another person said they felt safe and they were treated well by staff. We saw people had any risks to their health and well-being assessed, with regular updates of these assessments. Staff told us that they were aware of what was in people's risk assessments and were able to describe how risks to people were minimised. For example staff knew which types of lifting slings and hoists to use to lift people in a safe way. We did however find one person's air mattresses had been incorrectly left on the wrong setting which could have presented a risk to their skin. We found staff would benefit from better awareness of how to check these mattresses, although the deputy manager ensured a full check of the settings on all air mattresses in use when we raised this issue. We found records of these checks on this equipment could also have been clearer, this identified as an action to complete by the registered manager. This matter had not impacted on people's safety however, and based on the management response we were assured that risks to people's health and safety were overall well managed.

We found people were supported by staff who knew how to protect them from abuse. All staff, including nurses and managers, had a good awareness of how to identify different types of abuse and escalate any concerns if not acted upon appropriately. Staff told us they would not hesitate to inform the manager if they had concerns about anyone's safety. One member of staff told us, "If I saw something wrong I would report it straight to the manager" Another said, "I have not witnessed any abuse here but I am confident the manager would act immediately if I reported anything to them". This showed staff knew how to raise concerns to ensure people were protected.

We found that systems were in place to ensure that the right staff were recruited to keep people safe. Staff told us, and the records confirmed, they had had all the appropriate pre-employment checks including their Disclosure and Barring Service (DBS), references and qualifications before they started work. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision.



## Is the service effective?

### Our findings

At the previous inspection on 19 and 25 March 2015 we found the provider had not met the regulations. We found that systems were not always in place to ensure that people's consent was obtained or where their liberty was deprived that this was subject to appropriate safeguards in accordance with the Mental Capacity Act (MCA). The provider sent us an action plan after our March 2015 inspection and told us how they would make improvements. We found the provider had addressed these breaches of regulation at this inspection.

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. Staff were able to explain to us what 'consent' meant in regards to the MCA and how they supported people to make decisions. For example we saw best interest decisions were made that had involved the person and all other relevant parties. For example families and social/health care professionals. One staff member told us that "I would never do anything without their permission". They also told us that if people were not able to consent they would, "Check in the care records" or discuss with a senior member of staff whether a best interest decision had been made. We looked at people's records and found MCA assessments that had been undertaken to ensure when people had capacity they were able to make decisions. We saw staff consistently asked people before providing care, or any assistance for their consent, and did not continue until the person indicated or gave consent. This showed people's consent was sought.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had identified there were possible restrictions in place for some people, to promote their safety, and they had made the appropriate applications to the local authority for a DoLS authorisation. All the staff were able to tell us which people had been assessed as not having the capacity to make decisions and who had a DoLS authorisation. For example one staff member told us, "Some people have things in place to make them safe in their best interest, but it is a restriction and so a DoLS application has been made".

We found staff were well trained and were knowledgeable about people's individual needs. People said about the staff, "The nurses are very professional", "Most [staff] very good", "I would give them all the gold stars" and, "The staff are wonderful, I love all of them". Staff told us they had a mixture of face to face and electronic learning which was supported by the provider. They said at staff meetings the registered manager discussed different aspects of recent training to ensure they understood it and were able to apply this knowledge in practice. One member of staff told us, "This makes the training real". We saw the provider had systems in place to monitor staff training so they were able to identify which staff needed training and when. We spoke with some staff that had recently commenced work at the service and they confirmed that they had access to an appropriate induction and felt well supported by the provider and other staff. A nurse told us they had, "Really, really good support " and a member of care staff said other staff were, "Really helpful". This showed staff were appropriately supported with training that was relevant to their work.

People told us they experienced positive outcomes regarding their health and this was promoted with support from community healthcare professionals. We saw referrals were made to external healthcare professionals when needed, for example, we saw a person who had recent weight loss had been referred to their GP and staff had provided the dietary supplements that were recommended. We also saw when there was concern about people's skin tissue viability nurses were contacted and care plans detailed advice from them. As a result people assessed as needing support to reposition to relieve pressure on their skin received appropriate support from staff. No one who lived at the service had any pressure related ulcers at the time of the inspection. Where people had wounds these were regularly monitored and we found evidence of good clinical practice that followed a tissue viability nurse's advice which was documented in records. We saw people's health due to weight loss was monitored, with staff recording people's weight, diet and fluid intake when necessary.

People told us they were happy with the food and drink they were offered. One person said, "Food is very good, always choice and variety". Another person said about the meal they had had, "That was very good, I've enjoyed all I've had" A third person told us, "The food is very good ". People also told us they had a choice of foods. A person told us, "We have a choice at lunchtime, the food is good, not as good as at home but they do their best". We saw the menu offered a choice of at least two main meals and there were other options should people not want these. These were seen to be offered to people at lunch time and staff asked people what they wanted before they served them their meal. One member of staff told us, "If people don't like the food choice on offer we always offer an alternative". Caribbean and Asian food choices were available to people who liked these choices on set days of the week. We were told this currently met people's needs at present, the registered manager telling us extension of these options would be looked at if people requested these more often. We saw when people needed assistance to eat their meal, staff assisted people at their own pace. People who were at risk of choking were assisted with their food and drink in accordance with documented advice from speech therapists; this to ensure risks to them were minimised. This showed people received a choice of food and drink and were offered appropriate support to with their meals and drinks when required.

# Is the service caring?

## Our findings

At the previous inspection on 19 and 25 March 2015 we found the provider had not met the regulations. We had found that people were not always treated with dignity or respect and their privacy was not always respected. The provider sent us an action plan after our March 2015 inspection and told us how they would make improvements. We found the provider had addressed these breaches of regulation at this inspection.

People who used the service were positive about the caring attitude of the staff. One person told us, "Nowhere would be better than this". Another person said, "It's a great place, a real home from home" and a third person said, "The staff are so kind". We saw staff approached people in a caring way, for example they were consistently friendly, respectful and polite when they spoke with people.

We saw the staff consistently gave people choices, for example we saw staff helped people to make choices by explaining these to them and offering visual cues, for example pictorial images. In addition we saw staff illustrated the choices they offered by showing people what they were giving them a choice about, for example at meal times people living with dementia were shown their meal before they decided it was what they wanted. We saw the provider ensured bi lingual staff were available to speak to people in their chosen language when this was not English, so as to promote communication.

We saw there were good relationships between staff and people they cared for. We saw staff promoted people's dignity and consistently showed them respect when providing care and support. One person said, "The staff are my friends". We saw staff greeted people when they came into a room, and there were numerous occasions where we saw people smiled and laughed with staff members. Staff were seen holding hands with people to offer them reassurance and support when this was appropriate. One person told us the staff, "Always have time to chat". We saw that staff knew the people they supported well for example we heard one member of staff say to a person, "Shall I put this on this side of the table so you can reach it with your best arm" and another staff member asked a person, "Did you have a nice day yesterday with your daughter".

We saw staff promoted people's privacy. We spoke with some people who told us their preference was to stay in their bedrooms and they were able to do so, but knew they could choose to sit in the communal areas if wished. People's choice of having their bedroom doors closed was respected by the staff and we saw staff knocked on people's doors and ask before they entered the room.

People's independence was promoted as we saw people were able to move around the home independently when able. We saw people who mobilised independently in wheelchairs had sufficient space to be able to do so without assistance. We saw that staff would encourage people they were assisting to complete tasks for themselves where able. For example when some people were assisted to move we saw staff encouraged them to stand independently. Staff were knowledgeable about how they could encourage people's independence and understood the importance of this for people's well-being.

We saw people's bedrooms were personalised and had items on display that people told us were of

personal significance and important to them. People told us they liked their rooms the way they were decorated and they reflected their personal preferences.

## Is the service responsive?

### Our findings

People told us that the care and support they received from staff reflected their expressed preferences and needs. Some people told us they had seen their care plan, others expressing no interest in seeing it. One person said, "I am looked after very well, it's excellent here", another that, "You can't get any better, they [staff] see to everything". We saw systems in place to regularly review people's care records to ensure they were relevant and up to date. Staff told us how they would monitor people's needs so any changes would be captured and their records updated. Staff demonstrated they had a good understanding of people's needs, preferences and dislikes. We saw this was carried through to how they cared for people. For example we saw staff provide people with cushions which they confirmed they preferred when sat down. We saw care plans included 'My Life Story'. These gave a brief life history for each person and details about their likes and dislikes. One person said staff, "Always take notice of what you like as an individual". One staff member told us, "You can see exactly the needs of the residents" when asked about care records. We saw staff were compiling pictorial records that included photos of people, which we saw staff gave to people to look at, and use as a base for discussion with them about things that were important. We saw one person looking at their book, talking with staff and reminiscing about their past. They were smiling and laughing whilst doing so. This showed that the approach to people's care was person approached and staff involved people, while also getting to know them better.

The provider promoted people's involvement in pastimes they enjoyed. People told us about the pastimes and activities available to them. One person said, "We go out shopping or for a meal, someone always cares for us" another person that, "They [staff] take me to the craft shop or wherever I want to go, we often have a coffee whilst out, sometimes a meal, they provide the transport". We saw people spending time as they wished, with support from staff. For example we saw one staff member asked people if they wanted to play dominoes. Two people wanted to while the other said they were not sure how to play. The staff member sat with the group and said to the person, "I'm going to teach you how to do it". They supported the person until they were confident. We also noticed the dominoes were of a larger than standard size to assist people to see them. We saw the group thoroughly enjoyed the activity. We saw staff supported people with a range of activities during the inspection. People also told us about individual activities they carried out, one person proudly showing us items they had made.

People told they were able to feedback their views about the service they received. We saw people's views were sought through a variety of methods including surveys and meetings, although the registered manager did say attendance by relatives was limited. The registered manager said people preferred to talk to them individually and through this they would get a view of what they thought of the service. There were annual surveys of people, relatives and other stakeholders to gain their views. We looked at these (completed late in 2015) and found most of the responses to the surveys were positive. One person had written, "Everything is perfect, change nothing" another person commented, "The staff are always pleasant and helpful". People told us they knew how to complain and we saw information about complaints was available within the service. One person said they had, "No complaints" but that they could ask, "Any member of staff or the manager if I had any concerns and they would sort it if it was a problem". We saw complaints the service received were documented, monitored and follow up action recorded, with feedback to the complainant.

This showed that that people knew how to complain and the service responded to concerns raised.

## Is the service well-led?

### Our findings

The service had a registered manager in post who was supported by a deputy manager that was also a nurse. The registered manager and deputy had a good understanding of their responsibilities in terms of the law. Both were able to tell us how they ensured they kept themselves up to day with current developments, whether national or local, and spoke of good support from the provider. The registered manager was able to summarise the provider's ethos for the service, and how this fitted with their own, with a strong desire to improve and maintain a good quality of care for people. People told us they were happy living at the Sycamores, and their comments to us reflected that there had been improvement in the service since the last inspection. One person said, "It is as good as you get". These views mirrored the views of various staff who told us the registered manager, "Is the main reason I came here, I agree with [their ethos] regarding the home", "Knows everything that is going on", "Is very knowledgeable and helpful, She is the manager we always needed". A visiting health care professional told us they had seen improvements recently and told us, "There is a really nice atmosphere here and the care plans are easy to follow now". While this showed people and staff were confident the service was improving the registered manager told us there were still further improvements to make, for example supporting nurses to take on delegated tasks that would aid their skill development.

There were systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns, to inform how risks were managed. While we did find some areas where records could be improved, we found that overall there was a good standard of record keeping which was much improved from our last inspection.

We saw that the registered manager had implemented a robust tool to audit people's records, and areas where improvements were needed were identified and actioned. We also saw that where people had raised comment about areas for improvement, these views had been captured and the need for change recognised. We saw comments from surveys about food and laundry had led to an action plan, which we saw had influenced the quality of the service. For example there was more consultation about menus and ensuring people were aware they could ask for alternative meals. The registered manager also told us they were entering the staff in the Great British Care Awards as they felt staff were doing a good job and deserved recognition. They also told us that the service was committed to working towards Investors in people (a recognised accreditation tool awarded to show better people management). We saw the service had achieved the Gold Infection control award from external infection control and prevention specialists in September 2015.

Staff expressed confidence in the way the service was managed and said they were well supported by managers. One member of staff told us that the, "The manager is amazing" and "If I have any problems I can go to her". Another staff member told us they, "Felt valued", a third that, "Staff are happy and feel appreciated". All the staff we spoke to said they enjoyed their job, one commenting "It's a pleasure to come to work" another said, "It is a good place to work everyone is very friendly". Staff told us that they had regular staff meetings and supervision. One staff member told us, "You can raise any issue and be sure it will be dealt with" Staff told us that supervision sessions are structured and constructive. One staff member told us,

"Supervision guidelines are helpful; review and actions with outcomes – what we want to achieve". We saw the registered manager had systems in place to monitor staff supervision. We saw the positive attitude of staff reflected the way they cared for people. We saw there was a cohesive staff group and a sense of people working together for the good of people that used the service.

Staff told us they felt able to raise concerns and while they all felt able to approach the registered manager they also said they would be able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public. One member of staff told us they were confident that if they approached the registered manager with a concern it would be kept confidential.

We found the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law.