

AmBience Healthcare Ltd

Sycamore House

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

We conducted an unannounced inspection of Sycamore House on 16 February 2017.

Sycamore House is a care home without nursing that provides accommodation for up to five people with a learning disability or autistic spectrum disorder. At the time of the inspection there was one person staying at the service on a respite basis pending a decision for permanent residency.

There was a registered manager in post. 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.

We found that people's health care needs were assessed and care was planned and delivered in a consistent way through the use of their care plans. People were involved in the planning of their care. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans were put in place to minimise risk in order to keep people safe.

The service had processes in place to help ensure people using the service were safe. Staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. There were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood and followed the requirements of the MCA.

People had complex needs and their care was planned in partnership with their relatives. Relatives felt any issues or concerns they raised would be dealt with by the registered manager. Their views were sought and valued.

The staff team worked closely with other professionals to ensure people were supported to receive the healthcare they needed. People received their prescribed medicines safely.

People had enough to eat and drink and enjoyed their meals. Staff were caring and attentive. People were treated with respect and staff preserved people's dignity. People were also encouraged and supported to be as independent as possible and enjoyed activities and hobbies of their choice.

Leadership within the service was open, transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at its centre. Relatives, staff and external professionals were complimentary about the management team and how the service was run.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

People were protected from the risk of abuse. Staff had a good understanding of safeguarding procedures.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills, knowledge and training to meet their needs.

People were supported to have a healthy nutritious diet that met their needs.

People's healthcare needs were identified, monitored and that they received the healthcare they needed to enable them to remain as well as possible.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People received support that was individual to their needs and were involved in planning their own care.

People were able to choose what they wanted to do and decide how and where they wanted to spend their time.

People and their families were supported to raise concerns or make a complaint if needed.

Is the service well-led?

Good ●

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Sycamore House

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 checked 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 comprehensive inspection took place on 16 February 2017 and was unannounced. It was carried out by one adult social care inspector. This was the home's first inspection since it was registered in June 2016.

Prior to our inspection we reviewed information we held about the service. This included looking at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and the local authority quality monitoring team.

We spoke with the relative of a person who used the service, two members of staff and the registered manager. We also spoke with two healthcare professionals.

We reviewed the care records and medicines administration record (MAR) charts of the person who used the service. We also viewed three staff recruitment files, as well as training and induction records. In addition, we looked at a selection of management records that related to the day to day running and quality monitoring of the service.

Is the service safe?

Our findings

A relative we spoke with told us, "Sycamore House is very safe, I have confidence that my relative is well looked after."

People's care plans showed that risks had been identified and assessed as fully as possible to mitigate the risks but minimise any restriction on people's freedom. One staff member told us, "Risks shouldn't necessarily prevent an activity happening. We look at the activity and see how it can be done safely." One person's care plans contained detailed risk assessments in areas such as transport, mobility and cooking. The assessments took into account the likelihood of the risk occurring and the likely severity of harm which then identified the least restrictive measures to keep the person and others safe. Records also showed people had Personal Emergency Evacuation Plans (PEEP) in place.

Staff had the knowledge and confidence to identify safeguarding concerns and would act on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. One staff member told us, "If I had any safeguarding concerns I would tell the registered manager, CQC or local authority."

People had high support needs and received one to one staff support for all or part of the day depending on their needs. There were provisions for this in the staff rota. Staff told us staffing levels were safe and were sufficient to meet people's needs. During our inspection we saw that those requiring one to one support received this and that staffing levels were sufficient to meet people's needs.

Medicines were securely and safely stored. Medicines in use were stored in locked cupboards. Medicines Administration Record (MAR) charts were properly completed and up to date. There was an accurate record of the medicines that people had received. Allergies were also indicated. In line with good practice opening dates were recorded on liquid medicines, drops and creams. A system of monthly medicines audits was in place and these were monitored by the registered manager. Any issues were followed up with the relevant staff to ensure that they were clear as to what was required.

Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. Guidelines were in place for the administration of 'when required' (PRN) medicine so that staff were clear about when and how to administer this.

We saw that recruitment checks were carried out prior to people being employed at the service. The provider asked for two references, proof of identification and undertook checks with the Disclosure and Barring Service (DBS) to ensure that people did not have any past convictions that would present them as a risk to people living at the service.

We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to manage their own finances due to a lack of understanding, appropriate arrangements were in place for staff to manage them safely. All money spent on behalf of people was recorded, receipts were obtained and

audits conducted. The system protected people effectively from the risk of financial abuse.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported to complete a comprehensive induction programme before working on their own. The induction programme included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "My induction was comprehensive. I had training in lots of areas, it fully prepared me for the role." The induction programme formed part of the six month probationary period.

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 home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a Deprivation of Liberty Safeguard (DoLS). This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their support plans. Care records showed staff discussed people's dietary needs and support on a day to day basis and people received adequate support. There were systems in place to support people to be independent with preparing meals. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. We observed snacks were available for people, such as fruit. A relative told us, "The staff involve my relative in the whole process from menu planning, shopping and meal preparation."

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the registered manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Registered manager] is really supportive and wants staff to be up to date and the best they can be."

Another told us, "The registered manager and the whole team are very supportive. There is always someone there for you if you need them." Systems were in place to share information with staff including staff meetings and handovers between shifts.

People's healthcare needs were monitored and addressed. They were supported to remain as healthy as possible. They saw professionals such as GPs and specialist nurses. Each person had a health action plan and a 'hospital passport'. They gave details of the person's health needs and how to meet these. They also gave details of what might indicate that a person was unwell. Details of medical appointments, why people had needed these and the outcome were all clearly recorded.

Is the service caring?

Our findings

Relatives and healthcare professionals gave us very positive feedback about the caring way in which people were supported. One relative said, "The registered manager and staff are wonderful and caring." A healthcare professional told us, "The service goes above and beyond." They told us that staff spoke to people in a polite and professional manner. That there were positive interactions between the staff and people who used the service. Staff were patient and considerate and took time to reassure people and explain things so they knew what was happening.

They also told us that people were treated with respect and their privacy and dignity were maintained. Each person had their own room with their own bathing or showering and toilet facilities. Staff told us people usually returned to their own facilities when they needed support with personal care. They added that doors were kept shut and only the member of staff needed to support the person would be present. In people's files there was information on whether the person had a preference on the gender of the staff that supported them.

People were involved in their care. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "The service involved me right from the start, their approach was always about the whole family and not just the individual."

Staff understood the importance of confidentiality. They told us, "We need to protect confidentiality, for example we would only disclose personal information with prior consent of the person concerned except where there is clear safety risk." People's support records were kept in locked cabinets in the office and only accessible to staff.

People benefited from a culture that encouraged positive risk taking and this promoted personal growth and independence. Risk assessments and decision making pathways were used to allow choice and enable the development of people. The registered manager told us, "Small things can make a huge difference in people's daily lives."

We saw signatures in the visitors' book of when people had arrived at the home. A relative told us that they were free to visit at any time. This ensured people could still have contact with their own families and loved ones. We saw one person's care plan contained details about a family member who telephone every week. Daily routines were programmed to ensure that this activity was never compromised. A relative said, "Staff threw a wonderful birthday party for my [relative], there was a buffet and a homemade cake of his favourite TV character. It's those things which make Sycamore House so good."

Is the service responsive?

Our findings

We saw a list of weekly activities that people who used the service had chosen to take part in although the person who was using the service at the time of the inspection spent most days at a local day centre. Staff told us that people would tell them what they wanted to do on any particular day, including whether they wanted to stay in bed later at the weekends. Staff told us, "It's always about promoting choice, if that's what they want to do we will support them." Staff also told us that the person enjoyed watching a particular programme on television and watched it every time it was on. Evening routines we organised to ensure that the programme was never missed.

We saw that people's care plans were centred on each person as an individual and were reviewed and updated regularly. The care plans reflected what support people needed to keep safe and how to meet their needs. These plans also detailed how staff should cater for people's personal preferences. For example, there was clear guidance for staff to know how people preferred to spend their weekends and evenings. People who used the service were encouraged to be involved in planning their own care, which helped ensure the support provided could be as responsive as possible to their specific needs.

People had positive behaviour support plans in place. These guided staff on how to prevent and manage any challenging behaviours. For example, they had information on triggers, signs as well as proactive, active and reactive strategies. Staff told us and records showed these positive behaviour plans had significantly reduced chances of challenging behaviours.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives. They liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. People knew their keyworkers and worked very closely with them as well as relatives to ensure support planning was specific to each individual.

People benefitted from a service that listened to and addressed complaints and concerns. None of the people who used the service were able to raise a complaint but relatives said they knew how to complain. They felt confident that any complaints would be taken seriously and action taken. One relative said, "You can discuss things with the registered manager at any time, they encourage you to do so." They also said, "If I wasn't happy about anything I have absolute confidence that it would get sorted out."

People were able to contribute their views on how the service was run. We saw that staff recorded feedback from people, for example, daily notes recorded that one person had said, 'lovely food' when asked if they had enjoyed the evening meal. The registered manager telephoned relatives regularly to update them on their loved one and discuss any issues they may have. We saw that formal surveys were planned for relatives and healthcare professionals, although due to the service being newly registered, this had not yet happened.

Is the service well-led?

Our findings

Sycamore House is a recently registered service. The registered manager was experienced as they were also the registered manager of another location. They were supported by an enthusiastic and committed team and were actively recruiting for a deputy manager.

We found that the service promoted an open, inclusive and empowering culture that was person centred. One member of staff we spoke with told us, "It's a fantastic place to work." Staff had a clear idea about the ethos of the organisation and told us, "We promote independence, choice and support for all." We saw that there was an effective communication book in operation, in which staff could exchange messages between themselves. This information included what tasks had been completed or needed to be done and highlighted any changes in the needs of people using the service.

People told us the service was very well managed. A relative said the service was, "Simply brilliant." They said, "The registered manager has a great insight into the needs of my [relative] but also of the questions and concerns that a family may have. The communication has been excellent and the placement has been smooth from start to finish." We spoke with two learning disability nurses who had helped to organise the placement, they told us, "The service turned it all around in a very short time, they really went above and beyond."

Staff were clear about their roles and responsibilities and told us that the registered manager was accessible and approachable. One member of staff said, "The registered manager always leads by example." Another told us, "The vision and expectations are clear and we all buy into them."

We noted that all the necessary checks of the environment were consistently and regularly carried out. These included portable appliance testing (PAT), water temperatures, kitchen safety checks and equipment checks. Although no issues had been identified we saw that action plan templates were available to ensure that any problems identified could be rectified within a reasonable timescale.

Combined staff meetings were held monthly in both of the services that the provider owned and staff told us that these were open and inclusive. Staff told us they received supervision every month and that there was an 'open door' policy with the management team. Staff also said that they felt comfortable raising any issues with the management team or provider. The opinions of people who used the service were sought during their everyday interactions with staff or their keyworker in particular.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The provider had quality assurance systems in place to assess and monitor the quality of service provision. These included infection control, the environment, maintenance, medication and care plans. There was a system for following up any gaps or shortfalls identified.

