

Sycamore Cottage Rest Home Limited

Sycamore Cottage Rest Home Limited

Inspection report

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Tel: 01256478952

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sycamore Cottage Rest Home Limited (Sycamore Cottage) is a residential care home providing personal care to 15 people at the time of the inspection. The service can support up to 20 people.

Accommodation was provided over two floors of a converted residential dwelling, with a stair lift that provided access to the second floor.

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

An aspect of medicines administration required improvement, to ensure if a medicine was dropped during administration then it was disposed of immediately. The provider had already arranged medicines training for all staff and further relevant measures were taken during the inspection to reduce the risk of repetition.

There had been staffing issues and the provider was taking the correct action to address this for people. In the interim, the provider used regular agency staff to ensure there were enough staff to cover the staffing roster.

Potential risks to people were assessed and measures were in place to manage them. People were safeguarded from the risk of abuse and any learning from incidents and investigations were shared with staff.

Overall people were happy with the service they received, their feedback included; "yes they are very helpful" and "they are good in their services."

The registered manager monitored the culture of the service and had a good understanding of the challenges and improvements required. They understood their role and responsibilities and were supported in their role. People and staff's views on the service were sought. Processes were in place to enable the registered manager to monitor the service. The service had good links with key agencies such as the local authority and the clinical commissioning group.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about medicines, staffing, falls and records. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with an aspect of medicines administration, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. We have found evidence that the provider needs to make improvements in the key question safe. Please see the key question safe section of this report.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed following this inspection and remains good.

We have found evidence that the provider needs to make improvements in the key question safe. Please see the key question safe section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamore Cottage Rest Home Limited (Sycamore Cottage) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sycamore Cottage Rest Home Limited

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about Sycamore Cottage Rest Home Limited. It was then extended into a focused inspection.

Inspection team

The inspection was completed by an inspector 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 Cottage Rest Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service we had received since the last inspection, including notifications from the service. We sought feedback from the local authority.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including night and day care staff, the housekeeper, the registered manager and the provider's external management consultant.

We reviewed a range of records. These included two people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also spoke with two visiting health care professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Overall people received their medicines safely. However, during the inspection, we found two tablets on the floor, one under the medication trolley and the other in a person's room. We brought these to the attention of the registered manager and the provider's external consultant who immediately took action to reduce the risk of repetition.
- Staff medication training had already been booked for 16 January 2020. This will ensure those staff who administer medicines update their knowledge regarding the safe disposal of medicines. Arrangements were also made for the provider's external trainer to complete staff's medicines competencies again, to ensure safe practice.
- Cleaning schedules were amended, to make staff's responsibilities for cleaning under the medicines trolley clearer and the issue was to be discussed with staff, to remind them of their responsibilities when they administered medicines. Although action was taken to address the issue, it will take time for the provider to be able to demonstrate sustained good practice.
- A concern had been raised with CQC about whether untrained staff had given people's medicines at night. Staff told us people's medicines were all administered by the day care staff and no-one was prescribed medicines to be taken after 20:00. There had been issues with staffing and some staff had been dismissed or had left. This had led to a reduction in the number of staff who administered medicines and placed additional pressure on them.
- The provider was already aware of the pressure day staff were under and had booked medicines training for all staff. Although night staff were not required to administer medicines, records showed one had already completed medicines training and another medicines awareness training. All night staff were all to be included in the forthcoming medicines training, so they could all administer medicines if people required them overnight, such as paracetamol. There was no evidence untrained staff had given medicines at night, but the provider was taking action to further strengthen people's medicines administration.
- We observed staff administer medicines, which they did safely. Staff watched people take them and checked they had done so. Everyone spoken with confirmed staff watched them take their medicines. We saw no evidence of any medicines left out unattended and staff explained the correct measures to take if a person refused their medicines. People's medicine administration records were all signed and there was a daily and monthly audit of medicines.

Staffing and recruitment

- There were three care staff working during the day and two at night. People and their relatives told us there were sufficient staff both in the day and at night. Overall people felt call bells were responded to in a timely manner.

- Records showed the registered manager regularly sought feedback from all staff on the adequacy of staffing levels and acted upon their feedback. For example, at the September 2019 staff meeting, staff stated they needed more support in the afternoon. An extra member of staff had since been rostered in the kitchen five days a week from 15:00 to 19:00, to provide additional support.
- The registered manager told us there were four staff vacancies, two in the day and two at night. The provider was recruiting suitable new staff and one was due to start shortly and another was due to return to work in January 2020, following a period of absence. In the interim, agency staff were used to cover vacant staff shifts. These were regular agency staff wherever possible. It will take further time for the provider to recruit new staff.
- Staff told us staffing levels were sufficient to meet people's needs. However, the regular use of agency staff put more pressure on them than when working with permanent staff who knew people well.
- The provider operated safe recruitment practices and ensured relevant checks were made upon staff's suitability for their role. Staff completed the provider's induction to their role. Staff also completed an induction to their role with an external trainer, who also provided refresher training. Staff records demonstrated the training they had each completed.

Assessing risk, safety monitoring and management

- Potential risks to people had been assessed from, for example, falls, skin integrity, moving and handling, personal care and behaviours and measures were in place to manage them.
- People had equipment to enable them to mobilise and to alert staff when they got out of bed. A person told us, "They don't like allowing me walking without my frame, so I have never fallen."
- Records showed where people were at risk from incontinence, they had been referred to the incontinence service and there were regular orders of continence products. People told us they received the support they required with this aspect of their care.
- Records showed where people required regular checks, re-positioning or continence care, this had been provided. People told us they received support with their personal care, such as washing and bathing.
- The registered manager provided the on-call for the service. Staff told us they were very supportive when contacted and gave examples of where they had come in during the night to deal with issues. The provider recognised this placed a lot of pressure on them and it was planned the new deputy once recruited, would also provide on-call cover.

Systems and processes to safeguard people from the risk of abuse

- Staff completed face to face safeguarding training with the provider's external trainer, which they updated annually. This was next booked for 17 January 2020. Staff had access to relevant safeguarding policies and guidance. Staff spoken with understood the types of abuse people could experience and their responsibility to report any concerns.
- When safeguarding concerns had been raised, the registered manager had co-operated fully with investigations and ensured any learning was shared with staff. Records demonstrated incidents were also reviewed and used as an opportunity for staff learning.

Preventing and controlling infection

- The service was clean overall and processes were in place to keep it clean and hygienic. Staff understood their role in relation to infection control and wore the personal protective equipment provided, to reduce the risk of cross-infection.

Learning lessons when things go wrong

- Records showed when people experienced an incident such as a fall for example, this was documented, assistance sought where required and relevant agencies were informed.

- The registered manager's analysis of the call bells had identified potential issues, which they had investigated and as a result, they had dismissed a member of staff. They had also reported an agency staff member for sleeping on duty. This showed the registered manager had investigated concerns and taken relevant action when required for people's safety.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. We did not change the rating of this key question as the evidence continued to support a rating of good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's aims and objectives for the service were set out in their statement of purpose. People told us they found the staff kind, caring and helpful. One person said, "Always available [staff], they are very good, the staff."
- The registered manager was fully aware the service had experienced challenges over the past few months. They monitored the culture of the service closely and had correctly taken decisions which had temporarily depleted permanent staffing numbers to keep people safe.
- Staff we spoke with had confidence in the registered manager, who they felt both listened to them and supported them. They told us the registered manager was fully accessible in the day or night if required. People told us they could speak to the registered manager if they needed to.

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 understood their duty to report safety incidents and had done so. A relative confirmed they had been informed when their loved one had fallen.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been recruited from within the service, so they both understood the service and the provision of care from staff's perspective. They were coming to the end of their professional qualification in management and leadership in social care, which had equipped them with the relevant knowledge and skills required for their role.
- The registered manager was supported by the provider's external management consultant, who ensured there was external monitoring and evaluation of the service. The provider had recognised the need to provide the registered manager with additional practical support with the day to day running of the service and a deputy manager's post had recently been created and advertised.
- The registered manager understood their regulatory responsibilities. Registered persons must notify CQC without delay of certain types of incidents for example abuse or allegations of abuse. The registered manager had notified us of reportable incidents.

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

characteristics

- People and staff's views were sought on the service and people confirmed their voices were heard and acted upon. People last completed a quality assurance survey in November 2019 and feedback was positive. People reported staff were friendly and treated them well. Staff were encouraged to share their views and to raise any issues at the regular staff meetings held with both day and night staff.

Continuous learning and improving care

- The registered manager monitored the quality of the delivery of people's care through the provider's annual programme of audits. This included a monthly analysis of falls, incidents and accidents and a monthly provider quality report. The quality report analysed a range of data about people's health and welfare to inform the provider about the performance of the service. The audits and reports enabled the registered manager to identify any actions required for people's safety.
- The registered manager reviewed people's falls monthly for any trends and ensured required actions were taken to reduce the risk of repetition. Falls data analysis showed there had been an increase in falls at night in November 2019 and in response an extra member of night staff had been rostered for two weeks to support a person. Records showed during December 2019 falls overall had decreased and there had been no falls at night.

Working in partnership with others

- The service worked well with key organisations such as the local authority and the clinical commissioning group. Professionals we spoke with both prior to and during the inspection felt the registered manager worked with them openly and led the service well.