European Care (GB) Limited

Sydmar Lodge

Inspection Report

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Date of inspection visit: 01/05/2014
Date of publication: 03/09/2014

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Overall summary

Sydmar Lodge provides accommodation for up to 57 people who require nursing, personal care and support on a daily basis. The focus is on caring for adults over 65 years of age including those with dementia. When we visited, 37 people were living in the home.

People told us they were happy with the care and support they received. They told us they enjoyed the activities provided in the home. Comments from people included, "The activities are great, I can choose to take part, I really like the activities co-ordinator. They also told us care staff were "very good" and "its fantastic here, staff treat us well and like individuals. They will discuss my health issues with me and listen to my thoughts and wishes."

People received the support they needed at lunch time and they were encouraged to make choices about what they ate and drank. However people told us that the food was not always appropriate to the Jewish culture.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

The home's manager had been in post for one month and was not registered with the Care Quality Commission.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with told us they felt safe in the home. People, their relatives and observations made during our inspection told us there were enough staff working to make sure people did not have to wait for care and support. Staff also told us there were usually enough staff and that they would never use agency staff, which meant that everybody on shift knew people who used the service well.

Medicines were managed appropriately, which meant people could be confident that their medicines were administrated safely. Arrangements were in place for regular medicines audits.

People living in the home had assessments of possible risks to their health and welfare and these were reviewed at least monthly.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had properly followed relevant application processes and any conditions made by a Supervisory Body in the past. While no applications have been submitted, proper policies and procedures are in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one.

Are services effective?

People's health and social care needs were assessed and they told us staff understood and provided the care and support they needed. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People's care plans were detailed and covered all of their health and personal care needs. Staff made sure the plans were reviewed at least each month, or more regularly if a person's needs changed.

People's nutritional needs were assessed and recorded and records were maintained to show people were protected from risks associated with nutrition and hydration.

Summary of findings

Are services caring?

People living in the home told us staff were kind and caring. They also told us they were offered choices and that staff knew about their preferences and daily routines.

Relatives and visitors told us they felt people were well cared for and staff treated people with respect. Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people.

Are services responsive to people's needs?

People told us they enjoyed the activities provided. People spoke in particular very positively about the care co-ordinator who had the overall responsibility for arranging activities offered.

Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest decisions' were agreed. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. When we visited we saw arrangements were in place to carry out an assessment of people's capacity to make specific decisions, if this was necessary.

People told us that they were listened to by staff and were able to contribute to the treatment and care provided. There had been systems in place to deal with and respond to complaints appropriately.

Are services well-led?

The service was well led and provided strong leadership and a positive culture. For example regular surveys ensured that people's views were obtained and regular audits ensured that the quality of service was monitored. Staff understood their roles and responsibilities. Staffing levels were flexible and based upon the needs of the people living in the home.

We saw that the provider worked well together with other health and social care agencies to make sure people received the care, treatment and support the needed.

Summary of findings

What people who use the service and those that matter to them say

We spoke with ten people who lived in the home and six relatives who were visiting. The people we spoke with told us they were very happy with the care and support they received. Their comments included “it’s fantastic here, staff treat us well” and “staff treat us like individuals” and “staff will discuss my health issues with me, they listen to my thoughts and wishes.” We observed care in the dining room at lunchtime and 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 were not able to speak with us.

A relative told us “the change in my relative is amazing; she eats much better and as a result has gained weight, which is a good thing.”

Another relative told us “we thought we were losing our relative before, but since the person is here, the person is back to their own self.” Another relative said “they did an assessment, which was efficient and smooth.”

A member of staff told us, “things are improving all the time; we treat the residents, like we would like our mum to be treated.”

Sydmar Lodge

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Sydmar Lodge provides accommodation for up to 57 people. All people receiving care were from Jewish background. Before our inspection we reviewed information we held about the home including the last inspection report from April 2013. The inspection team consisted of an inspector and an Expert by Experience who had experience of services for people with dementia.

We spent time talking with ten people living in the home, six relatives and visitors, the manager, six care workers, the activities co-ordinator, the hotel manager and the regional manager. We observed care in the dining room at lunchtime and 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 were not able to speak with us. We looked at all communal parts of the home and some people's bedrooms, with their agreement. We also looked at people's care records and records relating to the management of the home.

Are services safe?

Our findings

People who used the service told us that they felt well cared for and safe in the home. Comments included "they look after us very well and I have always felt safe with the staff", "sometimes they notice before I do that I am having a bad day and will call my GP to ensure everything is ok with me, that makes me feel safe and secure." People and relatives told us that staff responded promptly to their requests for care and support. One person told us "mum can become quite anxious at times, but staff are always around to reassure her." People also told us that usually there is a quick response to call bells. However one person told us "sometimes I have to wait for a long time for staff to come, especially during evenings and weekends." The manager told us that she monitored care staff response to call bells and found that on average staff responded within five minutes, this is in line with the providers call bell procedure. During our visit we tested the call bell in one of the person's room with their permission and staff came within one minute.

Staff told us they had received safeguarding training and were able to tell us the different forms of abuse and whom to report to if they witnessed abuse or where allegations of abuse were raised. We viewed a quality audit from November 2013, which highlighted that the majority of staff had received safeguarding adults training. One person told us "I would speak to the manager and carers if there were any issues and I am sure that they would deal with it."

We saw in people's care plans, that behaviour plans were put in place if people presented challenging behaviour. We observed on one occasion two people who used the service had an argument. We saw staff responding to this altercation appropriately following behaviour guidance recorded in the people's care plans. One person told us that on occasion where people were aggressive staff managed the situation, "I don't like it, but I am confident that staff will sort it out."

We viewed accident and incident forms for April 2014 and noted that the majority of recorded accidents and incidents were due to falls. As a result of this the manager had undertaken reviews of people's risk assessments and where required, implemented action plans to minimise the risk of such incidences. We saw two had action plans viewed. This demonstrated people who used the services were protected from falls and took action to minimise such incident.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards.

Policies and procedures were in place but no applications had been necessary. Relevant staff were trained to understand when an application should be made, and knew how to submit one.

People's care plans included equality and diversity issues. The care plans included all protected characteristics in equality law: ethnicity, gender, disability, religion or belief, sexual orientation and age. Where specific needs were identified the provider made adjustments to make sure these were met. For example a religious representative, visited the home regularly to ensure people's spiritual needs were met. We were also told by a relative, that care was provided by the same gender.

Medicines were prescribed and regularly reviewed by the person's GP. We viewed the treatment room, which was locked. Regular temperature checks ensured that medicines were stored according to manufacturer's guidance. People's medicine administration records (MAR), were completed appropriately and had no gaps. This showed that people received their medicines as prescribed. Separate guidance was in place for people who were able to self-medicate or people who required 'when required'". This showed that robust procedures ensured that medicines were administered, stored and handled safely.

We looked at care records for six people living in the home and saw that risk assessments were completed when required. The risk assessments we saw covered falls; moving and handling; pressure care and nutrition. Where risks were identified, staff had been given clear guidance about how these should be managed. We saw the risk assessments were reviewed by staff at least monthly and more frequently when required. Staff told us if there were changes in a person's care needs, they would report to the manager and a risk assessment would be reviewed or

Are services safe?

completed. For example, staff told us this would happen if a person's behaviour changed or if they had a weight loss or gain. We saw evidence of this in care plans viewed during our inspection.

Are services effective?

(for example, treatment is effective)

Our findings

People told us that they were involved in planning and reviewing of the care and support they received. We looked at care records of six people. These confirmed their involvement in the care planning and review process. One person told us "when I arrived at the home, they discussed with me my wishes. Staff always keep me informed of what is going on and ask me about my care." Another person told us, "I have a care plan, which they talk to me and my family about."

All care plans we looked at included pre-admission assessments, which included the person's health and social care needs, history, likes and dislikes, hobbies and interests. We saw that this information had been included in people's care plans and risk assessments.

Care plans were up to date and had been reviewed regularly. Reviews had been carried out at least monthly and in some cases more often. For example, in one care plan, the review had been carried out after it was identified that the person required additional assistance. This showed that care plans contained up to date information about each person's care needs and how this should be met. Care workers completed daily records for each person, which covered activities, health and personal care needs. A more detailed activity record was completed by the activity co-ordinator, which included information of the activity taken part, if the person liked it or not and any suggestions made by people for future activities. We could see that people were engaged in the activities offered and also enabled to contribute and suggest new activities for the future.

People told us that their health care needs were met and that they were able to access health care services when necessary. One person told us "The staff, in particular the night staff, are excellent. Once I felt poorly, they sat in my room talking to me whether to call an ambulance or not. In the end, I made the decision to call them. I was pleased that I was in charge." Care plans included information about how people health and social care needs were met, including information on hospital appointments GP visits. Outcomes of these visits were recorded and actions were taken were appropriate. Care staff demonstrated good understanding of people's health care needs and gave us examples how they were met.

We saw minutes of regular residents meetings, which had been attended by people and their relatives. People told us about a meeting before Passover, which is a Jewish religious festival, during which meal choices and the organisation of this celebration was discussed. Another person told us having had discussions about their food preferences that was very important to them.

We observed lunch time; people were made aware of lunch time, by a person who used the service playing the piano in the dining room, which provided a pleasant and relaxed atmosphere. People told us that the food was good, and met their religious needs. The manager told us, that the home had recently employed a hotel and customer service manager, who was responsible for planning the menu. Plans were in place to employ a new cook who had experience in Jewish cooking. People were consulted about the meal choices and changes were made to the menu following their feedback.

During lunchtime we observed that the atmosphere was relaxed, there were sufficient staff available to assist people with their meal choices.

Records showed that people's nutrition was assessed, dietary needs were recorded to ensure their needs were met. People who were at risk of malnutrition were referred to a dietician, who implemented a special individual dietary plan. A relative told us, "my mum looks much better and has put on weight since she is at the home, the family is very happy."

Are services caring?

Our findings

People told us staff were kind and caring, they were offered choices and staff knew about their preferences and daily routines. Comments made by people included "staff are very good", "they are really caring" or "the majority of staff are very nice and kind". Relatives told us "staff is very attentive and caring, they do their absolute best, and mum loves them."

We observed staff to be caring, understanding and respectful towards people. For example, while we talked to one person, staff asked the person for their permission to interrupt our conversation to take the person's blood pressure and administer medicine. We saw staff knocked on people's bedroom doors before entering and closed bathroom doors when people needed their privacy.

Care plans included information about people's likes, dislikes and personal history. Staff said they would use this information to understand and support people with their needs. Most of the staff had worked in the home for a number of years and demonstrated knowledge and understanding of what was important to people or of any significant events in their lives. Staff told us that this helped them know the person and care for them effectively.

We saw that people were encouraged and supported to maintain their independence. For example, one person's care notes read "encourage [resident] to use the bathroom independently." One of the staff told us "we are here to support people in things they are not able to do by themselves." Another person told us "I get the newspaper in the morning; this helps me to know what is going on in the world."

We observed staff offering people choices throughout our inspection, for example during an activity some people did not want to take part, staff demonstrated understanding and told people that they could do something else if they wished. One person told us, "I don't like to take part in all activities and go in the library instead to read a book." We observed staff treating people with respect, addressing them by their name and engaging them in conversations. One care worker told us, "I have the best job in the world, I am here to make people smile."

Regular residents' and relatives meetings ensured that people who used the service were able to contribute and comment on the care provided. People who used the service and relatives told us that they enjoyed the regular meetings, which enabled them to make comments about the and support provided. We saw that during such meetings activities and celebrations were discussed. For example during the most recent meeting the care co-ordinator discussed with people the upcoming celebration of the Israel Independence Day.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The home offered a variety of activities, during the morning we observed a keep fit session which people enjoyed. The activity co-ordinator had been trained to provide this session which was aimed at preventing and reducing falls. The session was attended by 13 people. We spoke to one person about this session, they said they were much steadier on their feet since taking part. Another person told us that she enjoyed going in the garden for a walk.

We observed other activities taking place throughout the day including, a piano and bingo session, which was also attended by people's relatives. This showed us that people who used the service were suitably occupied with a range of stimulating activities.

The manager told us that the Rabbi from the local synagogue visited the home regularly, which was confirmed by people. This ensured that people's spiritual needs were met. All people who used the service were of Jewish faith.

During the afternoon we saw a number of relatives visiting. One relative told us, "I come here every day and know a lot of people, from the synagogue and the local community." Another person told us, "the home is very welcoming and I can come whenever I want."

The manager told us that were people lacked capacity to make specific decisions they would carry out an assessment under the Mental Capacity Act 2005. Some of the care plans included advanced care plans where staff had discussed end of life care wishes with people and their relatives. Where possible, this was done with the person living in the home but if they were unable to make decisions about their care, appropriate people were involved, for example their relatives and GP. We saw that Do Not Attempt Resuscitation (DNAR) forms in two care plan files had been appropriately signed by the person living in the home or their relatives, the GP and staff from the home. Where a relative had a power of attorney this was clearly recorded so staff knew who to contact about decisions relating to the person's care.

People and their relatives told us they were given the provider's complaints procedure. People said that they had no complaints, but would talk to a member of staff or the manager if they had any concerns and were confident that their concerns would be addressed. One person told us, "I have no complaints, but I would if I am not happy with anything and I am sure that the manager will sort it out." A relative told us of a concern she raised, "I spoke to the manager about it and she sorted it out, the listen to us." Staff said "Most complaints were immediately reported to the manager who will be dealing with the complaint."

Are services well-led?

Our findings

The home had systems in place to obtain people's views, for example, the manager told us that she sent out survey questionnaires recently, with a deadline to complete the audit in August 2014. In November 2013 the provider carried out a quality development audit, which was based on outcomes within the health and social care act. The audit assessed the homes overall performance. The auditor rated the overall quality of care for the home as good, with some minor shortfalls in medicines management, involvement and engagement of people who used the service, staff recruitment and staff training. An action plan for the shortfalls was drafted and action had been taken by the manager to address these.

The manager started in April 2014 and was currently not registered with the Care Quality Commission. Care workers told us that the new manager was approachable and facilitated meetings enabling staff to comment and discuss issues relating to the overall management of the home. People who used the service spoke very positive about the manager. A comment made by one person, "she understands us, she knows what we need and she listens to what I have to say."

Staff told us that training was easy to access, that the home provided e-learning and all six care workers spoken with told us that they had undertaken mandatory training such as on the Mental Capacity Act 2005,Deprivation of Liberty Safeguards, Health and Safety, manual handling and medicines managements. The majority of staff had additional social care qualifications, in form of National Vocational Qualifications in Care Level 2 or 3.

During this inspection we saw there was enough staff working in the home to support people and meet their care needs. We saw that requests for help or support were responded to promptly and people did not have to wait for assistance. Relatives told us "there seems to be enough staff about" and "they all seem well qualified." One person did say "the carers are lovely, but there aren't enough of them." We observed staff working well together in particular during busy periods such as lunchtime. Staff were observed not to be stressed and had sufficient time to chat to people. Staff spoken with did not complain of being too busy and showed by their interactions with people who used the service and their families that they had time to build healthy, meaningful relationships with those they care for.

We saw accidents and incidents were well recorded and reported to the provider under their clinical governance systems. The regional manager told us all reports were analysed by the provider with the aim of providing additional support if needed. The provider carried out monthly monitoring visits to speak with people living in the home, review health and safety, medicines management, risk management and care planning. We saw written reports which were sent to the home's manager after each visit and actions taken to address issues identified at one visit were always reviewed at the next visit. This ensured the provider had systems in place to monitor the day to day running of the home and the services provided.