

Sycamore Cottage Rest Home Limited

# Sycamore Cottage Rest Home Limited

## Inspection report

Skippetts Lane West  
Basingstoke  
Hampshire  
RG21 3HP

Tel: 01256478952

Date of inspection visit:  
02 November 2017  
03 November 2017

Date of publication:  
09 January 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 2 and 3 November 2017. Sycamore Cottage Rest Home Limited provides care for up to 20 older people living with differing stages of dementia. There were 13 people living at the home on the first day of our inspection, with one person moving to alternative care provision later that day. Accommodation was provided over two floors of a converted residential dwelling, with a stair lift that provided access to the second floor.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The registered manager had left the home in November 2016 and Sycamore Cottage did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. At this inspection the home had a new manager who had been appointed on 6 September 2017. The new manager was being supported by an external management consultant and the deputy manager. The new manager had commenced the process to become the registered manager with the CQC.

On 2 and 3 March 2017 we inspected Sycamore Cottage Rest Home Limited and judged the provider to be in breach of seven regulations. We served a warning notice on the provider to make necessary improvements to ensure people received safe care and treatment. On 7 and 8 June 2017 we completed a focused inspection of Sycamore Cottage Rest Home Limited and found required improvements in relation to the warning notice had been completed so people experienced safe care and treatment.

After the inspection on 2 and 3 March 2017 we imposed four conditions on the provider's registration. These were to ensure, people were safeguarded from avoidable abuse and improper treatment; the provider had appropriate processes to assess and monitor the quality of their service; the provider maintained accurate records of the care provided to people and decisions made relating to their care; the provider only employed fit and proper persons; and staff had all received the necessary training and support to carry out the duties they were employed to perform. At this inspection we found the provider had complied with all of the conditions imposed on their registration.

Since our inspection in March 2017 the manager of the home had sent weekly reports with action plans detailing the improvements to be made and progress that had been made. The conditions imposed on the provider's registration required the provider to submit monthly reports to us detailing all training provided to staff; audits of all safeguarding incidents; recruitment checks; all medicine errors and medicines management; all bruising incidents; behaviours that challenge incidents; infection control; care plans; staff guidance and CQC notifications. The manager had effectively completed all relevant action plans and the

requested monthly reports, which demonstrated all of the required improvements had been made.

At our inspection in March 2017 the provider was not meeting the regulations in relation to obtaining valid consent to people's care and providing person centred care. We asked the provider to send us a report detailing what action they were going to take to make necessary improvements. At this inspection we found the provider had made the required improvements and ensured valid consent was sought from people who consistently received person centred care.

At this inspection we found that the provider had acted on the risks and shortfalls that had been previously identified. Whilst we recognised that improvements were being made to the service's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and have not yet been sustained in the longer term to be fully embedded in practice. The improvements that have already been made will need to be sustained to demonstrate that the service has improved and continues to do so without the additional provider support and oversight and any increase in placements at the service. At the time of this inspection the service was just over 50% occupied. It is too early to state that the improvements are sustainable.

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. The home had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary. The manager had embedded a proactive approach to anticipating and managing risks to people which was recognised to be the responsibility of all staff.

Staff had the right mix of skills to make sure that people experienced safe care. The manager regularly reviewed staffing levels and adapted them to meet people's changing needs. Staff had undergone pre-employment checks to assess their suitability to provide support to vulnerable people. Staff managed people's prescribed medicines safely in accordance with relevant national guidance. Staff had been trained and understood their role and responsibilities to maintain high standards of cleanliness and hygiene in the premises to reduce the risk of infections.

The manager encouraged openness and transparency when things went wrong. Staff understood their responsibilities to raise concerns and report incidents and near misses. In the context of this report a near miss is any unsafe event that results or could have resulted in personal injury or damage to property or equipment.

The manager had ensured that staff had the skills, knowledge and experience to deliver effective care and support to meet people's needs. Staff consistently supported people in accordance with current best practice, for example; when supporting people to move and transfer. Supervision and appraisal were used to develop and motivate staff, review their practice and focus on their professional development.

The service protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. The service had clear systems and processes for referring people to external services, which were applied consistently. Staff made prompt referrals to health professionals when required and acted swiftly on their recommendations.

People and their families had been consulted about decisions regarding the premises and their personal environment. Staff upheld people's rights to make sure they had maximum choice and control over their lives, and support them in the least restrictive way possible.

People were consistently treated with dignity, respect and kindness by staff who made them feel that they mattered. The manager ensured staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. Staff noticed quickly when people were in discomfort or distress and took swift action to provide the necessary care.

People were empowered to make choices and have as much control and independence as possible. The provider complied with the Accessible Information Standard by identifying, recording, sharing and meeting the information and communication needs of people with a disability or sensory impairment.

People were confident that if they complained they would be taken seriously, and their complaint or concern would be explored thoroughly. The manager used the learning from complaints and concerns as an opportunity to drive improvement in the quality of the service.

People were sensitively supported to make decisions about their preferences for end of life care. Staff were aware of national good practice guidance and professional guidelines for end of life care.

The managers leadership, governance and culture had promoted significant change and the delivery of good quality, person-centred care. The manager had implemented clear and effective governance, management and accountability processes. Staff understood their role and responsibilities, and were motivated by their leaders who inspired confidence. The manager involved people, their family, and staff in the development of the home in a meaningful way. Quality assurance arrangements were robust and identified current and potential concerns and areas for improvement. Concerns had been investigated by the manager in a sensitive and confidential way, and lessons had been shared and acted on. The manager worked in a collaborative and open manner with all relevant external stakeholders and agencies to support and improve people's care provision.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The home was safe.

However, the requirements that had been made to ensure people were safe were still a work in progress and had not yet been sustained in the longer term to be fully embedded in practice.

People were protected from avoidable harm and abuse because staff had been trained and understood the actions required to keep people safe.

Risks specific to each person had been identified, assessed, and actions implemented to protect them.

The manager completed robust pre-employment checks and a daily staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People received their medicines safely, as prescribed from staff who had completed relevant training and had their competency to administer medicines assessed regularly.

### Is the service effective?

**Good** 

The home was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

The provider ensured the premises were kept clean and hygienic so that people were protected from infections that could affect both staff and people using services.

The manager had created a service improvement plan including the need to create a more dementia friendly environment, for example; improved lighting, signage and ease of access.

### Is the service caring?

Good ●

The home was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

The provider enabled staff to have time to listen to people, answer their questions, provide information, and involved them in decisions about their care.

Staff responded promptly, with compassion and kindness when people experienced physical pain and discomfort or emotional distress.

### Is the service responsive?

Good ●

The home was responsive.

People were encouraged and supported to develop and maintain relationships with people that matter to them, both within the home and the wider community, and to avoid social isolation.

The provider used feedback, concerns and complaints as an opportunity to learn and drive continuous improvement of the service.

People and their families were actively involved in planning, managing and making decisions about their end of life care.

### Is the service well-led?

Requires Improvement ●

The home was well-led. However, the provider had not yet demonstrated that improvements made were sustainable..

The management team promoted an open, inclusive, and person

centred culture which encouraged people and staff to be actively involved in developing the service.

The manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The registered manager operated effective quality assurance and governance systems to implement identified learning to drive continuous improvement in the service.

The manager had demonstrated effective partnership working with key organisations, including the local authority, safeguarding teams, clinical commissioning groups and multidisciplinary teams, to support high quality care provision.

# Sycamore Cottage Rest Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 November 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. Before the inspection, we did not ask the registered provider to complete 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 gathered this information during our inspection. We also reviewed information contained within the provider's website.

Before the inspection we also spoke with the commissioners of care, the local authority integrated care team, including the specialist nurse for residential homes and the ambulance service representative, who visited the home during our inspection.

During the inspection we spoke with 11 people who used the service and seven relatives. We spoke with the manager, the deputy manager, an external consultant, four senior staff, six staff, a housekeeper and two agency staff.

We reviewed 13 people's care plans, including needs and risk assessments, together with people's daily



records. We observed a medicine administration round and reviewed 12 medicines administration records (MARs). We observed the lunchtime and teatime meal service within the home and visited people who preferred to have their meals served in their rooms.

We looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as the provider's quality assurance audits, were used to drive improvements in the service. After visiting the service we spoke with a care commissioner and five health and social care professionals who had engaged with the service.

# Is the service safe?

## Our findings

People and their relatives consistently told us people were safe living at Sycamore Cottage Rest Home Limited. One person said, "The girls [staff] are so kind and gentle and always take their time to make sure they don't hurt me." Another person told us staff, "Always come so quickly whenever I need them to make sure I'm alright." Relatives told us their loved ones were in a "Safe, caring environment" and received safe care from staff they trusted.

At our inspection in March 2017, although people told us they felt safe, we found there were shortfalls which compromised people's safety and placed people at risk from receiving unsafe care. This was a breach of Regulation 12 of the HSCA Regulations 2014 (Safe care and treatment). At our inspection in June 2017 we found the provider had taken the required action to ensure people experienced safe care.

At our inspection in March 2017 not all staff had completed the provider's required training to protect people from avoidable harm and abuse. Improvement was needed to ensure staff would always identify potential abuse, including neglect, so that action could be taken to report and investigate these concerns to protect people from potential harm. This was a breach of Regulation 13 of the HSCA Regulations (Safeguarding service users from abuse and improper treatment).

At this inspection we found people were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Staff had completed the provider's safeguarding training and were able to demonstrate a clear understanding of their roles and responsibilities, including reporting concerns to external authorities. People and staff told us they would have no hesitation in reporting abuse and were confident the new manager would act on their concerns. Since our inspection in March 2017 we had been notified by the provider about five safeguarding incidents, which had been reported, recorded and investigated in accordance with the provider's policy, government legislation and local authority guidance. The provider effectively operated systems to investigate immediately, any allegation that abuse might have occurred.

At our inspection in March 2017 the provider had failed to protect people by ensuring that staff were of good character and suitable to work with the people they were supporting. This was a breach of Regulation 19 of the HSCA Regulations (Fit and proper persons).

At this inspection we found the provider had made the required improvements. All staff had undergone robust pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. The provider assured people were safe as staff suitability for their role had been robustly assessed, before they were deployed to support people.

The management team completed a daily staffing needs analysis which was based on the dependency needs of people. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. We reviewed rotas for September and October 2017, which demonstrated that the required level of staffing had been deployed to meet people's assessed needs.

Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. Staff had the opportunity to interact with the people they were supporting in a calm, relaxed and unhurried manner. We observed staff consistently responded to call bells quickly which people told us reassured them.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short-term absences to be managed through the use of overtime and bank staff employed by the home. The manager and the deputy manager were also available to provide extra support when appropriate.

Where necessary the provider employed agency staff to ensure there were always sufficient staff. The provider ensured that agencies provided the same staff to assure the best possible continuity and consistency of care for people.

Accidents and incidents were recorded and reported where required, which were analysed by the manager to identify any themes or trends. The manager ensured all incidents were reflected upon during shift handovers and staff meetings to ensure necessary learning was shared as soon as possible. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

Records demonstrated that managers and senior staff facilitated staff group reflective sessions to ensure necessary learning and action was taken as a result of reviews and investigations when things went wrong.

People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals such as paramedics or accident and emergency staff. People were kept safe as staff had access to relevant information, which they could act upon and provide in an emergency.

People's records were accurate, complete, legible and up-to-date. We observed that people's records were securely stored but readily available to relevant staff. This ensured they had access to the most current information to enable them to support people to stay safe.

Staff were aware of people who were at particular risk of avoidable harm, for example; staff knew people who were at risk of choking or falling and the necessary measures required to be implemented to mitigate these risks. People experienced safe care provided by staff who had the necessary knowledge to enable them to respond appropriately to concerns about people's safety.

Where people were diagnosed with health conditions such as diabetes, their care plans detailed how the associated risks related to the particular individual and the support they required to mitigate any potential harm to them.

People who had been identified to be at risk of pressure areas had assessments and management plans in place, to enable staff to reduce the risks associated with their skin integrity. Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring, which we

observed in practice. People were protected from the risk associated with their skin breaking down by staff who provided care in accordance with people's pressure area management plans.

People were protected from the risks of avoidable harm associated with the use of moving and positioning equipment which had been fully serviced by qualified engineers in March and April 2017. Staff had recently completed moving and positioning training with a focus on how to use specific equipment to meet people's individual needs, for example; how to support people to use the stair lift and bath hoists safely.

People were protected from individual risks in a way that respected their choices and promoted their independence, whilst keeping them safe. For example, one person had a risk management plan, which promoted their independence by supporting their wish to smoke.

The manager had identified people who displayed behaviours which may challenge others and had updated their support plans appropriately. Positive behaviour support plans contained guidance for staff to follow to keep people and others safe. We observed consistent sensitive interventions by staff, in accordance with the guidance within people's support plans, which kept people and others safe when they displayed behaviours which may challenge others.

The provider had assessed the risk to people from the environment to ensure they would remain safe within the home, for example; fire doors at the top of stairs had been fitted with key codes linked to the fire alarm system, to protect people from the risk of falling and fire. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. People were protected from environmental risks within the home.

People's medicines were administered safely by staff who had completed the provider's required training to do so. Staff had their competence assessed before they were authorised to administer medicines unsupervised. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Staff supporting people to take their medicine did so in a gentle and unhurried way. Medication administration records (MARs) confirmed people had received their medicines as prescribed. When staff had supported people to apply prescribed topical creams or ointments records accurately reflected this. Any changes to people's medicines were always double signed and dated.

The registered manager had implemented further training and audits to ensure the MARs reflected whether people had received their medicines as prescribed to mitigate the risk of people either being given too much medicine or not enough to safely meet their needs. Medicines were stored safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to ensure they remained effective.

Where people were prescribed medicines, there was evidence within their care plans that regular reviews had been completed to ensure continued administration was still required to meet their needs. People had medicines risk assessments to manage the risks associated with the use of their medicines.

There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff administering medicines completed a stock check of each medicine after it had been administered and completed a full stock check daily. The management team completed weekly and monthly medicines audits. The service had a positive audit completed by their community pharmacist in October 2017. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

The new manager had changed the home's pharmacy and had introduced a new medicine administration system. Regular audits confirmed that the new system had significantly reduced the level of medicines errors. The medicines management system also ensured all errors were quickly identified and action taken to ensure people were safe.

Staff had access to clear policies and procedures on infection control that met current and relevant national guidance, which we observed staff follow in practice. The home was very clean at the time of inspection and staff managed the control and prevention of infection well. All staff had been trained in relation to infection control and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. Staff understand the importance of food safety, including hygiene, when preparing or handling food. We observed staff following these standards when preparing and serving meals.

At this inspection we found that the provider had acted on the risks and shortfalls that had been previously identified to ensure people were safe. Whilst we recognised that improvements were being made to the service's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and have not yet been sustained in the longer term to be fully embedded in practice. The improvements that have already been made will need to be sustained to demonstrate that the service has improved and continues to do so without the additional provider support and oversight and any increase in placements at the service. At the time of this inspection the service was just over 50% occupied. It is too early to state that the improvements are sustainable.

# Is the service effective?

## Our findings

Feedback regarding the service from people and their families was very good. A common theme reported by people, relatives and staff was the significant improvements made since the new manager had been appointed, supported by the external management consultant.

People told us staff understood their needs and knew how they wished to be supported. One person told us, "I didn't think the care could improve but it has." A relative told us, "The caring has always been fantastic but the new manager has brought in a more professional approach which you can see throughout the home." Staff overwhelmingly told us the refresher training they had received was excellent and the manager was 'Very supportive' but set 'Really high standards'.

At the inspection in March 2017, staff had not received the training and support necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the HSCA 2008 Regulations 2014 (Staffing). At this inspection the manager had ensured that staff had the skills, knowledge and experience to deliver effective care and support to meet people's needs. We consistently observed staff supporting people in accordance with current best practice, for example; when supporting people to move and transfer.

Staff told us they had completed extensive training since our inspection in March 2017, which had improved their confidence and capability to support people. Records confirmed all staff had completed training in relation to safeguarding, moving and handling, infection control, food hygiene, fire safety and the Mental Capacity Act 2005. Senior staff responsible for medicine administration told us they had completed the provider's safe management of medicines training with the manager and community pharmacist, which records confirmed. One senior staff member told us their competency to administer medicines had been assessed monthly since March 2017, which the provider's audits confirmed. Staff told us the most valuable training they had undertaken was in relation to dementia awareness. During observations staff consistently demonstrated how to support people living with dementia in a compassionate and effective manner, in accordance with their care plans.

At our inspection in March 2017 some new staff, with no previous experience in the care sector, had not received a comprehensive induction programme. The provider was unaware of the Care Certificate standards and these had not been introduced in the home to ensure staff were supported, skilled and assessed as competent to carry out their roles. The Care Certificate standards are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. The registered provider had employed new staff and there was a risk they would not receive sufficient support to adequately prepare them for their role in accordance with national good practice guidance.

At this inspection the manager had ensured staff completed an induction course aligned to the Care Certificate requirements and spent time working with experienced staff before staff were allowed to support people unsupervised. This ensured new staff had the appropriate knowledge and skills to support people effectively.

At our inspection in March 2017, there was no effective structure in place to provide effective supervision. At this inspection staff had received formal one to one supervisions with their designated line manager every four to six weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities effectively.

Some people living with dementia did not have the mental capacity to independently make decisions about their care arrangements. 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 MCA 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.

At our inspection in March 2017, where people lacked the mental capacity to make informed decisions, or give consent, to their care, the provider had not always acted in accordance with the requirements of the MCA and associated code of practice. The provider did not know the process for assessing people's mental capacity and had not identified the requirement to assess some people's mental capacity. Staff did not understand their roles and responsibilities to protect people's rights when they lacked capacity to make decisions. This meant the provider had not ensured if people lacked capacity to make decisions about their care, their rights would be upheld in accordance with the principles of the MCA. This was a breach of Regulation 11 of the HSCA 2008 Regulations 2014 (Need for consent).

At this inspection we found that staff had been trained in the MCA 2005 and the Deprivation of Liberty Safeguards. They were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and reflected the least restrictive option.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. Deprivation of Liberty Safeguards applications had been made to the supervisory body with the relevant authority for 10 people using the service. The registered manager carried out a review of the applications on a regular basis to ensure they were still required.

People had undergone an assessment which documented how they communicated their choices, how to involve them in decisions, and the people to consult about decisions made in their best interests. We observed staff seeking consent from people using simple questions and giving them time to respond. Daily records of care showed that where people declined care this was respected. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

Where there needed to be a decision to balance people's rights, for example; a person's right to freedom and the rights of that person or others to be free from harm decisions were taken in people's best interests. This was demonstrated on the first day of our inspection where one person was transferring to a more appropriate service, which had been subject to a thorough best interest process.

People and relatives told us the food was excellent, being both nutritious and appetising. One person said,

"The food has always been good but now it's even better because the cook is allowed to cook everything fresh." People consistently told us how the chef 'made a fuss' of them and always ensured they ate well. One relative praised staff for the encouragement staff gave their family member to eat little and often. They told us, "The staff have done a remarkable job stimulating [family member's] appetite which has had a good effect on their general health and wellbeing."

People's nutritional and hydration requirements were assessed and there was guidance for staff about how to support people appropriately to eat and drink enough. Staff had received training in relation to managing the risks of malnutrition and dehydration. We observed staff follow nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists. The cook ensured people received suitable foods of the correct consistency to reduce the risk of choking, in accordance with their nutrition plans. Where people were identified at risk of malnutrition or dehydration, staff monitored their daily intake of food and fluids. Where required people's weight was monitored to ensure that any fluctuation which could indicate a change in their needs were identified and acted upon promptly.

We observed examples of good practice in between mealtimes, where staff patiently supported people with drinking fluids. Staff were seen to seat themselves at the same level as the person and support people appropriately at their pace without rushing them.

The manager had developed good links with local health and social care services. The local authority integrated care team, which included the Specialist Nurse for Nursing and Residential Homes visited the home routinely and reviewed any falls, pressure areas, infection and nutrition concerns to ensure the action taken was in line with current best practice. The Specialist Nurse for Nursing and Residential Homes told us the manager had listened to their advice and implemented their guidance effectively. The manager also effectively engaged with the ambulance service and documents demonstrated the number of calls made had been significantly reduced. The manager and staff worked collaboratively across services to understand and meet people's needs.

Visiting health and social care professionals consistently made positive comments about the effective way staff had carried out their guidance to ensure people's health care needs were met.

Staff were aware of people's health needs, and quickly recognised when they were unwell. Staff understood the impact of health appointments on people's anxieties, and liaised in advance with healthcare services to minimise any distress. People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, occupational therapists. The staff completed important monthly health checks for each person to ensure their health was maintained.

The service involved people in planning their move between services. For example, the family of one person and the commissioner of their care had made positive comments regarding the manager and staff's commitment to ensure their transfer to another service was effective and the least distressing it could be. The manager and staff had worked collaboratively across services to meet people's needs.

Sycamore Cottage had initially been built as a large residential family home and had not therefore, been designed to meet the needs of people living with dementia. The manager had created a service improvement plan including the need to create a more dementia friendly environment, for example; with improved lighting, signage and ease of access. Various redecoration and refurbishment had already been completed to improve light and orientation in accordance with the provider's scheduled programme.



# Is the service caring?

## Our findings

Staff had developed caring, meaningful relationships with people. People consistently told us they were supported in their day to day care by staff who were kind and gentle. People told us they were happy living at Basingfield Court, which was their home. One person told us, "My girls [staff] treat me like their own family. They are so kind and caring even when they are very busy they have time to make me feel special."

The interim manager had cultivated an inclusive atmosphere in the home where people, relatives and staff shared a mutual respect and affection. Relatives consistently praised staff who had worked at the home for a long time for their caring attitude, especially when there had been staff shortages. When asked what made the staff 'special' one person told us, "Before the new management, staff were run ragged but still made time to have a chat." A commonly recurring theme from conversations with people and their families was how the attentive, caring nature of the staff made them feel their wellbeing mattered to them. Throughout the inspection, staff showed care and concern for people's wellbeing.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this, for example; one person's wellbeing had improved significantly due to staff encouraging them to join in with musical activities. On both days of the inspection, we observed people enthusiastically singing their favourite songs with staff.

We observed one member of staff gently encouraging a person to drink some fluid to ensure they did not become dehydrated. Staff then compassionately supported the person whilst they took their temperature and enquired about how they were feeling. The deputy manager then arrived and spoke with the person in a kind manner before arranging for staff to support the person to return to their room. We confirmed that the person was then subject to monitoring until they were seen by their GP later that day.

Whilst staff were supporting people communal singing other staff members engaged compassionately one to one with others who did not wish to take part. One person who experienced anxiety and disorientation was supported by a staff member who was gently stroking their hand and speaking to them quietly in accordance with their care plan.

People and relatives told us that staff were committed to providing people with information and explanations they understood at the time they needed them, especially when circumstances were likely to emotionally upset them. We observed one person who was living with dementia and was displaying behaviour which may challenge others due to their anxieties. A member of staff promptly intervened in a sensitive manner, which reassured the person and other people nearby who had become worried.

We observed people who had disorientated after sleeping in chairs. Staff immediately provided gentle reassurance, which eased the people's anxieties and improved their wellbeing. We observed staff were consistently attentive to people, particularly if they were alone, and regularly checked whether they required any support. We observed staff engage with people offering different things to do or engaging in meaningful conversations about what they were doing and things which were important to them, such as their families.

Throughout the inspection we observed and heard staff providing reassuring information and explanations to people, whilst delivering their care. When people were being supported to move staff engaged in day-to-day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them.

We observed staff consistently promote people's independence, for example; by encouraging them to walk whenever possible, rather than using a wheelchair. We observed staff supporting people to mobilise out of chairs and encouraging people to stand by themselves whilst providing gentle support and reassurance. People were involved in making decisions about things that affected them, for example; people were encouraged to manage their personal hygiene and appearance.

Staff told us they respected people's wishes on how they spent their time and the activities they liked to be involved in. When people chose to spend time in their rooms we saw people's personal effects and refreshments were within easy reach. People had been involved in decisions about the decoration and content of their rooms and were surrounded by treasured personal objects.

People and, where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress to maintain their personal dignity. Staff always knocked and asked for permission before entering people's rooms. People said staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

Staff took their time with people and did not rush or hurry them. People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day-to-day lives. People responded to staff with smiles or by touching them, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.

We observed meaningful interactions encouraged by staff to support people with sensory impairments, adopting techniques such as kneeling in front of visually or aurally impaired people, to ensure they were face to face to establish good eye contact or to make themselves be heard. Staff knew people's life stories, their interests and likes and dislikes which enabled staff to engage in conversations about topics other than the person's support needs.

Staff had completed relevant training and understood their responsibilities in relation to equality and diversity. They were able to explain how they ensured people had their different religious and cultural

customs and values respected, such as being supported to practice their individual faith and decisions dictated by their beliefs.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records in order to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the home, including those held on computer, were kept securely to ensure they were only accessible by those authorised to view them.

## Is the service responsive?

### Our findings

At our inspection in March 2017 the care provided to people living with dementia was not always appropriate to meet their needs and preferences. This was a breach of Regulation 9 of the HSCA 2008 Regulations 2014.

At this inspection we found the provider had made the required improvements. At the start of this inspection there were nine people living with dementia in the home. Care provided to people living with dementia was appropriate to meet their needs and preferences. People were stimulated by structured activities provided by external entertainers and the home staff. All staff had undertaken dementia awareness training which was consistently demonstrated during their interactions with people. We observed staff promptly engaged with people who appeared confused or required reassurance. People living in the home looked well clean and well-groomed throughout our inspection. People had received personalised care that was responsive to their needs.

Since our inspection in March 2017 the provider had fully reviewed each person's care plan, together with their families where appropriate, to make them more person centred. Care plans we reviewed reflected how people would like to receive their care and treatment, and included all the information staff would require to know how to meet people's needs. For example, the care plans of people who lived with diabetes informed staff about the action they needed to take to ensure the person's safety if their blood glucose level was too high or low.

People, and where appropriate, their relatives were pleased that they were able to stipulate their needs and preferences and influence their care plan. The manager was committed to the principle of placing the person at the centre of their care planning and provided support for relatives in this respect. Relatives consistently told us they appreciated the time and effort the management team had invested in encouraging their participation in their family member's care planning; particularly the extensive research to inform their loved one's life histories.

People and their families told us they felt the staff were flexible and responsive to their needs, for example; in relation to their morning and night time routines. People were able to choose what time they wished to go to bed and get up. One person told us, "I'm an early bird and usually like to get up but the carers are very kind and bring me a cuppa in bed if I want one."

People experienced personalised care and support from staff who were responsive to people's individual needs and preferences which enhanced their wellbeing. People and relatives consistently told us the new manager was dedicated to finding creative ways to enable people to live as full a life as possible. Activities was an agenda item at the monthly 'residents' and 'family' meetings and the new programme of activities was being evaluated to identify further activities people would like to try and those which had not been successful.

Families told us they were always welcomed into the home and were encouraged to visit at any time and as

often as possible to maintain their loved one's emotional wellbeing and prevent them from the risk of feeling socially isolated. Relatives consistently told us that staff had created a true family atmosphere within the home and had supported people's friendships within the home. People were encouraged to maintain and develop relationships that were important to them.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand, for example; using short sentences and plain English. Staff understood and respected that some individuals required more time to respond than others. Throughout the inspection, we observed staff positively interacting with people in ways that met their needs.

The provider had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory loss. This enabled staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

The provider held monthly residents and staff meetings where they sought feedback from people. For example, the manager had addressed people's menu preferences and the chef was now providing freshly prepared meals. The kitchen had just been refurbished and there were plans to build a conservatory to provide a sun lounge in the near future. People, family and staff told us they had all been consulted with regard to improvements to make the home more dementia friendly but also with regard to individual needs. The manager demonstrated the provider's processes for seeking feedback in various ways, including service user surveys, questionnaires and staff surveys.

Care plans and related risk assessments were reviewed weekly by staff and more frequently when required to ensure they reflected people's changing needs. People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. Staff were able to describe the care and support required by each person. Handover meetings were held at the start of every shift which provided the opportunity for the management team and staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. The manager had a detailed auditing system for all care plans and associated monitoring records, which they fully reviewed twice weekly.

People and relatives told us if they had a complaint they would raise it with the manager or deputy and were confident action would be taken to address their concerns. Relatives told us the manager made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life. Staff were aware of the provider's complaints policy, which they followed when people raised concerns.

The manager valued concerns and complaints as an opportunity for driving improvement within the home. The provider had a policy and arrangements in place to manage complaints. People were provided with information about how to make a complaint, in a format which met their needs. This information also included details of external organisations to contact if they were unhappy with the provider's response, such as the Care Quality Commission and the Local Government Ombudsman.

The home had received one complaint since our inspection in March 2017, which had been managed effectively, in accordance with the provider's policy and procedures. Where complaints identified areas of required learning and improvement the manager had taken positive action, for example; the stair lift had been fully serviced due to concerns raised by a visiting health professional. On the day of inspection concerns had been raised, regarding an unpleasant odour coming from the garden patio. Contractors were

called out immediately and resolved the issue, which had been caused by a blocked drain. People, relatives and health professionals consistently told us that the manager proactively addressed all of their concerns promptly.

At the time of inspection there were no people being supported with end of life care. Relatives consistently told us the manager and deputy had sensitively supported them and their family member to make decisions about their preferences for end of life care.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics'. We reviewed one person's care plan which showed their individual religious beliefs and preferences had been considered.

The home worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death, respecting people's advanced decisions and wishes. Staff were aware of national good practice guidance and professional guidelines for end of life care and had been accredited under the Six Steps programme. The healthcare professional responsible for embedding the Six Steps programme in residential homes in northern Hampshire had reviewed recent end of life care provided at Sycamore Cottage. They told us the service had successfully embedded the Six Steps principles and were effectively developing their practice in relation to end of life care.

## Is the service well-led?

### Our findings

The registered manager had left the home in November 2016 and Sycamore Cottage did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The deputy manager had fulfilled the role of manager between November 2016 and 1 May 2017, when an interim manager was appointed. Between March 2017 and 1 May 2017 the deputy manager had been supported by an external management consultant to manage the home. The interim manager left in June 2017 requiring the recruitment of another manager to become the registered manager.

At this inspection the home had a new manager who had been appointed on 6 September 2017. The new manager was being supported by the same external management consultant and the deputy manager. The new manager had commenced the process to become the registered manager with the CQC.

At our inspection in March 2017, the provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided. The provider did not maintain an accurate, complete and contemporaneous record for each person, including a record of the care provided and of decisions taken in relation to the care provided. We found there were shortfalls in the management of the home which compromised people's safety and placed people at risk from receiving unsafe care. This was a breach of Regulation 17 HSCA 2008 Regulations 2014 (Good governance).

At this inspection we found the provider had taken the required action to meet the requirements of this regulation. The new manager effectively operated systems to assess and monitor the quality of service provided. Complete, contemporaneous and accurate records were well maintained for each individual which clearly explained all decisions made in relation to the care they received. The new manager had addressed all identified shortfalls in the management of the home, which had placed people at risk of receiving unsafe care. Where incidents had occurred the new manager had appropriately notified all relevant authorities when required. The new manager had ensured staff received clear guidance and support to safely manage risks to people's health and wellbeing.

People and their families consistently told us how they empathised with the deputy manager who was exceptionally "Kind and caring". We were told the deputy manager had been "Thrown in at the deep end" without the necessary training or experience to manage the service in the absence of a registered manager.

People and their relatives felt the service was well-led by the new manager who had made significant improvements in all areas of care delivery. One person said, "The new manager has done a very good job." One relative told us, "Some of the staff have been there years and are the salt of the earth, very kind and caring, but they have lacked leadership. The new manager really knows stuff and has really turned things around." This relative added, "She always knows what's going on, the activities and food are much better,

you see great team work and staff and people are always smiling. It's the best I have seen here." Another relative told us, "Before you couldn't fault the caring but since [the new manager] has been here things have drastically improved."

Staff overwhelmingly praised the influence of the new manager who had "Transformed the home". Staff consistently reported that the new manager provided clear and direct leadership and whenever a serious incident happened, she was there to provide guidance and support for staff.

Health and social care professionals consistently made positive comments about the significant impact the new manager had on the quality of care people received. One professional told us, "The home has radically improved under the new manager." Another professional told us, "The home has come such a long way, which shows how important it is to have a good manager who knows what they are doing."

The deputy manager told us they often worked alongside staff which enabled them to build positive relationships with people and staff, which records confirmed. Staff consistently told us the manager had created a transparent culture within the home, where people and staff felt safe and confident to express their views. Staff told us their ideas and views were discussed and taken seriously, which made them feel their contributions were valued. The manager and deputy promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

People, relatives and professionals told us the manager and deputy worked effectively together harnessing the deputy's wealth of knowledge about people living in the home with the manager's leadership qualities.

Staff who had raised sensitive issues with the manager and deputy told us they had been well supported and dealt with the issues promptly, in a discreet and tactful manner.

There was a clear management structure at the home, which consisted of a manager, deputy manager, senior staff, head of housekeeping and the chef. The management team was supported by an external management consultant who were visiting several times per week at the time of inspection to support the manager and provide an induction to their role. Staff received clear and direct leadership.

Staff understood their individual role and responsibilities and those of each person within the home. The management team encouraged staff and people to raise issues of concern with them at any time, which they acted upon. For example, staff were concerned about a request to provide medicine for an individual who had moved to another service. The manager was off duty when contacted by the staff member but provided clear and direct advice and prevented staff potentially breaching the provider's medicines policy.

Staff told us the new management style had led to the improvement in the home's recruitment and retention of staff, which had led to the decreased reliance on agency staff. During the inspection we saw good teamwork where staff mutually supported one another, for example; covering colleagues responsibilities whilst they were engaged in meaningful activity with a particular person.

The management team spoke with passion about the provider's ethos of delivering the highest quality of care for people. Staff were able to demonstrate a clear understanding of the provider's values, which we observed being delivered in practice whilst supporting people in their day to day lives. One relative told us, "The standard of care has definitely improved because of all of the training and the manager's experience. There has also been a dramatic change in the way staff engage with people to make sure people are happy."



The provider sought feedback to improve the home from a variety of different methods. People and their families told us they were given the opportunity to provide feedback about the culture and development of the home in residents meetings. People and their relatives told us they had been impressed with the manager's willingness to listen to their concerns and how quickly they acted upon them, which was demonstrated in their response to complaints. One relative told us they had just completed the home's survey and had made positive comments about how staff stimulated their loved ones appetite, engaged in meaningful conversations and activities; and provided excellent care whilst they recovered from a serious injury. The relative told us, "The manager has done an exceptionally good job. On the survey I have said I don't think they can do anything better."

The provider now had suitable arrangements in place to support the manager, for example; through regular meetings, which also formed part of their quality assurance process. The manager told us they had received excellent support from the external management consultant who would continue to support them for the foreseeable future. The external management consultant was to provide quality assurance inspections to ensure the improvements made were sustained.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The manager carried out their own quality assurance process and provided documentary feedback of their findings to the provider.

Since our inspection in March 20017 the manager of the home had sent weekly reports with action plans detailing the improvements to be made and progress that had been made. The conditions imposed on the provider's registration required the provider to submit monthly reports to us detailing all training provided to staff; audits of all safeguarding incidents; recruitment checks; all medicine errors and medicines management; all bruising incidents; behaviours that challenge incidents; infection control; care plans; staff guidance and CQC notifications. The manager had effectively completed all relevant action plans and the requested monthly reports which demonstrated all of the improvements made.

At the time of inspection the home had a manager who was newly appointed and supported by an external management consultant. It is anticipated their direct involvement in the management of the home will eventually be withdrawn. At this inspection we found that the provider had acted on the risks and shortfalls that had been previously identified. Whilst we recognised that improvements were being made to the home's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and had not yet been sustained in the longer term to be fully embedded in practice. The improvements that have already been made will need to be sustained to demonstrate that the service continues to maintain these improvements without the additional external support and oversight, and following any increase in placements at the service.

The manager understood their responsibilities in respect of their duty of candour and the need to notify us of significant events, in accordance with the requirements of the provider's registration. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. We reviewed an incident where the provider had apologised to a person and their relatives, in accordance with the 'duty of candour' and had implemented the necessary learning to prevent a future occurrence.

The manager worked effectively in partnership with other organisations. This ensured that staff were trained to follow best practice and, where possible, contribute to the development of best practice. For example, the manager engaged in regular integrated care team meetings with the community matron, specialist nurses, end of life care specialists and the local ambulance service to share and improve best practice.

