Marblefield Limited

Sycamore House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Sycamore House is a residential care home that was providing personal care and support to people with mental health needs. They were registered to provide care for 28 people and there were 27 living at the home when we visited. The accommodation consists of two floors with shared communal areas on the ground floor.

People's experience of using this service:
• The risks to people's health and wellbeing were assessed and action taken to reduce them. People were supported by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. There were systems to learn from mistakes including the detailed analysis of accidents and incidents.
• Staff received training to enable them to do their jobs well. People were provided with care and support which protected them from discrimination. They were supported to maintain a healthy diet and had access to other health and social care agencies when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was adapted to meet people's needs.
• There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and that staff respected their wishes. Staff had a good understanding of cultural and religious differences and provided support to meet these. Families were welcomed at any time.
• People had care and support provided which met their preferences. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care but people had discussed their wishes with staff.
• Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

The home continued to meet the characteristics of a rating of good in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The service was last inspected on 17 March 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led

Details are in our Well Led findings below.

Sycamore House

Detailed findings

Background to this inspection

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

Inspection team: The inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Sycamore House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was carried out on 8 February 2019. It was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eleven months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with eight people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who

supported them in communal areas throughout the inspection visit.

We spoke with the provider, the registered manager, the deputy manager, three care staff and one domestic member of staff. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

Good

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
• One person we spoke with said, "I feel safe living here. The building is secure and the staff make me feel safe." Another person said, "It is safe. Staff treat me well and there is no rudeness or raised voices."
• When safeguarding concerns were raised and investigated, we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

Assessing risk, safety monitoring and management
• Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
• People told us how staff supported them to manage risk. One person said, "I feel confident to talk with staff about any worries or insecurities."
• We saw people being supported in line with their risk assessments; for example, managing health conditions or going out with staff support. Risk was assessed with people to promote their decision making and independence.
• The environment was checked regularly to ensure that it was safe and well maintained.
• There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing levels and recruitment
• There were enough staff to ensure people's needs were met safely.
• One person told us, "There are enough staff on duty at all times and they find time to speak with us." We saw staff had time throughout the day to respond to any requests for support promptly.
• The provider followed safe recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely
• Medicines systems were well organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

• People told us they received their medicines when they needed them. One person said, "Staff ensure I get my medicines at regular times each day."
• We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
• Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection
• The home was clean and hygienic which reduced the risk of infection. One person told us, "This home is clean enough for me."
• Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment such as gloves and aprons, and that it was readily available.
• There were systems in place to regularly review infection control in the home and all staff we spoke with understood their responsibilities.

Learning lessons when things go wrong
• Lessons were learnt from when things went wrong and actions taken to reduce the risk.
• When there were accidents or incidents these were recorded and analysed. Action was taken to prevent recurrence; for example, when one person had lost weight unexpectedly, referrals for expert support were made and their meals were monitored closely.

Good

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs and choices were met in line with national guidance and best practice.
• People's protected characteristics were considered so they were safeguarded from discrimination.
• People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment, this was then reflected in more detailed care plans.

Staff support: induction, training, skills and experience
• People were supported by staff who had ongoing training. One person told us, "I am confident in their abilities."
• Staff told us the training they received was a good standard and equipped them to do their job well. One member of staff said, "We do regular training and workbooks. We also have regular observations which might result in reminders; for example, to wear an apron. The registered manager also asks us to think about the support we provide. For example, they might ask us in a meeting to describe how the home is safe. This keeps us on our toes!"
• Staff had regular opportunities for supervisions and to discuss personal development.

Supporting people to eat and drink enough with choice in a balanced diet
• People were supported to have balanced diets and made choices about the kind of food they enjoyed.
• One person told us, "The food is very good with enough choice on the menu." At one mealtime we heard a person say they were not keen on the meal and a member of staff immediately offered an alternative which they preferred.
• Some people had been shopping earlier in the day and chose to eat meals they had purchased themselves.
• Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking. Other people told us that food was provided which met their religious requirements; for example, halal meat.
• Records were maintained when people were nutritionally at risk.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People had regular appointments to monitor their health. One person told us, "Staff will make appointments for me to see the optician or the dentist."
• When people were unwell they received prompt attention from medical professionals. We saw records which showed referrals were made to other health and social care professionals to support people when necessary.

Adapting service, design, decoration to meet people's needs
• People were involved in decisions about the premises and environment. There was a homely environment and people had decorated their rooms with their own belongings.
• The home was well maintained and regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
• When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Staff consistently obtained consent from people during the inspection.
• When people were unable to make their own decisions, staff told us how they consulted other professionals to ensure that their best interests were considered.
• DoLS authorisations were in place when some people had restrictions in place that they could not consent to. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.
• There were capacity assessments in place to support the decision making.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care
• People had caring, kind supportive relationships with the staff who supported them.
• One person told us, "Staff know me well and are kind to me." Another person said, "The staff are very good to me; they seem to genuinely care for me."
• We saw caring interaction between staff and people throughout the inspection. One member of staff said, "Some people have no family and so we are their family."
• People were enabled to communicate in their chosen language. For some people, English was their second language. There were members of staff who could speak with them in their first language. Staff told us this was often important when people were anxious or distressed. One member of staff said, "When I speak with [Name] in Arabic, it helps them to be calm."
• One person told us, "I can get up when I want and staff listen to me."
• Some people were supported to follow their religions. For example, it was important to one person to have a shower on their holy day and staff were all aware of this and it was recorded in their care plan. Some people were supported to attend churches and mosques and others preferred arrangements for them to pray at home.
• Staff were knowledgeable about people's personal histories. They supported people in line with this and were sensitive to subjects which could cause them distress.
• Some people were supported by advocates to assist them to make decisions. An advocate is independent of the service and focusses on the individual. One member of staff told us, "We keep records for one person's advocate so they can see the things the person has chosen to do when they visit. This arrangement was put in place to ensure they had opportunities for activities and to go out."

Respecting and promoting people's privacy, dignity and independence
• Dignity and privacy were upheld for people to ensure that their rights were respected.
• One person told us, "Staff treat me with respect and observe my dignity." Families were welcomed to visit and we saw some people had regular weekly visits.

• Special occasions were celebrated with people, including their birthdays
• People were encouraged to be independent in line with their support needs; some people went out independently and managed their own money.

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People were supported by staff who knew them well and helped them to plan for things they wanted to do.

• There were care plans in place which were detailed and regularly reviewed. One person told us, "I know about my care plan and have signed it."
• There were regular individual reviews completed and daily meetings were recorded. One member of staff said, "We receive a good detailed handover and we are always clear who we need to monitor." We observed a handover meeting and each person's care was discussed.
• People had keyworkers who took responsibility for monitoring their welfare. One person told us, "There is a member of staff who is assigned to each of us and you can go and talk to them at any time. However, all of the staff often ask me if I am happy with my care."
• There were activities planned throughout the week. People were supported to go out or to get involved in group games. People told us they enjoyed outings in the summer. When we spoke with the registered manager they explained that the take up for these was less at colder times of the year so they made all the arrangements in the finer weather.
• People's communication needs were assessed and it was clear how information should be shared with them. There was information displayed in the home in pictures and symbols so that everyone could understand it. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns
• People knew how to make complaints and were confident that they would be listened to. One person told us, "I would speak with the manager or my keyworker if I had any complaints."
• There was a complaints procedure in place and a clear accountability for reporting any received to the provider. Any complaints received were recorded in line with this.

End of life care and support

• Some people had plans in place for the end of their life, including choosing when they would want to be resuscitated.
• There was nobody receiving end of life care when we inspected.

Good

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were care plan audits which had actions for improvement recorded.
• The provider had oversight of the quality improvement measures in the home and visited on a regular basis.
• External audits also assisted the staff team to make required improvements; for example, a recent medicines review stated, "Medicines management is excellent."
• The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. They had also displayed their previous inspection rating in line with our requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held responsibility for certain roles such as medicines management and they understood this.
• People spoke positively about the leadership of the home. All the people we spoke with knew the registered manager well and found them approachable. One person said, "I know who the registered manager is. They are here every day and always about if I want to speak with them. I am happy living here and wouldn't leave through choice."
• The provider was also regularly in the home and we observed they knew people very well. They spoke with them at ease about their hobbies and wellbeing and it was a friendly, relaxed conversation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• There were meetings with people who lived at the home and opportunities to feedback through surveys.

One person said, "Residents meetings are regular and any problems are discussed." Another person said, "About three months ago I completed a survey about the home and my support. I told them I am happy living here and how the service is."

• Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

• There were strong relationships with local health and social care professionals to maintain people's wellbeing.