

Tower Bridge Homes Care Limited

Tower Bridge Homes Care Limited - Sycamore Court

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 

Overall summary

This inspection took place on 20 and 22 January 2015.

Sycamore Court is registered to provide care and accommodation for 39 older people. There were 35 people living in the service at the time of our inspection, some of whom had dementia related needs.

The last inspection of Sycamore Court took place on 9 May 2014 during which we found the provider was not meeting the requirements of the law in relation to

assessing and monitoring the quality of the service provision. At this inspection on 20 and 22 January 2015 we found that the required actions had been taken and the provider was meeting legal requirements.

A manager had been appointed since the last inspection and had made application to the Commission to be registered as required. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

People were cared for by staff that been recruited appropriately and employed after appropriate checks were completed. There were enough staff available to support people safely and in the way they needed. Their medicines were kept safe and administered in line with the prescriber's instructions.

People were supported by staff who knew them well and who had the necessary skills to support them appropriately. Care records were personalised and provided staff with guidance on how to meet people's individual needs. People enjoyed a choice of meals and

drinks and were supported to access healthcare services when they needed to. Staff had a good understanding with regards to people's safety and welfare and to protecting their rights.

People, their relatives and visiting professionals were positive about the staff. We were told that they were kind, caring and responsive. Our observations of staff and discussion with them supported their comments. People were treated with dignity and respect and supported to maintain their independence.

An effective system was in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and checked the care provided to people who used the service and how this ensured that the service was operating safely. People felt able to express their views and they were listened to and acted upon to improve the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks had been identified and actions put in place to limit these. The environment was well maintained and equipment was checked regularly to ensure its safety.

There were enough skilled, experienced staff to meet the needs of the people who lived at the home. Staff recruitment processes were thorough to check if staff were suitable people to work in the home.

The provider had arrangements in place to manage medicines safely.

Good



Is the service effective?

The service was effective. Staff received training and support to enable them to care for people effectively.

The principles of the Mental Capacity Act 2005 (MCA) were understood and carried out by staff. The Deprivation of Liberty Safeguards (DoLS) were understood by the management team and being applied.

People had access to healthcare professionals when they required them.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring. People's privacy and dignity was respected, as was their right to make their own lifestyle decisions.

People were supported to maintain important relationships. Relatives told us they felt welcome to visit at any time.

Good



Is the service responsive?

The service was responsive. People's care plans reflected current information to guide staff on the care people required to meet their individual and assessed needs.

People were confident that were listened to. Complaints and comments were responded to positively and actions were taken to improve the service.

Good



Is the service well-led?

The service was well led. People had confidence in the management team and found them available and responsive.

The provider and manager had put systems in place to check and improve the quality of the service people received.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 20 and 22 January and was unannounced. The inspection team included one inspector on the first day and two inspectors on the second day.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with seven of the people and six of their visiting relatives. As well as generally observing everyday life in the service during our visit, we 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 could not talk with us. We also spoke with the manager and eight staff working in the service and received information from two healthcare professionals.

We looked at eight people's care records and 14 people's medicine records. We looked at staff support records relating to three staff. We also looked at the provider's arrangements for managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person told us for example, that they used to fall over regularly, but since coming to live at the service, they had not had a fall for some time. They told us that staff always came when they called them and walked along with the person so that they did not fall over. Another person told us, "Staff here are kind people, I have seen in the newspaper what happens in care homes and I haven't seen any of it here."

The provider had taken steps to assess if staff were of suitable character and competence to work with people. Staff told us that they were interviewed and that the provider took up references such as from their previous employer before staff started working in the service. Records confirmed that the recruitment process was thorough and that the prospective staff member's criminal history record had been checked. This meant that safe recruitment and selection processes were in place.

Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff were knowledgeable on how to identify and report abuse and poor practice. The manager had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked openly with the local authority to ensure that people were safeguarded. We saw that, where learning had been identified from an incident, a new procedure was put in place so that people were kept safe.

People lived in a safe and suitable environment. Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. The environment was adapted to support people with reduced mobility. Equipment used by people, such as specialist baths and hoists, was tested regularly to

make sure it was working properly. The home had clear emergency procedures in place in the event of a fire or for if the home had to be evacuated for any other reason. Fire alarms and call bells were also tested routinely to make sure they were in good working order to keep people safe. Staff told us that the provider made available all the relevant resources they required to keep the service safe and well-maintained.

There were enough staff available to meet people's needs. People told us that staff responded promptly when they rang for assistance. One person said, "They come straight away if you ring the bell.". Another person told us, "There seems to be enough staff and there is always someone around if you need them. They will always help, if you ask for someone they will come." The manager did regular assessments to check that the number of staff continued to meet people's needs. We saw that the number of staff on duty was in line with the number the manager told us was needed to meet people's needs. Staff told us that staffing levels were suitable and allowed them to give people a safe level of care.

People told us that staff looked after their medicines for them and were satisfied with the way that this was done. One person said, "They keep my tablets, I don't want to do it myself as I might get it wrong." People were protected by safe systems for the storage, disposal, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when "as required" medicines should be given and when they should not. Staff that administered people's medicines were trained in medicines management.

Is the service effective?

Our findings

All of the people we spoke with praised the care they received and told us that it met their requirements. People told us they found the staff to be competent and one person said, "Staff seem to know what they are doing." Other comments received from people living in the service and their relatives described the staff and the care the staff provided as, "Absolutely wonderful, without exception, and the care I get is excellent," and "Staff are good at their work." Relatives also told us that staff communicated well so that people received the care they should, and so that relatives felt reassured.

Staff told us that they received a good induction when they first started working at the service. The purpose of induction is to help the new employees become familiar with, the responsibilities of the role, the needs of the people they are to care for, and to ensure that staff have the training to do this well. Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. Staff told us that they felt well supported in their work through regular supervision and staff meetings. Staff also added that they felt they worked well as a team, were treated fairly and could trust their colleagues. Records we reviewed confirmed this.

The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation. We saw, for example, that some internal doors were restricted access with a key code; however the access codes were readily available to people who wished to and who were able to use them. The manager was in the process of completing a number of referrals to the local authority in accordance with new guidance to ensure that any restrictions on people were lawful. Staff also understood the Mental Capacity Act 2005 (MCA). Records and discussions with staff showed that they had received training in MCA and DoLS. Care plans for people who lacked capacity showed that decisions had been made in their best interests. These decisions showed that relevant people such as people's relatives and other professionals had been involved.

People received good nutritional support. People told us that they enjoyed a plentiful supply of food and drinks, and that they always had a choice. Comments from people included, "There are plenty of drinks and you can have what you like", and, "The food suits me well and I have put on weight since I have been here." While choices were available, the menu available to people was written in very small print and so not easy for all of the people to use effectively to make choices. The manager assured us that this would be improved immediately. We observed the dining experience and saw that staff verbally supported people to make choices. Staff also supported people to eat and drink at a pace set by the person and chatted with them. The timing of meals was flexible to fit in around people's lifestyle choices.

People's individual nutritional needs were assessed and plans were in place to monitor and meet these. One person said, "I like the food and they (staff) are really good and fussy, if you don't eat, they want to know why." Referrals had been made to relevant healthcare professionals where people were assessed as being at nutritional risk and regular monitoring was in place.

The service actively supported people to have their health needs met. People told us that staff took appropriate action to contact health professionals when it was needed. A relative told us, "They kept a good eye on (person) always and got healthcare support such as calling the doctor and got help to control pain and discomfort." A healthcare professional told us that staff contacted them at an early stage which showed good monitoring; and that staff listened and followed the advice given to support people's health and well-being. They also told us that staff always accompanied the health professional during their visit to the person and that staff clearly knew the people, and their individual health care needs, well. Another health professional told us that staff knew people's needs well, knew how to contact relevant healthcare professionals, and were proactive in doing so.

Is the service caring?

Our findings

People told us that they always received a service that was caring and compassionate. One person said, "The staff are kind and treat us as family." Another person told us, "I have been here quite a while and the care is quite alright. Staff treat us kindly. They are nice and I am quite happy here."

While we were unable to speak with some people due to their communication needs, we spent time observing the care they received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff were attentive to people's needs. Staff chatted with people about everyday things and there was a calm and relaxed atmosphere within the home.

Visitors told us that they found staff to be kind and caring. One relative said, "I am very satisfied with the care (person) gets. The staff are very kind; they are lovely to (person)."

People were cared for by staff they were familiar with, and had opportunities to build relationships with. People living in the service, their relatives and staff chatted easily together and addressed each other by name. Care staff were aware of people's needs, abilities and preferences and how these were to be met for each individual. Staff and the manager told us that, while written life histories were not available on people's care records, they had been completed. We saw staff did know about people's lives, for example staff spoke with people about the area where the person used to live, and spoke about another person's work in a pub.

People told us they were not sure if they were involved in their written care plans but that staff always asked them about their care needs and what they would like. People told us they made everyday choices about their lifestyle, such as whether to spend their time in their own bedroom or to join other people in the dining room for meals. Staff were aware of involving people in making choices about the care they received. They told us that they always talked to people through what they were going to do before providing any personal care and sought people's consent on a moment to moment basis to ensure their agreement.

All the people we spoke with told us that staff treated them with dignity and respect. People gave us examples, such as staff knocking on doors and waiting to be invited before entering their bedroom and ensuring that they were always covered appropriately while being supported with personal care.

A relative told us that where a person was receiving end of life care, staff continued to treat the person with the same high level of respect and dignity, and spoke with them and used their name even though the person could not respond. Another relative commented, "Staff are patient and kind, they treat people with respect and I have never heard staff say a cross word."

People were encouraged to maintain relationships with those people who were important to them. They told us that there were no restrictions and that visitors could come at any time. One visitor said, "I come any time, even in the evenings."

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and that they were happy living in the service. People's needs had been assessed before they came to live in the service and care plans had been put in place to meet these needs. Care plans were personalised giving staff information on how to support people's individual needs in the way they needed and wished for. The care plans and supporting risk assessments had been reviewed regularly and as people's needs had changed so that staff had current information. Staff told us that they were also given information about people's needs at a handover meeting each shift so they could respond promptly to any changes in the person's requirements.

The care staff provided was person centred and people and their relatives were involved in the way people's changing needs were met. One visiting relative told us how a person's individual preference had been listened to and responded to. A risk assessment had been put in place that enabled the person to continue to have a hot water bottle in their bed as they found this comforting. The relative also told us that the staff had changed the care provided to the person in line with the person's changing condition. When the person was no longer able to sit in the chair and enjoy social activities and interaction, the relative, on visiting late one evening, found a member of staff sitting in the room with the person, just holding their hand and quietly being a reassuring presence for them. A relative told us that the service had responded positively when they had refused the option to have wallpaper in the person's bedroom as they felt it would disorientate the person, and make them feel they were in an unfamiliar environment.

People told us the service was flexible and supported them to retain some control over their own lives. This included

for example, lifestyle choices that other people may not consider healthy, and the choice to go outside when they wanted to. We saw that staff responded promptly to people's requests to be taken outside when their level of mobility prevented them from doing this independently.

People could choose to join in a range of suitable social activities. People told us that until recently there had been a better range of social activities and events going on in the home and that they missed these since the particular staff member supporting activities had left. They had enjoyed the gardening, flower arranging, art activities and events such as the men's club and pub visits and we saw anecdotal records of these in people's care files. The manager told us that recruitment was on-going and it was expected that an appointment to this role would be made very shortly. We saw that care staff spent time talking to people on a one-to-one basis and doing manicures and nail care, although no additional staffing hours had been put in place to support this. Other people told us that they much preferred to stay in their own bedroom and follow their own interests, such as reading, and that the mobile library visited regularly, which met their needs.

The service had a robust and clear complaints procedure in place. People told us they had no complaints but would feel able to raise any concerns and believed that they would be listened to. One person said, "I would feel able to tell the staff if I was not happy about something," and another person said, "I do tell staff if anything is not right and they look into it for me." We saw that the manager had recorded people's comments and taken action to investigate and address these. We saw, for example, that where people had complained that toast was cold, a new toaster had been purchased for the satellite kitchen in that area of the service so that toast could be made as people wanted it.

Is the service well-led?

Our findings

At our last inspection of the service in May 2104, we found that the provider did not have an effective system in place to act upon the views of people who used the service, and to identify, assess and manage the risks to the health, safety and welfare of people using the service and others. This was a breach of regulation 10 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010. The provider sent us an action plan to tell us how they would put this right. At this inspection we found that the stated improvements had been made. We saw, for example, that people's views were listened to and acted upon, and that actions had been put in place where checks identified they were needed.

People told us that they had confidence in the management team. One person said, "This place is so well run, I know the new manager, and I have been to resident meetings." A relative told us, "We have regular meetings with the management team about (person), to discuss the best way for them to care for (person). They try their best to sort things out when they go wrong. It's a hard job and they try to do it as well as they can."

People told us that they had opportunity express their views about the service and felt listened to. One person said, "We went to a residents' meeting, they ask you if everything is okay. They did up our kitchen the other day." This had been in response to issue raised previously by residents. We saw people's comments, such as about the cold toast, had been discussed at the meeting and people informed of the actions taken.

There was an open and transparent culture in the service. Staff told us that they found the management team to be supportive and approachable. Staff felt listened to and gave examples such as the prompt and effective actions of the manager to address a concern raised about people's safety. Staff told us this made them feel reassured in the way the service was run.

The service had suitable quality assurance systems in place to identify concerns and continually improve the quality of care people received. There were a number of audits and checks carried out to assess the quality of the service. We saw that where issues had been identified, these were now being worked through to ensure that standards were met and maintained. We saw that furniture had been replaced where this had been identified as needed. Care records contained clear information on the settings of pressure mattresses for individual people to ensure their safety and well-being. The provider's representative visited the service regularly and completed additional checks to monitor the quality and safety of the service provided.

The manager had used the outcomes of concerns and complaints positively and put procedures in place to improve the quality of the service. Staff were aware of the procedural changes; for example, senior staff knew that should a member of staff not turn up for their shift, the senior staff member must stay on duty until a replacement member of staff arrived.