

Longley Hall Limited

Embracing Independent Lifestyles - The Sycamores Nursing Home

Inspection report

131-133 Harehills Lane
Leeds
West Yorkshire
LS8 4HZ

Tel: 01132406446

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24 May 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 10 and 24 May 2018. The first day was unannounced. We told the service we would be visiting on the second day.

This is the first inspection of the service under a new provider and is rated Requires Improvement overall.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing and governance. You can see what action we told the provider to take at the back of the full version of the report.

The Sycamores Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Sycamores Nursing Home accommodates a maximum of 15 people in one adapted building who require nursing or personal care and support with their mental health needs. At the time of our inspection there were 15 people living at the service.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 previous registered manager left the service in July 2017.

Staff were not receiving regular supervision and appropriate training to ensure they could meet the needs of people using the service.

The provider did not have a robust system to monitor the quality of service provided. Actions that had been identified were not followed up to ensure they had been completed. The provider had not consulted people about the quality of service.

People's risk assessments needed to be updated to reflect their current needs and records needed updating to show person centred care was being provided.

Checks on the safety of the building had been completed, but had not identified that some of the windows were unsafe. During the inspection action was taken to make the windows safe.

The manager had managerial responsibilities for The Sycamores Nursing Home and another larger home which impacted on the clinical lead and their ability to meet the demands of their role. We have made a recommendation that the provider reassessed the deployment of staff at the service.

The service held meetings to check people's health needs were met, but this lacked oversight from the provider. We have made a recommendation about the provider ensuring the manager is supported with the clinical governance of the service to ensure care and treatment is in line with current best practice guidelines.

Medicines were administered safely and people told us they felt safe with the staff who supported them. Staff received training in how to safeguard people and understood what action they should take to protect people from abuse.

There were enough staff to meet people's needs and pre-employment checks were undertaken to ensure their suitability to work with people.

People were supported by kind and caring staff who were committed to providing a good service. Staff asked people for their consent before offering support and treated people with dignity and respect. People were supported to make choices about their day to day lives and had access to health professionals when needed.

People and their relatives told us they felt welcome at the service and felt able to raise any concerns with the manager or staff.

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 service was not consistently safe.

Risk assessments needed updating to reflect people's current needs.

Risks had not been identified regarding the safety of some of the windows to reduce the likelihood of harm occurring.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People told us they felt safe using the service.

Medicines were administered safely and as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Systems were not in place to ensure that people received care and support in line with the Mental Capacity Act 2005.

People were supported by staff who did not have the necessary skills and knowledge to meet their needs. The staff team had not received the training they needed to support people who used the service.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare they needed to enable them to remain as well as possible.

People were happy with the food and drink provided.

Is the service caring?

Good ●

The service was caring.

People told us, and we saw, they were treated with kindness by a

caring staff team.

People's privacy and dignity were respected and they were encouraged to remain as independent as possible.

People's cultural and religious needs were identified and respected.

Is the service responsive?

The service was not consistently responsive.

Care records did not always provide staff with the information needed to provide individualised care.

People could make choices and have control over the care and support they received.

Staff responded to people quickly and effectively on a day to day basis, and as people's needs changed.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Systems were not robust to monitor the quality of service provided. Actions identified during monitoring visits were not followed up.

The provider had not consulted people about their experiences of the service or the quality of service provided.

Staff told us that the manager was approachable and they felt well supported.

The service worked in partnership with healthcare professionals.

Requires Improvement ●

Embracing Independent Lifestyles - The Sycamores Nursing Home

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 10 and 24 May 2018. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector.

We reviewed the information we held about the service. We looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. We also looked at information received from the local authority and spoke with the commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We used information the provider sent us in the Provider Information Return. 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.

We spoke with four people who used the service, one relative, the manager, the clinical lead, the administrator, three care workers, a kitchen assistant and the operations director who is also the nominated individual. We also spoke with three healthcare professionals to gather their feedback about the service.

We looked at a range of documents and records related to people's care and the management of the

service. We looked at three care plans, three staff recruitment records, three agency staff files, training records, quality assurance audits, minutes of staff and resident's meetings, complaints records and policies and procedures.

Is the service safe?

Our findings

At this inspection, we found improvements were required to ensure people were kept safe.

During the inspection we saw there were several windows below waist height which were not constructed with safety glass or otherwise protected against breakage which posed a risk of harm to people. During our inspection, the manager acted immediately to ensure this was addressed and arranged for the glass to be made safe. Following the inspection, the manager provided us with evidence which showed the windows had now been made safe.

Apart from the checks on the safety of the windows, records we looked at confirmed audits of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. Personal emergency evacuation plans (PEEPS) were in place for each person. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises.

We looked at the arrangements in place to manage risk so people were protected from avoidable harm. The service was in the process of updating people's care records to incorporate the new providers documentation and logo. However, at the time of our inspection, only seven out of the 15 care records had been updated. Although risk assessments were in place, some hand-written notes were difficult to read. Risk assessments required updating and needed to contain more detail to ensure staff had the guidance to help people remain safe. For example, one person we observed had reduced mobility and required an updated risk assessment to ensure they were safe when mobilising around the building. We spoke with the manager who agreed that this needed to be completed. Following the inspection, we were provided with evidence that this had been undertaken.

On the days of our inspection there were enough staff to meet the needs of people who used the service. We observed staff were available in the communal areas when people required support. The manager had established how many nurses and care staff needed to be on duty based on the care each person required. We could see from the rotas that the service relied on the use of three regularly used agency nurses. We raised this with the manager who explained that staffing remained under review as it had been difficult to recruit qualified nurses.

We had mixed comments from the staff about staffing levels. One said, "It sometimes feels that there is not enough staff. It depends how busy you are." Another said, "There is enough staff, but just the minimum number." We spoke to the staff member who managed the rota. They showed us records which evidenced additional staff were rostered when people needed support to attend appointments.

Staff were safe and suitable to work with people who may be in a vulnerable situation. Disclosure and Barring Service check (DBS) were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that previous employer references had been obtained and a full work history was provided within the

application form. Agency staff files we looked at showed they needed updating to ensure the provider checked that people employed through an agency had appropriate training prior to their commencement as directed in their policy. On the second day of our inspection all the agency staff profiles had been updated.

People who used the service told us they felt safe. Comments included, "The staff look after me well. I feel safe" and "I feel safe here. It's better than anywhere else I have lived." A relative said, "[Name] is looked after safely."

People were supported by staff who knew how to protect them from the risk of abuse. Staff we spoke with could identify different types of abuse and had received training. They were confident the manager would listen and act if they raised a concern. Records showed the service had reported concerns appropriately to the local authority and CQC.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. Medicines were managed safely and administered by staff who were trained and assessed as competent to do so. The service had a process for ordering and checking there was sufficient stock and medicines no longer required were returned to the dispensing pharmacy. We observed staff checking medicines administration records (MARs) and counted the amount of medication remaining to ensure the total was correct. We saw MARs and an audit which showed when errors had been identified. For example, one person on home leave had not taken their medication as prescribed. This was highlighted when the person returned to the service as their medication was checked and we could see the action taken to reduce the risk of reoccurrence.

There were systems in place to record, review and investigate issues and concerns. We saw information was shared and any lessons learnt and safety were discussed. This meant staff and professionals were working together in the best interests and safety of people using the service.

No concerns were identified in relation to the control of infection. Gloves and aprons were available and used by staff when supporting people and the home was clean throughout.

Is the service effective?

Our findings

At this inspection, we found improvements were required to ensure people were supported effectively.

Staff were not receiving regular supervision. This meant they were not being offered the opportunity to discuss their practice, receive feedback and identify any training needs. Although we could see that the clinical lead had meetings with the manager, they had not received regular or recent supervision. Additionally, the manager had not received regular supervision from the provider. The matrix used by the service to plan supervisions was not up to date and the provider confirmed these had been missed. We brought this to the attention of the manager and the operations director who agreed to ensure supervisions were undertaken. We saw that appraisals were up to date and some had been completed recently.

Training records showed staff had completed the provider's mandatory e-learning training in topics such as safeguarding, equality and diversity, infection control and autism. However, not all staff had received training in areas relevant to their role, such as moving and handling, practical first aid, and specialist mental health training. Staff supported people with complex mental health needs who at times exhibited behaviours that challenged, but the provider had not ensured staff were skilled and knowledgeable so they were able to respond to those challenges. We brought this to the attention of the operations director. Following the inspection, the operations director provided evidence that specialist training courses had been arranged for staff at the providers other homes. These included topics such as wellbeing recovery action planning, managing depression and how to manage challenging behaviour. However, no training had been organised for the staff at The Sycamores.

Staff should receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. All of the above constitutes a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

At the time of our inspection the service had applied for one person to be deprived of their liberty as their DoLS had expired. The manager ensured up to date information and best practice documentation about DoLS and MCA was available for all staff at the service.

Staff we spoke with understood the importance of gaining consent and supporting people to make their own decisions. We observed interactions between people and staff, where consent was sought before people were supported. One member of staff told us, "When people have day to day activities organised, I still ask them if they want to go."

People were supported to eat and drink sufficient amounts to meet their needs. We saw there were drinks available throughout the day. Over lunchtime, people were offered a choice of food and drinks. The atmosphere was calm and relaxing. People were provided with the support they needed and were not rushed. We saw people interacted with each other and helped staff to clear away cups and plates. There was information for the kitchen staff about people's specific dietary needs and staff we spoke with knew people's food and drink preferences.

No one was at risk of malnutrition or dehydration. The service knew how to refer people to a dietician or the speech and language team should their dietary needs change.

People we spoke with enjoyed the food and told us they could make suggestions for the menu during their resident's meetings. One person told us their food requirements due to their religious beliefs had been respected and specific food had been provided. Another person told us, "The food is first class."

People's healthcare needs were monitored and addressed to ensure they remained as healthy as possible. Records confirmed people had seen health professionals when a need had been identified and staff accompanied people who needed support. People had health care action plans which showed which professionals were involved and who they had seen. One file we looked at did not record the outcome of an appointment a person had attended. This meant staff did not know what had been discussed or any action taken. We brought this to the attention of the clinical lead who agreed that this should have been recorded and ensured it was updated. Mental health care professionals we spoke with confirmed that the service contacted them timely and appropriately. One said, "Staff follow my recommendations and get the doctor quickly if people's needs change."

The Sycamores Nursing home is converted from two large terrace houses. The premises are not accessible for people who use wheelchairs or who have significant mobility difficulties. It could not be easily adapted for people to have access to all areas, especially the dining room which was in the basement. If people's mobility deteriorated significantly, a reassessment would be required to establish if they could safely remain at the service.

The environment would not meet people's needs should they develop sight or cognitive difficulties. Signage around the building would need to be improved to enable easy navigation and promote independence.

We could see that people were encouraged to personalise their rooms with personal effects that included, ornaments, memorabilia and photographs. People we spoke with like their rooms, but one person commented that they did not like having to share toilets and bathrooms.

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person said, "All the staff are friendly and good to me." Another told us, "My key worker chats with me and I am looked after well."

Mental health care professionals told us the staff approach was very caring. One said, "The care for [Name] is exceptionally good." Another said, "The warmth and friendliness of staff is very much in evidence."

During both days of the inspection, we saw people were treated in a kind and gentle manner and staff responded to them in a friendly and patient way. For example, we observed a person who had become anxious and repeatedly asked questions. Staff gave them time and attention and we could see that the person was satisfied with what the staff were saying and became less anxious. A relative we spoke with was happy with the care provided and told us, "The staff are very, caring, patient and tolerant."

We observed staff reminded each other about people's support or what was happening that day and worked well as a team. The staff were aware of the ways in which people communicated by knowing their style of language or personalities and used different approaches as required.

People and their relatives told us they were involved with decisions about their care. One person told us, "I feel included. The staff talk to my relative too." Another told us, "I can say what I think about things." A relative said, "I am included in decision making. The staff will contact me and update me."

People who lived at the service came from diverse cultures and backgrounds. One person we spoke with felt that their religious needs were understood by staff and they were offered choice and support to attend services if they wished. Staff we spoke with explained they treated people as individuals and respected people's cultures or sexual preferences. One said, "I treat people how I want to be treated. It is right for people to live how they want to." Another said, "All the people here are different. I take time to understand them."

People were supported to be as independent as possible. One record we looked at showed how a person had been assisted to cook their breakfast and clean their room. Staff we spoke with understood the importance of supporting people to do as much as they could for themselves and we saw that this had been highlighted in staff meeting minutes. One staff member said, "I know I make a difference. It is really important to help people live independently and to be as healthy as possible." Another explained how proud they felt when people left the service to live independently within the community.

People's privacy and dignity was respected. One person said, "The staff talk with me carefully and nicely about having a shower, so I keep motivated to have one." Another said, "I am happy with the staff keeping things private. It makes me feel safe in my room."

Information held about people's support needs was securely stored and staff we spoke with understood

their responsibilities in relation to confidentiality. We observed staff spoke carefully and quietly to people in communal areas to ensure their confidentiality was maintained. Noticeboards displayed information about a local advocacy service, safeguarding, useful local telephone numbers and resident meeting minutes.

People's relatives and friends could visit whenever they chose. One person told us, "I have my relative visit me here and the staff chat with them. It's really nice this happens." A relative explained to us that they were made to feel welcome when they phoned or visited the service.

Is the service responsive?

Our findings

At this inspection, we found improvements were required to ensure people were supported responsively.

During this inspection we could see that most people's care plans needed updating. The service was working with the local authority who had visited The Sycamores in May 2018 and identified short falls in care records. Basic information and one-page profiles were not clear and photographs of some people who lived at the service were out of date. A plan had been made to address these issues with timescales.

We could see the service had made improvements and was working to ensure all care plans were updated. However, the content of the care plans needed more detail to evidence that people received person centred care. For example, one person's care record we looked at showed they had received 'supervision' rather than their needs had been reviewed. It was not clear if the person was living at the service for recovery or it was a long-term placement. Actions and a target date were not recorded to show how support was going to be provided and by when. This meant the person did not know what they should be achieving and when their progress was to be reviewed.

People we spoke with told us about the activities they did within the home such as quizzes, relaxation and film nights and we could see from the resident's meeting minutes the activities provided. However, records did not evidence that people's individual hobbies or interests had been assessed and reviewed to ensure they were meaningful to them. One health care professional we spoke with felt activities were provided based on what could be offered rather than staff being proactive and exploring with people what they wanted to do. A member of staff told us it was difficult to undertake personalised activities in the community when there was only a minimum amount of staff available.

Staff knew people well and could tell us about their individual needs, likes and preferences. We observed staff laughed and smiled with people during the days we inspected. Healthcare professionals we spoke with told us they received positive comments about the care provided from people who lived at the service and their relatives.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. For example, we saw that people made choices about what they did, where they spent their time and what they ate. One person we spoke with liked to stay in their room and this was respected. They said, "I like to watch the television and listen to the radio. I like it here, because this is my home."

The administrator explained to us that information was available to people in different formats to make it accessible for their needs when required. This included large print or pictorial format.

At the time of inspection nobody at the service was receiving end of life care. The manager explained they would seek advice and work with health professionals when people's needs deteriorated. Care plans contained a section which recorded people's wishes when their health deteriorated.

People informed us they felt comfortable if they raised any concerns and confident these would be listened to and acted upon. One person said they had never needed to complain. They knew the procedures to follow and were not worried about speaking to the manager or their key worker. A record was kept of any complaints and these were discussed as a standard item in the clinical governance meetings. This ensured the service used any learning to improve practice and minimise reoccurrences.

Is the service well-led?

Our findings

At this inspection, we found improvements were required to ensure the home was well-led.

The provider had taken ownership of the service in March 2017. They had completed one audit to highlight where the home could improve, but this had not been effective in identifying some of the issues we identified during our inspection. For example, the audit had not identified the issue in relation to health and safety as several of the single pane windows were unsafe, putting people at risk.

Checks of care records had identified where people should have had their mental capacity assessed and where information was missed, but the provider had not returned to ensure the actions required by the service had been completed. Risk assessment records were not up to date for each person. This showed us that staff had not always maintained accurate and complete records for people who used the service.

The service had regular meetings with people to discuss matters connected to the day to day running of the home, but the provider had not gathered feedback from people about their experiences of the service. The manager explained that questionnaires sent out by the provider had not been completed as they related to people who lived in the community rather than a nursing home. This meant no analysis had been undertaken to understand how people felt about the care being provided to enable the service to improve.

All of the above constitutes a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we discussed our concerns with the operations director they acknowledged the provider audits needed to be more robust and the actions identified should be checked to ensure they had been completed. Following the inspection, we were provided with evidence which showed another audit was being arranged.

The previous registered manager had left the service in July 2017 and although the current manager had applied to become registered with CQC they were not currently registered.

We received positive feedback from people about the manager. One said, "The manager is nice and friendly." A relative said they were impressed with them and described them as a, "Good person." Staff told us they had confidence in the manager. Comments included, "They will help us to support people" and "They are approachable and I have confidence in them." Another staff member was complimentary, but commented on the fact that the manager was too busy and they wanted to see more of them.

The manager was also responsible for another larger home so split their time between the services. They also had oversight responsibilities for another service that the provider had plans to open. Two healthcare professionals we spoke with said the manager was not as visible and busier than the previous registered manager. We saw no evidence that this had an adverse impact on people at the service. However, we could see that this impacted on the clinical lead as they had additional day to day decisions to make when they

already had numerous responsibilities, such as updating care plans and assessments.

The provider recognised the administrator of the service had been working over and above their defined role to ensure the smooth running of the service and had created the post of senior administrator. We recommended that the provider also reassessed the deployment of staff at the service to reduce the pressure on nurses as they were unable to keep care records up to date in their contracted hours.

Minutes of meetings evidenced the clinical leads from both homes met together with the manager each month. Topics discussed for example, included clinical effectiveness, documentation and nutritional needs of people. The manager explained that the provider had not managed a nursing home prior to having ownership of the service and they needed more support and direction in respect of clinical governance.

We recommend that the provider researches best practice guidance in the delivery of care and treatment.

The manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies.

The culture of the service was open and friendly. Staff told us they enjoyed working at the service and we could see they were committed to providing good care. The provider had sent questionnaires to staff, but at the time of this inspection the responses had not been analysed. The manager felt the culture of the home was one of honesty and being open. They were very appreciative of the staff and their contributions.

Healthcare professionals we spoke with told us they had good working relationships with the service and were made to feel welcome. One told us, "It's a lovely place and there is a nice atmosphere."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems to check on the quality of the service. People who used the service were not asked for their views. Regulation 17(2)(a)(b)(c)(e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Supervisions were not being undertaken. Staff did not have appropriate training to meet the needs of people being supported. Regulation 18(2)(a).