

Prime Care (UK) Limited

# Sylvan House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sylvan House is a residential care home providing accommodation and personal care to up to 20 people. The service provides support to older people and younger adults, including those who may be living with dementia. At the time of our inspection there were 19 people using the service.

### People's experience of using this service and what we found

At the last inspection we identified a breach in regulation regarding the management of risk. At this inspection we found that enough improvements had not been made and the provider was still in breach of regulation. For example, some care plans contained inconsistent information regarding people's needs, and not all care plans contained sufficient information to ensure staff knew how to support them safely and ensure their needs were met. Checks required to ensure the safety of the building and equipment were not always completed regularly and we saw some risks in the environment, such as fire doors that were not working effectively.

At the last inspection we identified a breach in regulation regarding the governance of the service. At this inspection we found that improvements had been made and the provider was no longer in breach of regulation regarding this, although further improvements were still required. New systems had been implemented to help monitor the quality and safety of the service, but they did not identify all the issues we highlighted during the inspection, such as those relating to fire doors and people's care plans.

Medicines were stored and administered safely. Staff had completed medicines training and most had had their competency checked to ensure they were able to manage people's medicines safely. However, some newly recruited night staff had not yet completed their competency assessment and temporary arrangements were in place with on-call staff to ensure people would still receive medicines if they needed them overnight.

There was a newly implemented system in place to manage Deprivation of Liberty Safeguards (DoLS), and the manager had begun making relevant applications for people. Although mental capacity assessments had been completed when necessary, further work was required to ensure these were always completed fully and in line with guidance.

People told us they were happy with the cleanliness of their home and that their relatives were supported to visit the home. There were procedures in place to help manage the prevention and control of infections, such as policies, audits and cleaning schedules, but these could be improved. A planned refurbishment of the home was in process, however there were some infection control risks identified. For instance, we saw visibly dirty chairs in the lounge, chipped wood and the basement required work to ensure the area was maintained safely and in line with infection control guidance. Personal protective equipment was available to staff when this was required to be used.

People told us they felt safe living in Sylvan House. There were sufficient numbers of safely recruited staff available to support people and people told us they received the support they needed, when they needed it. Staff knew how to raise any safeguarding concerns they had. Accidents and incidents were reported, and actions taken to help prevent future incidents when possible.

There was no registered manager at the time of this inspection, however a new manager was in post and they were in the process of registering with the Commission. The manager was aware of their responsibilities and working hard to implement new processes in order to achieve the necessary improvements.

Relatives told us the home was managed well and they were always kept well informed about any changes through meetings, newsletters and conversations with staff. Staff told us they were well supported, could raise any issues with the manager and had regular meetings where they could share their views.

The manager worked closely with other health and social care professionals to help ensure people's needs were met. They were aware of their role and responsibilities and was responsive to the issues raised during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 March 2022) and breaches of regulation were identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that some improvement had been made, but further improvements were still required, and the provider remained in breach of regulation 12 (Safe care and treatment).

At our last inspection we recommended that the provider review staffing levels to ensure enough staff were available in the event of an emergency. this inspection we found this had been acted on.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylvan House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and Recommendations

We have identified breaches in relation to the management of risk at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sylvan House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors 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

Sylvan House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sylvan House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had been in post for five months and was in the process of applying to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service and contacted the local authority quality and commissioning teams for their feedback. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with the manager and four other members of the staff team. We also spoke with three people who lived in the home and five relatives, about their experience of the care provided. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection we found that risk to people and the building were not safely managed and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that enough improvements had not been made and the provider was still in breach of regulation regarding this.

- Risks were not always assessed and managed robustly.
- Care plans contained some inconsistent information regarding people's needs, leaving them at risk of their needs not being met correctly. For instance, one person's nutrition risk assessment showed they were at high risk of malnutrition and required a fortified diet. However, their nutritional care plan stated they were at low risk and did not reflect the additional dietary needs.
- Not all care plans contained adequate information regarding people's health care needs, such as diabetes management.
- Although some systems were in place to mitigate identified risks, such as repositioning charts and weight monitoring, they were not always managed robustly.
- Although external checks were completed regularly to help maintain the safety of the building, not all internal checks were completed as required. For instance, emergency lights had not been checked for four months and fire doors had not been checked for several weeks.
- We observed risks in the environment, such as fire doors that did not close or were wedged open and window restrictors that were not locked. The manager addressed some of these risks during the inspection and told us after the inspection that they had all been actioned.

Failure to assess and mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection we made a recommendation regarding staff recruitment procedures in order to ensure sufficient numbers of staff were always available. During this inspection we found that improvements had been made.

- There were systems in place to ensure appropriate numbers of safely recruited staff were available to support people.

- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- There were adequate numbers of staff on duty at the time of the inspection, and rotas showed these numbers were regularly maintained.
- People and their relatives told us there were enough staff. Their comments included, "Yes, enough staff. The call bell is answered quickly", "Yes, help comes quickly" and "They always answer the phone. There seems to be plenty of staff and call bells are always answered promptly."

#### Using medicines safely

- Medicines were administered safely. They were stored securely, and the temperature of the room was monitored and within the recommended range.
- Regular medicines were administered by day staff, who had undertaken training and had their competence assessed.
- We found however, that newly recruited night staff had not all had their competency assessed to ensure they could administer medicines safely. The manager had an on-call system in place to ensure people did not go without any additional medicines required at night. Although waiting for an on-call staff member to arrive at the home could cause a short delay. This was a temporary measure and the manager was due to commence competency assessments with the newly recruited night staff.
- People were happy with how their medicines were managed and told us they received them when they needed them. One person said, "The senior staff give me the medicines. They see me take them."

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 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found appropriate legal authorisations were applied for to deprive a person of their liberty. The manager had assessed people's needs in relation to DoLS and had contacted the local authority to begin the application process.
- Mental capacity assessments were completed if there were concerns people could not make specific decisions. However, further work was needed to ensure they were always completed robustly.

#### Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were identified, reported and recorded. Records showed that referrals had been made appropriately to the local authority when required.
- Staff knew their responsibilities with regards to safeguarding and how to raise any concerns, although records showed that not all staff had undertaken recent safeguarding training.
- People told us they felt safe at Sylvan House. Their comments included, "Yes [I feel safe], because I'm well looked after. The staff know me well and know my needs" and "It's because I can lock my door when I go into my room. Staff have access if it's needed." □
- Relatives agreed and told us, "I would say they are safe. I wouldn't leave [person] there if they weren't safe."



I'm confident they're safe" and "Definitely safe. I don't worry about [person] at all at the home."

#### Preventing and controlling infection

- Some procedures were in place to monitor the cleanliness of the home with the aim of preventing infections, but these could be improved.
- An infection policy was in place and audits were completed. Cleaning schedules had been implemented but records showed they were not completed robustly.
- A recent audit from Wirral IPC team identified further actions for improvement, and we found that these had not all been actioned yet.
- We saw bathrooms with no toilet roll holders, visibly dirty chairs which the manager told us were due to be replaced, ripped wallpaper and chipped wood around the home. A planned refurbishment of the home was in process to improve decor, which would enable more effective prevention and control of infections.
- Personal protective equipment was available to staff when this was required to be used and information was available to advise staff of its correct use. Bathrooms contained liquid hand soap and paper towels, with posters advising of good hand hygiene practices.
- People were satisfied with infection prevention and control measures in the home. They told us, "Yes, the home is clean. Gloves and aprons are worn [by staff] and staff wash their hands", "The home is very clean and well maintained. The environment is fine. No smells" and "The home is very clean. The room is cleaned, and bedding is changed weekly."

#### Visiting in care homes

- People's friends and relatives were supported to visit in line with government guidance. One relative told us, "I can visit when I like."

#### Learning lessons when things go wrong

- Records showed that accidents and incidents had been monitored and recorded appropriately. Regular audits were completed to look for trends and help reduce the risk of further incidents.
- Appropriate actions had been taken in response to any accidents and incidents and advice was sought from other health professionals when needed.

# Is the service well-led?

## 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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection we found that effective systems were not in place to monitor the quality and safety of the service and the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that improvements had been made. Although the provider was no longer in breach of regulation, further improvements were still required.

- New systems had been implemented to help monitor the quality and safety of the service, however these systems required some further work.
- The completed fire safety audit did not identify any concerns, however records showed that fire doors, fire exits, and emergency lights had not been checked as often as required.
- When audits identified actions for improvement, they were not always actioned in a timely way. For instance, the environmental action plan contained areas that required immediate action, the manager had raised these with the provider on two occasions, but they had not all been addressed.
- Although the manager had begun reviewing and updating people's care files, further work was required to ensure they accurately reflected all people's needs.
- The manager took responsive actions during the inspection, to address issues that were raised.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of this inspection, however a new manager was in post and they were in the process of registering with the Commission. The manager was aware of their responsibilities.
- A new range of electronic policies were in place to guide staff in their practice.
- The Commission had been informed of events the provider is required to notify us of and the current rating of the service was displayed as required.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were regularly reviewed, and actions taken to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed about changes within the service, as well as anything

involving their family members. Their comments included, "They let me know if there are any accidents or incidents and are in touch more regularly since Covid. I can phone whenever I want" and "We get emails and invites to family days; it puts me at ease."

- Staff told us that they would not hesitate to inform the manager of any issues or concerns they had and were confident they would be dealt with appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff told us they felt the home was managed well.
- People told us they were happy living in the home. Comments included, "We get on fine. The [Manager] helps if you've got any problems. Yes, she is very approachable" and "I'm quite happy anyway. I'm where I want to be. No concerns or complaints. They make sure if you need anything you get it." Another person described the manager as, "Approachable and helpful."
- Feedback from relatives regarding the quality of care provided to was positive. One relative told us, "They treat [relative] with a lot of respect and love. It's home from home."
- Staff told us they enjoyed their jobs, were well supported and records showed they received regular supervisions to support them in their roles. Feedback regarding the manager was positive. One staff member told us, "There have been a lot of changes made since [manager] came, more activities, the home is better for everyone. Staff get on, people are well looked after, they are safe. We all try our best."
- Measures had been taken during the COVID -19 pandemic to ensure people could maintain contact with their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager liaised with other professionals to help ensure all people's needs were met.
- Systems were in place to gather feedback from people and their relatives. These included regular meetings, questionnaires and newsletters. One person told us, "We have residents' meetings once a month. They tell us what's going on and what's in the pipeline."
- A complaints procedure was also available, although people told us they did not have any concerns but could talk to staff if they needed to. Relatives told us they felt comfortable raising any concerns they had, and that they were dealt with satisfactorily.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risk was not always assessed and mitigated appropriately to ensure people's safety would be maintained.