Mrs L Nussey

# Sydenham House Residential Home

## 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

Sydenham House Residential Home is a care home registered to accommodate up to 19 older people. At the time of our inspection 18 people were using the service.

This inspection was unannounced and took place on 18 and 25 February 2015.

There was a registered manager in post. 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.

People were safe because the registered manager and staff team understood their role and responsibilities to keep people safe from harm. Staff knew how to raise any concerns regarding people's safety. People were

# Summary of findings

supported to take appropriate risks and promote their independence. Risks were assessed and individual plans put in plans to protect people from harm. People were protected from the risks associated with medicine because the provider had clear systems in place and staff had received the appropriate training. Employment checks were carried out on staff before they started work to assess their suitability.

People were provided with effective care and support. Staff had received the appropriate training to meet people's needs. People were supported to eat and drink to maintain an appropriate body weight and remain hydrated. Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so.

People received a service that was caring. They were looked after by care staff that were familiar with their needs and wishes. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People had positive relationships with the staff caring for them. Staff treated people with dignity and respect.

People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The registered manager provided good leadership and management. The vision and culture of the service was clearly communicated. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

# 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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

There were enough suitably qualify and experienced staff. Staff recruitment procedures ensured unsuitable staff were not employed.

People were kept safe and risks were well managed whilst people were encouraged to be as independent as possible and engage in new activities.

Medicines were well managed and people received their medicines as prescribed.

Good

**Is the service effective?**
The service was effective.

People were cared for by staff who had received sufficient training to meet their needs.

People were supported to eat and drink, with their individual needs, wishes and preferences provided for.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

The service complied with the Mental Capacity Act 2005 (MCA) and supported people to make choices and decisions.

Good

**Is the service caring?**
The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Good

**Is the service responsive?**
The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

People participated in a range of activities within the local community and in their home.

The service made changes to people's care and support in response to their feedback .

Good

**Is the service well-led?**
The service was well led.

There was a person centred culture at the service that promoted people's independence.

Good

# Summary of findings

Quality monitoring systems were in place and used to further improve the service provided.

The registered manager and deputy manager were well respected and provided effective leadership.

# Sydenham House Residential 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 18 and 25 February 2015 and was unannounced. The inspection was carried out by one inspector.

This service was previously inspected on 12 September 2013. At that time we found there were no breaches in regulations.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also looked atthe annual review of the service carried out by Gloucestershire County Council in December 2014.

We contacted five health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

People were able to talk with us about the service they received. We spoke to eight people. We also spent time observing how people were being looked after.

We spoke with six staff, including the registered manager, trainee manager, senior care staff, care staff and catering staff. We also spoke with two relatives who were visiting people.

We looked at the care records of eight people living at the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I feel safe and secure”. Another person said, “I have no fear at all”. Relatives said they felt people were safe. People reacted positively to staff and seemed relaxed and contented in their home.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about ‘whistle blowing’ to alert management to poor practice.

No safeguarding alerts had been raised in the 12 months before our inspection. The registered manager was able to explain to us how they would respond to allegations of abuse. This included sharing information with the local authority and the Care Quality Commission (CQC).

Accident and incident records were kept and identified preventative measures and an action plan to help ensure that people were safe and risks were minimised.

There were comprehensive risk assessments in place. These covered all areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to avoid pressure sores and malnutrition and to keep people safe when moving and handling. Risk assessments had been discussed and agreed with people. Staff were knowledgeable regarding these individual assessments and plans. We saw staff providing care and support in accordance with these assessments and plans.

Relevant checks were carried out before staff started work These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant’s police record for convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the registered manager.

People were supported by sufficient staff to meet their needs. There were three care staff providing care and support on the days we visited. Staffing rotas identified three staff working each morning, two staff in the afternoon and two staff at night. People said they were able to receive care and support from staff when they needed it. Relatives told us there was generally enough staff. Although one relative said, “My only criticism is they could do with more staff”. The registered manager said, “I constantly review staffing levels by working alongside staff and observing, we brought in extra staff last Monday as a person was unwell”. We observed people’s needs being met in a timely manner.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and this meant people using the service were receiving medicines safely. Medicines were securely stored in each person’s rooms. The senior staff member administering medicines said, “Keeping medicines in people’s rooms makes it less likely for errors to happen”. People received their medicines as prescribed.

Good

# Is the service effective?

## Our findings

People using the service told us about the service they received. They told us their needs were met. One person said, "I'm very happy with everything, my needs are met". Another person said, "They're very efficient, people here are contented and happy". A relative said, "They meet my mother's needs very well".

People were cared for by staff with the appropriate training. The service had a programme of staff training, supervision and appraisal in place. The registered manager told us they worked alongside staff, observing them, before then meeting with them to carry out supervision and appraisal. A senior care worker said, "(Manager's name) observes us work, then gives feedback at supervision". The registered manager also said they had set up 'buddying' arrangements where an experienced staff member was paired with a newer staff member to assist their development. Staff members told us they received regular supervision. Staff records showed that supervision was held regularly with staff. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support.

Training records showed the provider ensured staff received a range of training to meet people's needs. Newly appointed staff completed induction training. An induction checklist ensured staff had completed the necessary training to care for people safely. One staff member we spoke with had started working as a care worker at the service three months before our visit. This staff member said, "My induction and training has been good".

The registered manager told us that staff were supported to complete health and social care diploma training. Senior care staff were expected to achieve level three diploma training with other staff achieving level two. Training records showed staff either held or were working towards these qualifications. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The registered manager showed us a booklet devised by a staff member doing their level two diploma, the booklet was called 'Say no to abuse' and provided people with information on safeguarding. This demonstrated that the staff member had developed a good understanding of safeguarding people from harm.

People were able to make their own choices and decisions about their care. Information in people's support plans showed the service had assessed people in relation to their mental capacity. Staff told us they had Mental Capacity Act 2005 (MCA) training and were aware of how this impacted on the support given to people. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Staff understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Staff understood the principles of capacity and best interests. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had arranged for one person to be supported by an Independent Mental Capacity Advocate (IMCA) to make a 'best interest' decision.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, they were assessed by professionals who were trained to decide whether the restriction was needed. There were no authorised deprivation of liberty safeguards in place. The registered manager said this was because there was no one at the service who required one. The registered manager had a good understanding of MCA and DoLS and knew the correct procedures to follow to ensure people's rights were protected.

People chose what they wanted to eat. The cook said menus were planned by the registered and trainee managers. The cook offered people choices from the menu each day and cooked the food to order. The menus were varied and included a range of choices throughout the week. We observed staff offering people food and drink. People said, "The food is all home cooked and looks lovely" and, "The food is very healthy". Staff said, "The food is good here, the cook does a great job" and, "We always offer people choices with food and drink". There were individual plans to guide staff on how to support people with eating and drinking. These plans included information on portion

Good

# Is the service effective?

size, likes and dislikes, special diets and problems with chewing and swallowing. Kitchen staff had access to this information. People seemed to enjoy their lunch and an impromptu sing along demonstrated people were enjoying their meal and were relaxed and happy.

People's care records showed specialists had been consulted over people's care and welfare, including health professionals and GPs. There were detailed communication records and hospital appointments. People had health action plans that described how they could maintain a healthy lifestyle. This included any past medical history. Records of health appointments were maintained and any action that staff had to take to support the person. The registered manager said, "We work closely with the GP surgery to monitor people's weight and general health".

Good

# Is the service caring?

## Our findings

People told us staff were caring. One person said, “The care couldn’t be better”. Another person said, “The staff are lovely, really nice and caring”. ” A relative said, “We wanted this home, it has a lovely, pleasant, welcoming atmosphere and that’s down to the manager and staff”. Staff members said, “We’re good at providing personal care and meeting people’s needs” and, “People are well cared for, I’d recommend Sydenham House for anyone”.

People were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff, often with smiles, which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people’s wellbeing. At lunch time we observed a staff member talking to a person, who was confused, in a warm, friendly manner. The person had just had their hair done and the staff member complimented them on their hair. The person clearly enjoyed this interaction and they became more settled.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. People’s care records included a communication plan which described how people’s communication needs were met. Staff were able to explain how these needs were met.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person’s needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

Staff knocked on people’s doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. We saw people’s bedroom doors and doors to bathrooms and toilets were closed when people were receiving care. The door to the main toilet area opened into the lounge and was not always locked by people using it. As a result we saw two occasions where people were interrupted whilst using the toilet. We spoke with the registered manager about. They told us they were considering better signage and would ensure people’s privacy was better protected.

People who did not have any direct involvement from family members were supported to access advocacy. One person had received assistance from an Independent Mental Capacity Advocate (IMCA). The registered manager told us they had arranged for Age UK to provide advocacy for people when needed.

Staff had received training in end of life care. Care records included an advance care plan. This encouraged people to plan their end of life care. The registered manager told us they experienced difficulties in getting these completed as people and their families were often reluctant to discuss end of life. The service had liaised with the GP surgery to assist in the completion of these plans. The registered manager told us when people were approaching the end of their life relatives were given the opportunity to stay with the person.

Good

# Is the service responsive?

## Our findings

People told us the service responded to their individual needs. One person said, “They do everything I want”. Relatives said, “They meet my father’s needs very well”, and “They keep in close contact with me to make sure everything is OK”.

People’s care records were person centred. They included information on people’s life histories interests and preferences. For example, one person’s plan stated, ‘(Person’s name) likes to have a lie in and wake up with a cup of tea’. Another example said, ‘(Person’s name) likes to look smart and well groomed’. Information on how people had been involved in developing these plans was included in people’s care records. Staff said this information helped them to provide care and support in the way people wanted. One staff member said, “It’s good to know about people’s life, it helps us treat them as individuals”.

Staff had received training on equality and diversity. People’s care records contained an assessment of any needs relating to equality and diversity. We saw the provider had planned to meet people’s cultural and religious needs. One person’s religion meant they were unable to access a local place of worship. They had been supported to maintain contact with fellow members of their religion

People were involved in a range of individual activities. A programme of activities was available. This detailed daily activities on offer at the service and listed days out planned for the month ahead. Activities in the home included; keep fit, bingo and a visiting singer. Planned days out include shopping and visits to a heritage centre and garden centre. People told us they enjoyed the activities. On the day of our inspection the hairdresser was visiting and a number of people had their hair done. The registered manager told us people’s participation in activities was recorded. The manager said they ensured people who chose not to participate in activities were offered the opportunity of one to one conversations with staff. They explained this was to ensure people were provided with enough stimulation. Staff we spoke with told us there were enough activities for people.

The service had taken action to assist people with memory loss to maintain their independence as much as possible. There were pictures on doors to represent which room they were entering. A display board in the lounge gave the date, the season and the weather for the day.

People’s wishes were taken into account in the way the service was provided. For example a person who enjoyed walking in the gardens was supported to do so. Staff told us risk assessments had been drawn up for the person to walk outside as independently as possible. This person told us, “I like to get out and walk as often as I can”. One person had expressed a concern regarding the security of their room. This person had been provided with a digital keypad entry system for their door. This ensured only they were able to enter their room. The person had agreed for the number to be held by staff in the event of an emergency.

Meetings were held with people to seek their views regarding their care and support. The minutes of meetings showed people were asked about activities, menus, their views on staff and the maintenance and cleanliness of the house. We saw people had requested greater variety and a wider range of choices with food. Menus showed this had been done. The cook told us people would often request an alternative to the menu. They said this was provided. The cook recorded these alternatives to demonstrate people’s choices and their dietary intake.

People told us they were able to raise any concerns they had with staff or the manager. One person said, “Any problems, I tell them and they sort it out for me”. Relatives also said they were able to raise comments or concerns. The registered manager told us, “Complaints can be good and help us to improve”. Records of comments and complaints were held at the service. The most recent complaint was one made in February 2015. We looked at the completed complaint record and it was evident the complaint had been taken seriously and responded to appropriately.

Good

# Is the service well-led?

## Our findings

People told us they were encouraged to be as independent as possible and were treated as individuals. Relatives confirmed this view with one saying, "They do as much as possible to care for people as people". The manager and deputy manager had a clear vision for the service. The explained the service encouraged people's independence and provided care in accordance with people's needs.

People told us they, "Liked the manager and deputy manager" and, thought the service was well led. We saw people were provided with high quality care and support that was person centred. This confirmed the views of health and social care professionals we had consulted with before our visit. They had told us the care people received was of a high quality.

Staff spoke positively about the registered manager and felt they service was well led. One staff member said, "(Manager's name) is very person centred and makes sure we're the same". The registered manager and trainee manager spoke passionately about person centred care and support and their vision for the service. The registered manager was making a positive impact to the service.

The registered manager and the deputy manager could be contacted at any time. Staff confirmed they were able to contact a manager when needed. Experienced senior care staff were responsible for the service when the registered manager or trainee manager were not present.

Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings where a range of areas were discussed. Staff told us they found these meetings helpful.

All accidents, incidents and any complaints received or safeguarding alerts made were and followed up to ensure appropriate action had been taken. The registered manager analysed these to identify any changes required as a result and any emerging trends.

Both the registered manager and deputy manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriately notifications made by the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits. These audits looked at; medicines management, accidents and incidents, care records and fire drills. These audits were carried out as scheduled and corrective action taken when identified.

The provider carried out annual surveys. These involved sending questionnaires to gain the views of people using the service and relatives. We looked at the most recent questionnaires received. These were overwhelmingly positive. One relative had raised a concern that a person's room was cold. The registered manager had ensured an additional heater was provided in the room and a record of the temperature in the room was now kept.

We saw a report from a quality auditing visit carried out by Gloucestershire County Council dated 2 December 2014. This report was very positive. Two areas for improvement had been identified in the report. One recommended a formal pain assessment tool be introduced, to assist people who were not able to communicate their level of pain easily. Records of staff meetings documented discussions with staff on the merits of several pain assessment tools. The preferred pain assessment tool had been agreed and introduced. The second area for improvement recommended the service takes greater advantage of the services offered by the GP surgery. The registered manager had taken action on this and used the surgery effectively with more involvement in end of life care and monitoring of people's weight.