

Tradstir Limited

# Sycamore Court

## Inspection report

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31 October 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sycamore Court is a residential care home providing nursing care and support for up to 40 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia or other mental health needs. 39 people were living at the service on the day of our inspection.

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

We saw the required improvements had been made since the last inspection in respect to the deployment of staff, the analysis of accidents and incidents and culture and staff morale. The provider had systems in place to monitor the quality of the service. However, we identified some further areas of practice that need improvement in relation to the management of the service.

People told us they felt safe and they received care that met their needs. A relative told us, "The home seems well managed, it's all very calm. I haven't got any complaints, they are all stars to me." Another relative added, "I'm confident it's well managed, it's clean and very friendly." Risks to people had been identified and assessed. Staff were recruited safely and there were enough staff to meet people's needs. Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 25 July 2022) and there was a breach of regulation. 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 improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and care delivery. A decision was made for us to inspect and examine those risks.

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.

We carried out an unannounced comprehensive inspection of this service on 26, 27 & 30 May 2022. A breach

of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamore Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sycamore Court

## 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

Sycamore Court 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. Sycamore Court is a care home with 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 28 October 2022 and ended on 31 October

2022. We visited the location's service on 28 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included four care plans. We spoke with five people living at the service and two visiting relatives. We also spoke with seven members of staff, including a regional manager, the manager, the deputy manager, a registered nurse, care staff and ancillary staff. We contacted 12 relatives by telephone, spoke with the local authority, and requested further evidence from management at the service.

# 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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Learning lessons when things go wrong

- At the last inspection, we identified areas of improvement in relation to the deployment of staff, record keeping and recording of accidents and incidents. We saw that improvements had been made.
- Staffing levels and the deployment of staff around the service was monitored daily by management. We were told at busy times, staff were deployed to the areas of the service that needed them most. For example, at specific times of the day, to support people who were living with dementia. Our own observations supported this.
- People, relatives and staff told us the service had enough staff to meet people's needs and keep them safe. One person told us, "I can press my bell and they come and help me." A relative said, "There is always staff available if I need to talk to them." A member of staff added, "We use agency staff a lot, but they are mostly regular agency, so know the home. I think we have enough, and I know we are recruiting."
- At the last inspection, we could not be assured some essential tasks, such as the repositioning of people to help maintain their skin integrity had been completed, and the recording of care had not always been accurate or correct. We saw that improvements had been made.
- The provider had implemented a care planning system that alerted staff as to when tasks needed to take place and allowed them to record completion of these tasks in real time.
- Staff told us that the care planning system was effective, and helped them plan and have the time they needed to deliver and record care appropriately. One member of staff told us, "The new system is really good, it prompts you to carry out people's care when it's needed, and you record the care on the system as you go along." The manager added, "We can monitor care as it's happening, if something isn't done, we receive an alert and we can look into what's happening and support the staff." Our own observation of care, recording and the care planning system supported this.
- Accidents and incidents were recorded, and action taken to keep people safe. Staff were able to review the information and make changes to people's care plans to keep them safe. At the last inspection, accidents and incidents were not routinely monitored over time to look for patterns and trends and to take preventative measures. We saw that improvements had been made and we have reported on this in the Well-Led key question of this report.
- There were systems in place to ensure staff were safe to work in the service. All staff had a Disclosure and Barring Service (DBS) check completed prior to starting at the home. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks to people were assessed and mitigated. Support plans provided a person-centred approach to supporting people. Risk assessments provided guidance on effective risk management. This included risks

to people's personal safety, physical health and where behaviours had the potential to put a person or others at risk. Risk assessments were reviewed regularly to ensure staff had access to accurate information to keep people safe.

- Checks were carried out on the facilities and equipment to ensure they were safe. This included electrical and fire safety equipment. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency, such as fire.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us, "The carers are brilliant at bringing me back down to earth when my mental health is bad. I've had the best year mental health wise since I've been here. They make things safe for me." A relative added, "[My relative] has had a number of health issues and staff have been very kind. He is challenging, but they have kept him safe."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations.
- The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns. Where needed they supported staff with extra training to ensure they provided safe care.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Using medicines safely

- People told us they received their medicines appropriately, a relative told us, "There has never been any problem with [my relative's] meds."
- Registered nurses and senior care staff were trained in the administration of medicines. A member of staff described how they completed medicine administration records (MAR). These were accurate. We observed a member of staff giving medicines sensitively and appropriately. Staff administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- People's medicines were stored appropriately; safely administered and accurate records had been kept of



when they were administered to people. Staff supported people to take their medicines safely and at the time prescribed by their doctor. Medicines were kept locked so they could only be accessed by trained staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

# 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 requires improvement. At this inspection the rating has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, we identified concerns in relation to systems of audit and governance, and staff morale and support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17. Quality assurance processes process were in place and there were improvements in staff morale and support. However, we identified some further areas of practice that required improvement.

- Following the last inspection, the provider sent us an action plan to say when and how they would make the necessary improvements. At this inspection we saw the improvements they had made to meet the required level of compliance.
- At the last inspection, mechanisms were not in place to monitor incidents and accidents on a regular basis to help identify any emerging trends or themes. This was because staff did not have an adequate understanding of how to use the system of audit put in place by the provider. We saw that improvements had been made. Staff had received relevant training and systems and mechanisms were in place to enable staff to identify patterns or cumulative incidents, so any common causes could be identified and prevented. The provider also undertook a range of other quality assurance audits which included medicines, infection control, care plans and health and safety. The results were analysed to determine trends and introduce preventative measures to keep people safe.
- At the last inspection, we identified concerns in respect to the culture of the service and the morale of staff. Staff told us they felt they had not been supported or engaged adequately with regard to changes at the service and this had impacting on their ability to deliver care.
- Improvements had been made, the provider explained how they had implemented systems to engage and support staff further with the changes at the service. Regular meetings and support had taken place with staff and the feedback we received was positive. One member of staff told us, "Things have got much better, and the new systems really helps. I think we are listened to a lot more now." Another member of staff said, "I really like working here, I think morale is good. We are recruiting permanent staff and that helps." The

manager added, "We are listening to staff and making changes. They are a good team."

- However, despite the provider meeting the legal requirements, we identified some further areas of practice that need improvement. For example, we received improved, but mixed feedback from people and relatives in respect to the management of the service and how the service was run. One person told us, "I do think it is well run. I have a lot of contact with the manager." A relative said, "The management seem to have sorted out the problems with the staff, they are happier. I'm happy with the care now, it's got a lot better." However, another person told us, "Things had gone downhill. We have meetings every month now and we get surveys to do. [Manager] is good and we're getting some better staff, but it could be better." A further relative added, "On the whole it's well managed, there has been some loss of continuity though."
- We raised this with the management of the service who told us they were engaging regularly with people and relatives. The manager told us, "There have been a lot of changes, but we are getting where we need to be. My door is always open for people, families and staff. I feel well supported and we are definitely giving good care to people." Regular meetings had taken place with people and relatives and there was information displayed around the service to show what changes the provider had made in respect to people's feedback. One relative told us, "We're having some very productive meetings with the management now."
- The provider had not always informed the CQC of significant events in a timely way, such as when there were events which stopped the normal running of the service, and where there had been suspected abuse. We spoke with the management of the service, who reiterated to staff what events needed to be notified to the CQC and ensured any outstanding notifications were sent. This had not impacted on the care people received; however, we have identified this as an area of practice that needs improvement.
- As part of their registration, the service is required to have a registered manager to oversee the delivery of regulated activities. At the time of our inspection, the service had been without a registered manager for approximately 20 weeks. Despite there being a manager in day to day charge, there had been no application received by the CQC to register a manager. This is an area of practice that needs improvement.

Working in partnership with others; 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

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and to assist each other in investigating any concerns.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.