Care Expertise Limited

Sycamore Lodge Nursing Home

Inspection report

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31 August 2017

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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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 30 and 31 August 2017

Sycamore Lodge Nursing Home provides accommodation for people who require nursing care. There were 16 people with learning disabilities receiving care at the time of our visit. This was the first rated inspection of Sycamore lodge Nursing Home since they registered with CQC in February 2016.

There was a manager registered with the Care Quality Commission (CQC). 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 kept safe and people's families felt they were safe when staff provided care. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People were protected from the risks associated with managing medicines. Processes in place ensured medicines were handled and administered safely.

People were supported by staff who received appropriate induction, training, supervision and a yearly appraisal. Staff were supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were encouraged to have positive caring relationships with staff and other people living in the home. People were treated with respect and dignity. The service supports people to express their views and be actively involved in making decisions about their care, treatment and support. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as possible.

People's needs were assessed to determine if the service could meet their needs. People were encouraged to raise concerns or complaints if needed. The provider followed their procedures to ensure any complaints or concerns were dealt with in a timely manner.

The service promoted a positive culture. People appeared to be happy with the way the home was managed. Staff felt the registered manager was approachable and listened to their views or concerns. There were a number of quality assurance processes in place to assess the quality and effectiveness of the service,

but not all the systems in place were robust or identified issues to ensure they would be addressed in a timely manner.

We have made a recommendation about the completion of robust action plans and systems to ensure the service follows up and checks issues have been resolved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe from harm and staff aware of their responsibilities to report any abuse.

Risk assessments had been carried out and reviewed on a monthly basis.

Sufficient numbers of staff were in place to keep people safe. Safe recruitment processes were followed.

Medicines were managed well and people received their medicines safely and correctly.

Is the service effective?

Good

The service was effective.

People received care from staff who had the knowledge and skills to meet people's needs. Staff received regular supervision and felt well supported by the registered manager.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People were supported to attend relevant health services when their needs changed.

Is the service caring?

Good

The service was caring.

People experienced positive caring relationships with staff and other people living in the home.

People were treated with respect and dignity was maintained at all times.

People expressed their views and were actively involved in making decisions about their care, treatment and support.

Information was available for people if they wished to speak with an independent advocate.

People were supported to live independent lives.

Is the service responsive?

Good

People's needs were assessed, planned and centred on the individual.

Complaints and concerns were managed in line with company policy.
The provider responded quickly and professionally to concerns raised.

People's care plans were reviewed on a regular basis to ensure they received current and up to date care.

Is the service well-led?

Good

People's needs were assessed, planned and centred on the individual.

Complaints and concerns were managed in line with company policy.
The provider responded quickly and professionally to concerns raised.

People's care plans were reviewed on a regular basis to ensure they received current and up to date care.

Sycamore Lodge 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 30 and 31 August 2017 and was unannounced. The inspection team consisted of one inspector 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.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with one person who used the service and completed general observations of people living in the home, as most people were unable to fully communicate with us. We also spoke with two relatives for their feedback about the service provided. We spoke with six members of staff, one nurse and the registered manager.

We looked at all or parts of the care records for five people, the training and induction records for three staff and three people's medicine records along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

Good

Is the service safe?

Our findings

People were protected from bullying, harassment, avoidable harm and abuse. We observed people lived in a safe environment. Relatives told us they felt their families were safe living in the home. One relative said, "[Name] is definitely safe."

Staff demonstrated how they kept people safe and protected from harm. Staff were able to describe and identify the signs of abuse and the action they would take to report and document any concerns. Staff told us and records confirmed they had received safeguarding training and their training was all up to date. The registered manager had taken timely action to report and investigate any allegations of abuse or issues of concern. The provider's safeguarding policy and procedures had been followed.

People's individuals' risks were managed, so that people were protected and their freedom was supported and respected. People were assessed for their potential risks, such as, moving and handling, falls and personal care. Care had been planned for each person living in the home to help reduce these risks. For example, safe use of equipment when moving and handling people.

There were systems in place in case of an emergency such as fire. There was an emergency evacuation plan for each person which was easily accessible. The nurse in charge told us and records showed that they carried out weekly fire tests and monthly fire drills.

There were enough staff to keep people safe and to meet their needs. People told us they felt there were sufficient staff to support them. One relative said, "There is adequate staff, it's never a problem." Staff told us the staffing levels were good. One member of staff said, "The staff team worked together to cover any shortfalls." Another member of staff said that they felt the right skill mix was deployed across the home. The registered manager had systems in place to ensure they had sufficient staff on duty as to meet people's dependency and this was reviewed and monitored on a regular basis.

There were two nursing staff vacancies at the time of our inspection, these nursing shifts were covered by agency staff. The registered manager told us they requested agency nurses who had worked at the home before to ensure that people received continuity of care. This meant all staff were fully aware of people's needs and were known to the person. We observed people's needs were attended to in a timely manner as there were enough staff on duty.

People could be assured that the provider's recruitment practices helped to protect them from unsuitable staff; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's medicines were managed so that they received them safely. Nursing staff used an electronic

system to monitor and record the administration of medicines. The system included a picture of each person and information about their allergies and how they liked to take their medicines. Records showed and the nurse told us they had attended training on how to administer medicines. The registered manager received daily management reports that covered stock control, accountability and any missed entries for medicines.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. Records showed that staff had attended relevant training courses to support them in their role such as, moving and handling, challenging behaviours and dementia. One member of staff said, "My training is all up to date." Another member of staff told us they were encouraged to develop their skills and to complete vocational qualifications. The registered manager monitored staff training and development to ensure staff had the required skills and knowledge to meet people's needs. The registered manager referred nursing staff to the local clinical commissioning group for professional development to update their competencies and support them to re-validate their nursing qualification. The registered manager provided clinical supervision to the nurses. Staff received regular supervision where they discussed training and received support from their manager.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. For example, people had Deprivation of Liberty Safeguards (DoLS) in place. The registered manager told us they had completed referrals for all people living in the home; we saw that best interest meetings and decisions had taken place.

Mental capacity assessments had taken place and copies were found on individuals' care files. Staff gave us examples of how the mental capacity act was relevant and related to people they cared for. One staff member said, "Many of the people we care for live with a learning disability, therefore require the understanding and protection that the MCA act relates to." Staff told us they checked with people prior to providing care to ensure they had given their consent. Wherever possible staff offered choices and tailored these to the needs of the individual; these were then recorded in people's care plans. We observed staff explaining to people what they were going to do; before they provided care.

People were supported to eat and drink sufficiently and maintain a balanced diet. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. We saw records that demonstrated that staff ensured that people had a variety of foods to have a balanced diet. This helped maintain people's health and well-being. We spoke with the cook who had systems in place to identify people's likes, dislikes and food allergies. They were able to tell us who was on supplements and puree diets. Menus were displayed so people could choose what they wanted to eat. We saw fresh food produce was used and a good selection of food in the food store.

We observed lunchtime which was relaxed and unhurried. People were able to eat when they were ready and some people chose to eat at different times. We saw that staff were patient, supportive and encouraged

people to be independent where appropriate. Staff were aware of people's nutritional needs and preferences. The registered manager and relatives told us how they had continued to ensure one person received their meals when they were in hospital; they described how the person was in hospital and would not eat properly. The registered manager said, "The person had been end of life care on three separate occasions, but with staff's perseverance they had pulled through."

People were supported to maintain good health and had access to healthcare services to support their health needs. One relative said, "Staff support [Name] to health appointments. Whenever [name] needs an appointment they sort it." People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. The registered manager liaised with health care professionals for example, occupational therapist, dieticians, speech therapist and dentists. Each person has a health passport which was specifically designed to help people with learning disabilities share information with healthcare professionals.

Good

Is the service caring?

Our findings

People experienced positive caring relationships with staff and other people living in the home. People were treated with kindness and compassion by the staff. Relatives spoke about staff's approach and described them as caring and compassionate. One relative said, "[Name] is lucky, they look after them well."

Staff showed good awareness of people's needs and preferences. One staff member described how they cared for one person on a daily basis. They said, "We get to know the people we care for, most staff have been here a long time." Staff told us how they communicated with people effectively by spending time with them. Staff demonstrated their awareness of the risks of discrimination and treated people with respect no matter of age, gender or sexual orientation.

Relatives felt confident that staff knew how to support people. One relative said, "[name] likes peace and quiet, and doesn't like noise, staff understand this. The relative told us their family member likes to sit and watch TV in the small lounge area of the home. When we entered the lounge staff quietly explained the importance of not conversing with this person. We observed staff attending to people's requests. They knew individuals well and supported them effectively.

The service supports people to express their views and be actively involved in making decisions about their care, treatment and support. For example, one person was sitting outside their room; staff told us the person liked to sit outside the room and sometimes they liked a table put in front of them. The table had wheels, so the person could move it at any time. We observed them ask to sit in the lounge chair situated in their bedroom and staff assisted the person to do this. This told us staff listened to the person and accommodated their requests.

Another person was supported to go to the bathroom. Staff encouraged the person to walk, but the person refused, so staff helped the person into their wheelchair. All of the interactions between staff and people using the service were good humoured and natural.

The registered manager ensured people were involved in decisions about their care. Care plans were reviewed regularly. Where necessary people were supported by an advocate. Care files we looked at confirmed when an advocate had been used or people were supported. For example, if a person was unable to make life changing decisions for themselves.

People were treated with dignity and respect. Relatives told us staff had compassion and respected people's dignity. One relative said, "[Staff] are all really good to [Name], they always have a smile." Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent.

People's bedrooms were personalised to their individual taste, reflecting what was important to them. One room was decorated with a football theme. Another room had a pink theme and pictures of family and

friends or people who were important to the person. This showed the service respected people's choices.

The provider told us they were implementing a dignity and care champion and promoting positive reflective practice for each person. They also said they intend to make dignity and care a regular agenda on all team meetings, forums and individual supervision sessions to ensure dignity was fully embedded as a good care practice.

Good

Is the service responsive?

Our findings

People's needs were assessed to determine if the service could meet their needs.

Staff had a good understanding of providing care that was personalised to each person and how it impacted on people. One member of staff said, "We provide person centred care that reflects what the person needs, so they can achieve their goals and aspirations." Relatives gave positive feedback on how responsive the staff were in meeting their needs. One relative told us staff are able to care for [Name]. They said, "[Name] trusts certain staff, likes a routine and is very happy here."

People were encouraged to go out in the community with staff support to help them learn skills for independence. For example, people went shopping for clothes or items of bedding with specific designs that they had chosen or wanted.

People were able to complete tasks with personal care, such as getting dressed or brushing their hair themselves. Staff told us they encouraged people to do things for themselves to make sure they kept their independence at all times. Where needed staff would support the person to achieve their goals.

People's support was planned and arranged, so they were actively involved in making decisions about their care and support. Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example, staff were aware of the names people preferred to be known by. Care Plans were regularly reviewed to ensure care and support was up to date.

People were supported to follow their interests and hobbies. We saw people participating in group and individual activities during our visit. We observed a variety of games, such as, hula hoops and skittles. The organiser and staff gave each person individual attention, showing awareness of ability and preferences. Those who were able were encouraged to stand and move around to maximise their movement.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. Relatives told us if they had concerns they would raise any issues with staff or the registered manager. The service had a complaints procedure and complaints log to monitor concerns and complaints. We saw three concerns had been received. They had all been followed up and responded to in a timely manner. We saw lessons had been learned and improvements had been made. For example, a more robust system had been put in place for people who required regular checks throughout the night. There were also four weekly team meetings to be used as a forum to evaluate staff knowledge.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was very hands on and worked alongside the staff. Staff were proactive at responding when needed. The registered manager understood their responsibility and felt supported by senior management to ensure the service run smoothly. Staff told us the registered manager was supportive and approachable. Staff appeared to work together well as a team and had good relationships with each other. They said that the culture of the home was open and transparent.

The service promoted a positive culture that was person-centred, open and inclusive. People were observed to be happy with the way the home was managed. Where people were on one to one support, hourly observation records were being maintained. If a person's needs were intense or complex staff were rotated every two hours. This was to mitigate people's risks to ensure people's continued safety and needs were fully met.

Staff were complimentary on the way the service was run. One staff member said, "We provide a good service. People are very well looked after and we are a good staff team." Staff also told us the registered manager ensured all people received their planned care by implementing specific staff roles such as a key worker for each person and a member of staff to oversee the activities and documentation.

Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

The provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, bedrails safety, mattress pressure checks and medical alerts. Where issues were identified the provider did not always have action plans and systems to follow these up and check that the issues had been resolved. We spoke with the registered manager about our concerns. The registered manager told us they would address this. They would implement new documentation to identify the action to be taken, who by and what date action is to be completed by.

We recommend that the service complete robust audits to identify themes and trends for issues found and action taken to resolve issues if needed.

We looked at copies of minutes from meetings that had taken place. These showed the meetings were informative and helped to keep staff up to date about people's needs, and what was happening in the home. The registered manager took the opportunity to share good practice at team meetings and introduce specific policies or training subjects to inform staff of people's specific needs.

Incident and accident forms were completed and actions were identified and taken. Safeguarding concerns were responded to with appropriate referrals made when needed. This showed there were effective

arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.