

Prime Care (UK) Limited

Sylvan House Residential Home

Inspection report

2-4 Moss Grove
Prenton
Wirral
Merseyside
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Tel: 0151 608 1401

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

At our last inspection in June 2014, breaches of regulations were identified. We asked the provider to take appropriate action to ensure improvements were made. We undertook this comprehensive inspection on the 13 and 22 April 2015, this was an unannounced visit. During this inspection we found that the required improvements had been made however we found other areas of concern.

Sylvan House Residential Home is registered to provide accommodation to 20 people some of whom have dementia. There are 18 bedrooms, two bedrooms are shared. The home is a detached two storey building in Prenton, Wirral. A small car park is at the front of the home and there is a garden available within the grounds. The home has recently been refurbished throughout to an adequate standard. A lift enables access to the bedrooms located on the first floor for people with

Summary of findings

mobility issues. Communal bathrooms with specialised bathing facilities are available on each floor. On the ground floor, there is a communal lounge and a dining room for people to use.

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

During this inspection, we found breaches of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff asked people's consent before providing personal care and that people were able to choose how they lived their lives at the home. Some people who lived at the home had short term memory loss or dementia type conditions. Where people lacked capacity, care plans lacked adequate information on how consent was given and how this impacted on their day to day lives. We spoke to the manager and deputy manager about the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) who said that they had not attended MCA and DoLS training and acknowledged that this was an area for development and required implementation for all staff.

Some people had lived at Sylvan House for a considerable time and considered it to be their home, others had moved in more recently. People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People who lived at the home were supported to maintain their independence and were treated with dignity and respect at all times.

The staffing levels were sufficient in all areas of the home at all times to support people and meet their needs and everyone we spoke with considered there were enough staff on duty.

The home needed to improve their system of recruiting new staff as they were not conducting checks on references as required. They did not have an induction programme in place that ensured staff were competent in the role they were doing at the home prior to working

unsupervised. The training programme was not being implemented or maintained appropriately to ensure staff were competent in their roles. Staff were received supervision in their job role and there was an annual appraisal programme in place.

People were able to see their friends and families when they wanted and there were no restrictions. Visitors were seen to be welcomed by all staff throughout the inspection.

The eight staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received e-learning training about safeguarding. People told us they felt safe at the home and had no worries or concerns. There had been no safeguarding incidents reported by the manager in the last 12 months.

The home had the majority of medication supplied in monitored dosage packs from their local pharmacy. Records relating to these medications were accurate. All medication records were completely legibly and properly signed for. All staff giving out medication had been medication trained. The medication storage fridge was not storing medicine at the correct safe temperature on the first day of this inspection; it was in working order on day two. Staff were not recording the administration of PRN medication information accurately. The medication policy and procedure required updating.

Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out. Equipment was properly serviced and maintained and in sufficient supply and the home had recently been awarded a five star rating (excellent) by the Environmental Health.

The six people we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal off the menu that was planned. People we spoke with said they had plenty to eat. The food we tasted was well presented and tasted good. There was however a lack of one to one activities provided.

The two care plans we looked at gave details of people's medical history and medication, and information about

Summary of findings

the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

We were told by the manager that people were provided with information about the service when they initially moved into the home. Information in relation to how people were able to make a complaint was in the Service User Guide and displayed in the home. We discussed complaints with the manager and deputy manager and asked them to provide the complaints records and information. They were unable to as there was no complaints log for receiving complaints. People and relatives we spoke with however said they would know how to make a complaint. No-one we spoke with had any complaints.

There was quality assurance system in place to obtain people's views. A satisfaction questionnaire had been sent out to gauge people's 'satisfaction' with the service provided. The home received very positive feedback from the last survey collated in March 2015. The provider was implementing a new quality assurance system and the managers had not conducted audits for infection control audits, staff training, medication and accidents and incidents audits.

People and staff told us that the home was well led. Staff told us that they felt well supported in their roles. Everyone we spoke with thought the home was well led and all of the care staff said that they would not hesitate recommending the home to anyone.

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?

There were areas that required improvement to make the service safe.

There were enough staff to support people and keep them safe. The provider was not following all relevant checks for their recruitment of new staff as reference requests were not being validated.

We looked at two care files and found that the majority of people's risks were assessed and safely managed.

All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean and maintained appropriately and records showed that the required safety checks were carried out.

Medicine management was in accordance with current and relevant professional guidance. The PRN prescribe when required medication procedure was not being recorded appropriately. Medicines were being administered as prescribed.

There was no infection control monitoring or audits completed at the home.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff training was not being provided or monitored appropriately. Staff had good support with supervision and annual appraisals taking place.

People's mental health needs were considered however where people lacked capacity, information on how this impacted on people's day to day lives and their ability to consent required improvement. The home's knowledge and understanding of the Deprivation of Liberty Safeguards also required improvement.

Menus were flexible and alternatives were available. People we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly. People were supported to eat and drink.

People were all registered with a local GP practice. People were supported to access community health services including dentist, chiropodist and optician.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

Good



Summary of findings

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

Is the service responsive?

The service was not always responsive.

Care plans were written and information provided sufficient guidance to identify people's support needs. Reviews required more information when changes occurred to people's care.

People told us staff listened to any concerns they raised. The complaints procedure did not include a complaints log to receive or handle complaints.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

The activities provided were not meeting all of the needs of the people living there, specifically one to one activities for people who had dementia.

Requires Improvement



Is the service well-led?

The service was not well-led.

The systems in place to assess, monitor and improve the quality of the service provided at the home were not being appropriately audited.

People's satisfaction with the service had been sought through the use of satisfaction questionnaires and staff felt that staff concerns, comments and suggestions about the service were taken on board by the provider.

Staff were supported by the management team. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Requires Improvement



Sylvan 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 checked 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.

The inspection took place on the 13 and 22 April 2015. The inspection was unannounced and the inspection team consisted of an Adult Social Care 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. We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. We also looked at medication records, care plans and records related to the running of the service. We spent the second day looking at the quality assurance procedure and staff recruitment and training records.

Prior to our visit we looked at any information we had received about the home and any information sent to us by

the provider since the home's last inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in June 2014. We also contacted the local commissioners of the service.

During our inspection we spoke with six people who lived in the home, three visitors, five care staff, a maintenance person, one domestic staff, the cook, the deputy manager and the registered manager.

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

We requested information from the provider after the inspection. The information sent by the manager included quality assurance information and minutes from residents meetings.

Is the service safe?

Our findings

The expert by experience asked people if they felt safe at the home and they replied “Yes, I am safe”, “I am safe here” and “Yes, staff always make me feel safe”. We asked the three relatives we spent time talking with if they thought the home was safe, they all said it was.

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed annually on an e-learning programme used by the provider. The home had safeguarding and whistleblowing policies and procedures in place and staff knew how to contact social services with any concerns. A member of staff said “I would report without question”. CQC records showed that the registered manager had not made any safeguarding referrals in the last twelve months.

The staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We spoke with the management team about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in the two people’s care plans we looked at and they were reviewed monthly.

Accident and incident policies and procedures were in place however there were no records. The management team said that staff recorded in the daily records if an accident or incident occurred. We did not see any accident or incident reports at this inspection. We discussed monitoring and relevant reporting procedures. The managers told us that they had not been following their procedure appropriately. This meant it would be difficult for the managers to monitor and take the necessary action.

We spent time in all areas of the premises and could see that Sylvan house had undergone a lot of remedial work and redecoration, the home was well maintained and comfortable for the people living there. Health and safety had been checked through various risk assessments and audits. There were two designated members of staff who were responsible for checking the environment. We saw

records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and provided a safe environment for people to live in.. The catering arrangements had received a five star food hygiene rating in April 2015. A fire risk assessment was in place and had been reviewed and updated in September 2014.

We asked six people if there were enough staff to support them and they all said “Yes”. One person said “I ask them and they help me”. The registered manager told us that staff numbers were flexible and additional members of staff could be deployed if anyone required extra support with their care. We looked at the staff rotas for 1 February 2015 to 22 April 2015 and saw that the staff ratios were sufficient to meet people’s needs.

We looked at three staff recruitment files including two latest staff files which we saw did not have the correct evidence that staff employed were suitable to work with vulnerable people. The two latest staff files did not have the relevant history of employment completed appropriately and the references in one file did not correspond with the application form and was of poor quality. References had not been validated in all three personnel files. We did raise some concerns about the quality of the references that had been sought and suggested that the provider explore these in more detail. All copied records of proof of identification in the three files were not showing that an original had been evidenced. Disclosure and Barring Scheme (DBS) records had been checked in all three. The provider had a disciplinary procedure and other policies relating to staff employment. The registered manager and deputy manager said that the recruitment procedure did require more monitoring to ensure safe recruitment and that they would implement immediately.

We spent time with a senior carer who was responsible for medication at the home on the days of our inspection. We saw that medicines were stored safely in the staff office that was locked when staff were not in there. Records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for four people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. We

Is the service safe?

looked at the controlled drugs records and medication that was stored in a secure drugs cabinet in the medicines room and saw that all of the controlled drugs had been administered appropriately.

We discussed the covert medication policy that was last updated in 2010 and requires updating to reflect the Mental Capacity Act 2005 (MCA). In discussion with the registered manager, deputy manager and senior carer we were told that no one currently living at the home was receiving medicine covertly. The medication policy and procedure required updating in line with the National Institute for Health and Care Excellence (NICE) guidelines.

The records we looked at indicated that people always received their medicines as prescribed by their doctor. We saw no missed signatures. Some people had items prescribed to be given 'as required (PRN)'. All staff administering PRN medication were not recording correctly on the MAR sheets. Entries detailing administration should be written on the reverse of the medication administration record sheets to show what had been given and the reason for the PRN medication. This information could be used to monitor people's need and relevant actions could be taken such as reporting to the GP.

We checked the safe storage of medicines including the medication fridge. On day one of this inspection the fridge was not working appropriately and was not cooling down to a safe temperature to store medicines. The manager reported the fault straight away. On day two the fridge was working appropriately and medicines could be stored at a safe temperature. Staff were informed by the manager that when the temperature is above a certain level they must report it so actions can be taken.

The expert by experience asked people if they got their medicines in a safe way and on time. People confirmed that they did and one person added "I get my medication when required by staff". The expert by experience also commented "At no time on my visit did I see any staff actions which could be described as unsafe".

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to wash or disinfect their hands appropriately. We discussed the staff following universal safe hand hygiene procedures with the managers who told us there were no audits of hand hygiene completed or infection control monitoring currently taking place.

Is the service effective?

Our findings

We asked six people about the skills of the staff and if they were competent in their roles. Comments received included; “They are doing a good job” and “Caring is very good – I’m very pleased indeed”. A relative told us “The staff all seem to have the skills to look after my relative well”. Another relative said “My relative is well cared by the staff who are all wonderful and very kind”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager and deputy manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spent time with the registered manager and deputy manager discussing the Mental Capacity Act 2005 (MCA). Where people had dementia type conditions or short term memory loss, we saw some elements of good practice in the planning and delivery of care. For example care files contained a brief assessment covering emotional needs and any behavioural needs the person had and provided information to staff about people’s personal life histories. Personal life histories capture the life story and memories of each person and help staff deliver person centred care. They enable the person to talk about their past and give staff, visitor and/or other professionals an improved understanding of the person they are caring for. Personal life histories have been shown to be especially useful when caring for a person with dementia.

Care plans however required improvement in relation to people’s mental capacity. For example, the two person’s care needs assessments we looked at identified them as having dementia type conditions and lacking capacity to make their own decisions. There was a lack of information in the person’s care plans in relation to how the person’s lack of capacity impacted on their day to day life. There was no evidence that the managers had followed the required legal processes to ensure people had given consent or participated in decisions in relation to their care. For

example, we saw that one person’s capacity had been assessed but the person’s assessment was poor and relatively meaningless. The assessment had also not been reviewed since July 2014 which meant it was potentially out of date and inaccurate.

The five care staff we spent time talking with were aware of the MCA. All care staff spoken with told us they had completed e-learning training in 2014; however all were not aware of what the MCA was and what the DoLS procedure meant if implemented at the home.

These examples are breaches Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the procedure being used was not acting in accordance with the Mental Capacity Act 2005 and associated code of practice.

We spent time on both floors. The majority of the walls were painted in magnolia, which can be reflective and not the best choice for those suffering from cognitive or sight difficulties. All the toilets and bathrooms had appropriate picture signage. The home was in the process of being decorated and a lot of work had taken place, there were areas discussed that still required work including the basement. We were told and provided with information to show the work was scheduled to take place.

We looked at staff training. Staff were not all up to date in training for providing care and support for people living at Sylvan House. Gaps included; dementia awareness, food hygiene, Infection control, Mental Capacity Act and Deprivation of Liberties Safeguarding, challenging behaviour. We looked at the training material and information and saw that the training was provided in house by means of e-learning and some external providers. We were given the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. We discussed the induction and training programme with the managers on the first day of this inspection on the 13 April 2015. The managers told us that the training provided to staff was not up to date and staff were required to have updated training and they understood the need to improve. There had been no monitoring of staff training undertaken.

The staff we spoke with had completed the provider’s mandatory training for specific subjects. Staff told us that they were happy with the training provided and there was a

Is the service effective?

lot of e-learning. Comments made were “I do lots of e-learning training, its ok”. “I am up to date with training; I have an NVQ level 3”. The induction programme was predominantly shadowing other staff and completing e-learning training except for moving and handling practical sessions. We discussed a more robust training programme with the managers that would be more specific to their roles. Staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

On the 22 April 2015 we continued the second day of the inspection. We spent time discussing the training programme. We were provided with information that informed the managers had liaised with ‘Skills for Care’ to visit the home and support them in the implementation of an induction and continuing training programme for all staff.

Staff spoken with told us that they had supervision meetings with the management team. There was an annual appraisal procedure that had been implemented for staff. We were told by all of the staff we spoke with that they had received an annual appraisal. The staff spoken with told us that they were appropriately supported and that there was an open door policy at the home where they could talk to one of the management team about any concerns they may have.

We observed staff interacting with people throughout the day and evening. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to and their relatives informed us that staff met the individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We used SOFI in the main lounge at lunchtime, observing the support provided to people by the staff. The lunch meal which was egg, chips and vegetables with ice cream and crumble for the desert. The staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. A variety

of sandwiches and soups were provided. The expert by experience had lunch with the people using the service and informed us that it was good. Comments from people were that the food was, “Very good”, “Nice”, “I would like a change now and then. They do ask and we can have an alternative. We discuss menus at the meetings and we all have a say”. The majority of people had their meals in the lounge and three people ate in the dining room. A relative told us “My relative has shown a lot more interest in food since coming to live here. They provided a lot of food and drinks intermittently throughout the day and evening, making sure they eat and drink”.

We discussed the lack of use in the dining room with the managers as only two people ate in there. The dining room was seen to be dark and the décor was not inviting. On day two of the inspection the dining room had been decorated with new fixtures and fittings. The change was very positive for people who told us that they really liked it.

The provider checked people’s weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed two observational records for people who were being monitored for food and fluid intakes. These observational records were seen to be completed appropriately.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing. Staff were also competent in noticing changes in people’s behaviour and acting on that change. There were discussions throughout the inspection about people’s health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The registered manager told us that the doctors visited the home as required.

People had been enabled to personalise their own rooms, we were shown three people’s bedrooms by the people and their relatives. Three people told us they were happy with their rooms and if they had an issue with their rooms, they told us they would report it to the managers.

The home had a large front garden that was having work completed as the people living at Sylvan House had

Is the service effective?

requested that they would like to spend time outside. People told us they really liked looking at the garden and enjoyed warmer weather when they could spend time outside.

Is the service caring?

Our findings

The six people we spoke with told us that staff treated them well. Comments included, “Everybody is nice”, and “Carers look after me very well”. A relative commented, “There is a nice atmosphere in this place, a very supportive environment. First class”. We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported where necessary, to make choices and decisions about their care and treatment.

We saw a member of staff talking with a person who was worried about her son. The member of staff was respectful to the individual and calmed them down by explaining that their son would visit later in the day. We observed staff reacting to call bells quickly and were respectful to people requesting support. We spent time talking to the managers about call bells as one person’s call bell was on the floor by the side of their chair and another person we observed to be sitting in their room all day did not have one. The manager told us that because this person was located opposite to the office staff monitored more closely. Also the person would not use the call bell. The person was able to walk. We did talk to this person on both days of this inspection and was told they are happy and comfortable. We were told that the provider needed to purchase more alarm call connections.

We spent time talking with three relatives of the people living at Sylvan House. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included “We chose this home; it was a no brainer. Our relative is happy here”, “The staff are excellent, and do care”. Another commented “Staff are wonderful”.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms.

We observed people being listened to and talked with in a respectful way by the registered manager and the staff members on duty. People were constantly seen to ask

questions and wanted actions by the staff. Staff were all seen and heard to support people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the staff members and the managers, with the people living at Sylvan House was respectful, friendly and courteous.

The registered manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. All of the people 14 people currently living there had family who supported them.

The provider had information in place for advocacy services; leaflets were displayed by the front door. The information included contact details to request the support of an advocate to represent people’s views and wishes if required. We were told by the registered manager that no one had recently utilised this service.

Most people were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if their support was needed.

Sylvan House Residential Home provided end of life care with the support of other healthcare professionals who would be requested to support the person. The registered manager told us that this was a person’s home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare. We were told that there was one person currently living at the home who was being provided with end of life care.

The expert by experience commented:

“I observed the care provided by staff on the day of this visit to be good. Staff were respectful and friendly. The residents were seen to be supported quickly when help was asked for”.

Is the service responsive?

Our findings

People we spent time with were happy with the care provided by staff. People told us “Staff are always asking me if I want to do things” and “I get my hair done every week by the hairdresser” and “We do quizzes, I would like to go out more in the warmer weather”. We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them, for instance sitting next to a person and facing them so they could see and hear what the staff member was communicating.

We looked at two people’s care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person’s emotional wellbeing and what activities they enjoyed; however there was no information in the care plans of what they had done. Staff were knowledgeable about all of the people living at the home and what they liked to do.

We spent time talking to people about activities and were told by all six people that there was not very much taking place. Comments included “I am asked to do activities here if I want to I do when they do something” and another comment “Not a lot of things going on”. One person told us “They do try but the staff are very busy, I would like to go out. We spent time with the managers discussing activities, we were told that there is no programme and that they could not fund an activities coordinator at present. Activities provided included quizzes, bingo, hairdresser, communion services. The activities were mainly group activities, we discussed one to one activities and were told that they do take place usually talking, however staff were not recording anything to show what had been done with any of the people. We discussed providing specialised activities for people with dementia, we were told that because there was no activity coordinator staff did not have a lot of time. We did see staff taking time to talk to people on both days of this inspection.

People’s needs were formally reviewed monthly or more frequently, if required. There were monthly comments on the care plan records to inform that staff had reviewed the care and support being provided to the person and recorded if there was any changes. In the two care plan

records we looked at the review record was seen to be brief. The managers told us that they were aware of the lack of information recorded at times and that they did need to monitor care plan review records. People when asked about their reviews of care and care plans were not all fully aware about the care they were receiving and the care they required and had agreed to. All three relatives spoken with told us that they were involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised, all told us that they did not have any complaints. There were no complaints raised at the home in the last twelve months. We requested the complaints log as part of the procedure used at the home and the managers told us that they did not have a system for recording complaints. We were provided with the complaints policy and procedure that was in a file along with all other policies that the provider had arranged for a consultant to set up for the service. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the front door. Also the complaints procedure was given to all of the people living at the home and their relatives.

The registered manager told us that they had a residents meeting on 26 February 2015. We looked at the record of this meeting which informed how issues raised in discussions were actioned and by whom. The comments made by the people were all positive including that they are happy with the way that staff treat their relatives when they visit them. We saw that the meetings took place every three months and people were made aware well in advance. The relatives that we spent time with told us that staff were good at communicating with them.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people’s treatments for their health and wellbeing.

The expert by experience commented.

In discussing activities planning and delivery perhaps a timetable of activities should be attempted. There was

Is the service responsive?

quite a bit of 'one to one' activity with a carer sitting and talking/engaging the less active and suitable music was played periodically. I joined in the quiz in the afternoon which was fun. Other than that it was TV.

Is the service well-led?

Our findings

The six people we spoke with and three relatives told us that the managers were always available. People's comments included "The manager is very easy to talk to and you can raise issues with her", "Really understanding manager very approachable". Relatives' comments included, "Good relationship with the staff and very friendly" and "The manager always listens to what we say and acts on it on behalf of our relative".

There is a two tier management at Sylvan House which comprised of the registered manager and a deputy manager. The registered manager told us that they were also recruiting a new deputy manager to enable the existing deputy manager to concentrate on quality assurance and to support the staff team. The leadership was visible and it was obvious that the managers knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened. We observed staff interactions with the two managers which was respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The managers and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. The managers told us that they were aware of the improvements they were required to implement and that they were working hard to ensure systems were being put in place. Comments from staff were, "It's a good place to work, I love working here", and "I think we do provide good care here, we all work hard". Another comment was "Great place to work, we are one happy place". The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We asked the managers for the audits and were told that there was a new system being implemented by the provider and that they had not completed all of the audit checks requested. Audits requested were medication audits, staff training audits, incident and accident audits and falls audits, Infection control audits and recruitment audits. We were given the health and safety audits for

January 2015 to March 2015 which had been completed including fire alarm checks, water temperature checks, fridge freezer checks, emergency lighting and evacuation checks. The managers acknowledged that a lot of work is required to implement an effective system of quality assurance. They were recruiting a new deputy manager and the existing deputy manager was taking on the lead role as quality assurance officer.

We looked at the ways people were able to express their views about their home and the support they received. One person told the expert by experience "I am always asked if everything is ok and I reply everything is good". We were told that open days and residents meetings were held every three months. Information looked at showed that meetings took place and people were asked if they had any issues. We saw that people who lived at the home, relatives, staff and visiting professionals were provided with feedback forms on the 26 September 2014. We looked at the returned questionnaires. The deputy manager had collated and a summary of findings was completed. We looked at the summary that showed a lot of positive comments and also any actions including making the garden accessible. The provider has completed work to enable people to go and sit in the garden.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the inspection. Most were seen to be up to date and relevant. Nutrition monitoring records looked at for two people were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's food and fluid intake. Confidentiality was maintained with locked filing cabinets and a password protected computer which was secured in place.

The expert by experience commented.

"The manager was to be seen around the place throughout the day supporting staff. The staff confirmed that they are well supported and that the overall effect is pleasing".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The procedures were not in place to protect people who did not have capacity to make a judgement. Staff had not been trained appropriately to understand the Mental Capacity Act 2005 and what it means to implement it for people using the service.</p>