

SLW Limited

Sycamore Care Centre

Inspection report

Sycamore Lodge
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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

This inspection took place on 21 February 2018 and was unannounced. A second day of inspection took place on 23 February 2018 and was announced.

Sycamore Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sycamore Care Centre provides personal care for up to 113 people. At the time of our inspection there were 102 people living at the home who received nursing and personal care, some of whom were living with a dementia. The service is set in its own grounds and consists of four units: the Lodge, the Mews (which is split into four smaller sub units called Cedar, Hawthorn, Maple and Willow), the Villa and the Cottage.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected this service in November 2015 when it was rated 'Good' overall, although we found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. This was because medicines were not managed effectively. We returned to the service in August 2016 to check whether improvements had been made in this area. In August 2016 we found improvements in medicines management. The rating for the key question 'is this service safe?' remained 'Requires Improvement' as we needed to be sure consistent good practice could be sustained over time. During this inspection, we found improvements in medicines management had mostly been sustained. Overall, the service remained 'Good.'

Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff and people and relatives said staff were caring. Staff treated people with kindness and compassion.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written

and specific to people's individual needs.

Relatives and staff felt the service was well managed. Staff described the registered manager as approachable and said there was an open culture. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Sycamore Care Centre

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 21 and 23 February 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector, one assistant inspector, two medicines inspectors, two specialist advisors (registered nurses with expertise in older people's care) and two experts 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 reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by Sycamore Care Centre.

During the inspection we spent time with people living at the service. We spoke with 15 people and 16 relatives. We also spoke with the registered manager, the provider, the deputy manager, three unit managers, five senior care assistants, eight care assistants, two activities co-ordinators, the administrator, one kitchen staff member and two domestic staff members.

We reviewed nine people's care records and six staff recruitment files. We reviewed medicine administration records for 11 people as well as records relating to staff training, supervisions and the management of the

service.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. 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.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Sycamore Care Centre. Comments included, "I feel safe and if anything goes wrong staff are only an arm's length away," "Yes, very safe the staff are marvellous" and "I always feel safe, there is always somebody on the unit."

Relatives said they felt their family members were safe. One relative told us, "I have no concerns with [family member's] safety, the staff have been great with them." Another relative said, "[Family member] is really well looked after by the staff and I've never had any reason to feel they are not safe. The home is marvellous in my opinion."

Some people who lived at the service had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw how their body language indicated they were comfortable in staff's presence.

Medicines were mostly managed safely and effectively, although we found the arrangements to store unwanted medicines did not meet waste regulations. Medicines were stored at the correct temperature although we found some gaps in the daily records relating to this. When we spoke with the registered manager and registered provider about the above issues they took immediate action to resolve these concerns. Since the inspection visit we have received evidence from the registered manager that these areas have been addressed.

Records relating to people's other prescribed medicines had been completed correctly. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly and stock balances tallied with these records.

Staff had completed training in how to protect people from abuse and they were frequently reminded of their responsibilities to keep people safe and how to report any concerns during staff meetings. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years.

There were enough staff on duty to meet people's needs quickly and keep them safe. One person said, "The staff are very attentive and come straight away." A relative told us, "I'm happy with the staffing levels from what I've seen."

Risks to people's health and safety were assessed, reviewed and checked, so risks were minimised and

people were protected from harm. This meant staff knew how to support each individual in a safe way, whilst allowing people to maintain their independence. Each person had a personal emergency evacuation plan (PEEP) which contained key information about their individual needs, should they need to be evacuated from the building in an emergency.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the management team regularly. Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as electrical safety, water safety and moving and handling equipment. The records of these checks were up to date.

Accidents and incidents were acted on appropriately and analysed to see if lessons could be learned to improve people's safety. For example, following one incident a person was referred to the Falls Team and mobility equipment was sought.

The service was clean and decorated to a very good standard. The provider told us how a refurbishment programme was underway, and how this would be carried out in a phased manner to minimise disruption to people who used the service. One person told us, "My room is lovely following re-decoration." Another person commented, "I am happy with my room, I have got it just the way I want it." A third person said, "The premises are A1 here. It is always brilliantly clean."

Is the service effective?

Our findings

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care needed. One person said, "You just have to pause and listen to them and then you know for a fact they have the right skills." Another person commented, "They have the personal qualities to enable them to care for me properly." A relative told us, "I've seen how they work. I've seen them use the hoist and they seem to definitely know what they are doing."

Staff training in key areas was up to date. Staff had completed training on topics such as infection control, safeguarding vulnerable adults and equality and diversity. Staff we spoke with said they had completed training appropriate for their role. One staff member said, "I'm well supported and well trained."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

People were supported to have enough to drink and to maintain a balanced diet. We observed lunch time during our inspection. There was enough staff to support people to eat. Tables were nicely set with linen napkins, cutlery and condiments. On the first day of inspection lunch was a choice of mushroom soup, jacket potato, omelette and a variety of sandwiches followed by jam tarts. The main meal used to be served at lunch time but was changed to an evening following feedback from people who used the service. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. People and relatives told us the food was of a good standard and there was plenty of choice. One person told us, "I like the food they serve here. I've no complaints at all." Another person said, "I enjoy my food every day and it is always good."

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as community nurses, GPs and speech and language therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow. A relative said, "[Family member] saw their doctor last week and the staff informed me that the GP had been, so I was happy with that."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met.

We found that DoLS applications had been made for 79 people to the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. People told us staff always asked for consent. This meant the service was meeting the requirements of the MCA.

There were visual and tactile items to engage people living with dementia. These can help engage people living with dementia and help reduce their anxiety levels. Colourful written and pictorial signs helped people orientate themselves around the home. Contrasting colours were used to support people to distinguish items in bathrooms and corridors. Memory boxes filled with items important to individuals were in place to help people find their room, where appropriate.

Is the service caring?

Our findings

People who could communicate their views verbally told us they liked living at Sycamore Care Centre and that staff treated them well. One person who used the service told us, "I am very happy with my care and staff are kind to me." Another person said, "I believe all the staff are very caring." A third person said, "I feel cared for here, it's second to none."

Some people were unable to fully communicate their opinions about the care they received, but we observed positive relationships between staff and people living at the service. People's facial expressions and body language showed they were comfortable in the presence of staff and enjoyed a laugh and a joke with them. Throughout our visit staff spoke to people in a kind and considerate manner. Staff knew people's preferences well, particularly those who were not always able to express their wishes clearly. Staff reassured people who were anxious or upset in a kind and gentle way. Staff dealt with people whose behaviour may challenge themselves or others in a compassionate way. Staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed.

Relatives spoke positively about the caring attitude of staff and how people were treated with dignity and respect. One relative told us, "I think the staff are very caring and look after [family member] well." A second relative said, "The staff are wonderful and treat [family member] with the utmost respect." A third relative commented, "I can trust the staff here, I've got a lot of faith in them. [Family member's] care needs are met 100%."

People told us how staff ensured privacy and dignity was maintained, for example by ensuring doors were closed when people were being supported with personal care. One person commented, "Oh yes, any personal care I need they close the door for my privacy. They are really good."

Staff were caring and respectful and people were comfortable in the presence of staff. This contributed to the home's relaxed and welcoming atmosphere. Relatives we spoke with commented on this. One relative said, "The whole family were made to feel at home as soon as they walked through the door."

People told us they were encouraged to be as independent as possible but staff were always on hand to provide support. One person we spoke with said, "I like to do as much as I can myself. It's like being at home but with extra support here." A relative told us, "[Family member] is very independent and feels safe and secure. They haven't taken their independence away."

People and relatives told us people were treated as individuals and supported to make everyday choices such as how to spend their time, what to wear and what to eat. One person said, "Staff involve me in my care. They take notice of my needs."

Each person was given a residents' guide which contained information about all aspects of the service including how to access independent advice and assistance such as an advocate. An advocate is someone

who represents and acts on a person's behalf, and helps them make decisions. Four people who lived at the service had an advocate.

Is the service responsive?

Our findings

Staff demonstrated a good understanding of people who used the service and were effective at responding to people's needs, particularly when they changed.

People's care and support needs were assessed in a number of areas before they started using the service. For example, people's needs in relation to medicines, eating and drinking, skin care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they needed to be supported to communicate. Care plans were detailed and personalised. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. This meant staff had access to key information about how to support people in the right way.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives told us they felt involved in the planning of care as they were invited to attend regular care review meetings. Records showed care plans were reviewed by staff regularly or when a person's needs changed.

People were supported to take part in meaningful activities throughout the day. Three activities coordinators were employed to facilitate one to one or group activities, arrange entertainment and take people on outings. Staff told us that planned activities could be adapted and changed particularly for people living with dementia, depending on what they wanted to do. Activities included, cheerleading, armchair exercises, singalongs, quizzes, dominoes, bingo, reminiscence, arts and crafts and pampering. People told us they enjoyed the activities on offer and said that the variety was excellent especially in the run up to Christmas.

The provider had a complaints policy and procedure which gave people information on how to raise any concerns they might have about the service. Information about how to make a complaint was readily available in communal areas and people's rooms. Feedback boxes were located on each unit so people and relatives could submit their comments, compliments or concerns at any time.

People and relatives told us they did not have any complaints, but they knew they could raise these with any member of staff or the registered manager. One person said, "You can approach the manager and owner about anything." A relative told us, "There is always someone readily available if you have any concerns. I feel comfortable raising any issues I may have." We reviewed complaints records and saw that complaints received by the service since our previous inspection had been dealt with effectively and promptly.

We saw that where possible, people remained at the service at the end of their lives, as long as they did not require specialist care that could only be provided at a hospital. People's care plans reflected their preferences, where people felt able to discuss this sensitive area. This meant staff had information to refer to about the person's wishes should the person not be able to make their wishes known.

Is the service well-led?

Our findings

There was a registered manager at the service who had been in post since October 2016. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

We were assisted throughout the inspection by the provider, registered manager and deputy manager. All records we requested to view were produced promptly.

People and relatives spoke positively about the registered manager and the management team being approachable and visible. One person said, "The manager comes round regularly, I see her every day." A relative told us, "The management team are very approachable." People and relatives we spoke with felt the service was well run.

Staff said the registered manager was approachable and supportive and they had plenty of opportunities to provide feedback about the service. A staff member commented, "The manager is lovely. I can't fault her." Staff meetings were held monthly. Issues covered included staff training, activities and care records. Minutes of staff meetings were taken so staff not on duty could read them later. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time.

Feedback from people, relatives, professionals and staff had been sought informally and via a satisfaction survey. The results of the most recent survey conducted in September 2017 were positive. Eleven people who used the service and 31 relatives had completed the survey. All respondents who used the service agreed that they were treated with dignity and respect and would recommend the service to a friend. All relatives who responded agreed that staff were courteous and professional.

People who used the service had suggested more options at lunch time in addition to soup and a selection of sandwiches. This was discussed at a residents and relatives' meeting in October 2017 and reviewed at a subsequent meeting in November 2017, after alternative options were introduced. People said they were much happier with the additional choices. This meant the provider acted on people's feedback to improve outcomes for people.

Relatives had suggested a coffee machine for the comfortable seating area on The Mews unit so this could be used as a café area. The provider had bought a coffee machine and relatives told us how nice it was to sit and have a coffee with family members in this area. This meant relatives' feedback was acted on.

When we last inspected the home we found the provider had an effective system of quality assurance checks or audits to monitor the quality and safety of people's care. During this inspection we found this was mostly still the case. Although some issues regarding medicines had not been identified the provider and manager acted immediately to rectify this by the end of our inspection. Audits were completed regularly and were up to date when we visited for areas such as medicines, care documents, infection control and health and safety. Actions arising from audits carried out by the provider, registered manager and deputy manager were captured in a single 'service improvement plan' with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

The service had good community links with the Salvation Army, a local church, junior school and a neighbourhood centre. People told us how much they valued this.