

WCS Care Group Limited

Sycamores

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 which looks at the overall quality of the service. The inspection was unannounced.

The Sycamores provides accommodation and personal care for up to 36 older people who may also have a diagnosis of dementia, over three floors. At the time of our inspection visit there were 34 people living at the home.

At the last inspection, the service was rated Good overall. At this inspection we found the service has maintained an overall Good rating, but has been rated 'Requires Improvement' in 'Safe'.

There was an experienced registered manager at the home. 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. We refer to the registered manager as the manager in the body of this report.

Staff understood their responsibilities to protect people from the risk of abuse. The manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

The manager and provider identified risks to people's environment, and management plans were in place to protect people from those risks. However, risks to people's individual health and wellbeing were not always consistently managed to minimise risks to people's health.

People we spoke with told us they were happy at the home. They told us the staff were kind and caring. People were involved in planning their care with the support of their relatives and staff, to make sure their care plans met their individual needs, abilities and preferences. Care plans were regularly reviewed and staff asked other health professionals for advice and support when people's health needs changed.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to maintain a balanced diet that met their individual dietary needs and preferences.

People who lived at the home and staff had confidence in the registered manager, who was supported by a

hands-on management team. The provider had implemented systems that ensured staff and management had access to the most up-to-date information at the press of a button and enabled relatives to be fully informed and involved in their relations' care.

The provider employed a lifestyle coach, whose time was dedicated to supporting people to make the most of each day through physical and mental stimulation.

People, their relatives and healthcare professionals were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences. The provider listened and acted on people's views to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe.

People told us they felt safe at The Sycamores. Staff understood their responsibilities to protect people from harm and the risks of harm. People received medicines that met their needs at the right time. People were supported by enough staff to keep them safe. However, risks to people's health were not always managed to ensure risks to people were minimised.

Requires Improvement



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



Sycamores

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 comprehensive inspection took place on 12 July 2017. The inspection visit included two inspectors and an expert by experience and was unannounced. 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 the inspection visit, 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 also reviewed the information we held about the service. We looked at information received from relatives, healthcare professionals and the local authority commissioners and reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with six people who lived at the home and seven visitors or relatives. We spoke with five care staff, the cook, the deputy manager and the registered manager. We also spoke with two members of the provider's management team including a service manager, and the head of care services and quality. We also spoke with a visiting healthcare professional.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and whether they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We saw the care and support staff gave to people in communal areas of the home and we saw how people were supported to eat and drink at lunch time. We reviewed five people's care records and daily notes to see how their care and treatment was planned and delivered. We reviewed records of the checks the management team made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our previous inspection the service was rated Good in Safe. At this inspection, we found the service required improvement to ensure risks to people were always managed. All the people we spoke with told us they felt safe living at the home. One person told us "They [staff] look after me well."

Staff received safeguarding training, and they understood the signs that might indicate a person was at risk of abuse. They understood their responsibility to be vigilant for signs people were unhappy or at risk. Staff told us the provider's safeguarding and whistleblowing policies gave them the confidence to report any concerns about people's safety, and they knew any concerns would be dealt with by the manager. A typical comment was, "I wouldn't need to raise it more than once because I know it would be dealt with."

The manager kept a record of incidents that had put people at risk of harm and referred people to the local safeguarding team when they identified risks to their safety. They investigated any concerns and analysed the information to determine whether any lessons could be learned in the future.

The provider conducted assessments of risk at the home to identify any risks associated with the premises or environment. They then acted on the risks they identified, to minimise them as much as possible. For example, the provider conducted checks on the maintenance of equipment, water temperatures, and appliances. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us they had regular fire drills to remind them of the actions they should take in an emergency.

People's care plans included risk assessments related to their individual needs and abilities. Most risk assessments we reviewed explained the actions staff should take and the equipment staff should use, to minimise risks to people's health and wellbeing. However, we found one person whose risk assessments were not detailed enough to ensure risks to their health was minimised. The person's visitor raised a concern that their relation, who had been identified by staff as being at high risk of skin damage, was left sitting on a sling used to transfer them from bed to their wheelchair. We discussed this with a senior member of staff who assured us they had sought input from an occupational therapist (OT). Staff told us the OT had advised that it was safe for the person if the leg straps on the sling were tucked to the sides. However, when we checked the person, we found they were sitting on the leg straps, which increased the risks of skin damage. The OT's advice was not recorded in the person's care records or incorporated into a care plan, so staff had the information they needed to minimise the risks to this person. The manager agreed to update the care records and staff with the relevant advice.

In addition, we saw one person who was at high risk of falls who had fallen several times in the previous three months, was walking around the home unaided. Another person's visitor alerted us that they should be walking with a stick. Staff we spoke with all confirmed the person should use a walking stick to maintain their safety. Although risk assessments were regularly reviewed, this information was not recorded in the person's risk management plan. One staff member explained, "[Name] walks around and needs to use a stick but sometimes they walk without it. We keep an eye on them and if they don't walk with a stick, we

walk with them." We saw that when staff became aware of the person walking, they provided guidance and support, but they did not remind the person to use their stick or offer to find it for them. As the person had limited capacity, they may not remember to use their stick. At lunch time the person walked away from the lunch table unobserved by staff who only noticed when they had left the room. This meant the risk of them falling was not being consistently managed.

Medicines were managed and administered safely. People told us they received their medicine when they should, one relative said, "[Name's] medication is handled correctly. They are on specific tablets which can only be given if their blood pressure is taken (which they monitor)." People's medicines were stored in locked cupboards in their own rooms, which minimised the risks of errors.

People's care plans included an electronic medicines administration record, which showed the prescribed amount, frequency and time of day they should be administered. We checked the electronic records against individual medicine packs which confirmed all medicines given could be accounted for. This meant people had been given their medicines as prescribed and at the right time. Only trained and competent staff administered medicines and the electronic system alerted the manager immediately if medicines were not administered in line with people's prescriptions.

Where people had medicines on an 'as required' basis for pain or anxiety, there were detailed guidelines to ensure staff gave them consistently and only when necessary. Body maps guided staff where to apply prescribed creams on people's skin.

The provider's recruitment process included checking prospective staff were of good character before starting work at The Sycamores.

Most people told us there were enough staff to respond to them when they asked for their assistance in a timely way. One person said, "At night if I ring my bell they seem to come quickly." However, we had mixed feedback from relatives who said staff didn't always respond to call bells or requests for assistance straight away; sometimes people had to wait for assistance at busy periods. We saw on the day of our inspection visit one person's call bell rang for more than four minutes before being answered, this was when staff were busy assisting people with a planned activity. Staff told us they were sometimes busy, but answered as soon as they were able, and always came straight away when there was an emergency.

We saw there were enough staff to support people safely during our inspection visit. The management team used risk assessments, care plans and their knowledge of people's dependencies, to calculate the number of staff needed to support people according to their individual needs. They also used data from their call bell system to check that emergency calls were answered straight away.

Staff we spoke with felt there were enough staff on duty. One staff member told us, "We work as a team and when we need help we ask the managers and they provide extra staff to support us." They told us they were able to respond to people's needs and although they were busy, they had opportunities to sit and chat to people at quieter times of the day. A visiting healthcare professional told us, "You can normally find the staff when you want them."

Is the service effective?

Our findings

At this inspection, we found staff continued to have training to meet the needs of people, people's rights to make decisions continued to be respected; and people continued to be supported with their dietary and health needs. The rating for effective continues to be Good.

Staff received a comprehensive induction when they first started working at the home. They then received training and regular updates in essential areas to ensure they had the necessary skills and knowledge to provide safe and effective care. One member of staff said the most valuable part of their induction was working alongside an experienced staff member saying, "It enabled me to see how care was given to people, their preferences, likes and dislikes."

Many people who lived at The Sycamores had a diagnosis of dementia. We observed staff supported people taking into account their diagnosis. We saw staff asking people for their consent. We saw one member of staff ask a person if they would like their trouser braces on. The person initially agreed to this but then declined. The staff member immediately accepted their change of decision and said they would ask again later.

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. We found mental capacity assessments were completed when people could not make decisions for themselves and records confirmed important decisions had been made in their 'best interests'. The manager reviewed each person's care needs to assess whether people were being deprived of their liberties and the manager had made the appropriate applications to the local authority.

We saw a lunchtime meal during our inspection visit. People told us they enjoyed the food at The Sycamores. Staff supported people who needed assistance with drinking or eating. Staff used some specialist equipment to serve people their food and drinks, such as plates with plate guards and specialist drinking beakers, this helped people to maintain their independence.

We found people were receiving the nutrition they needed to maintain their health. People's care plans included information about their dietary needs, allergies and any cultural or religious preferences for food, which was shared with the chef. Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. We saw people were offered hot and cold drinks throughout the day. If people were not having enough fluids to keep healthy, an alert was raised so staff knew to encourage them to drink more.

Staff and people told us the provider worked in partnership with other health and social care professionals to support people. Staff made referrals to health professionals in a timely way. One relative told us, "The doctor is called quickly when [Name] is unwell and we are informed." A healthcare professional told us, "Any little problems they [staff] tend to call us out as soon as they can."

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating for caring continues to be Good. A relative told us how staff offered to do extra things for people to show they cared saying, "We have a family wedding coming up. They offered to take [Name] to the wedding." They added, "It was a lovely caring gesture." One visitor told us, "Staff are very caring and kind."

We saw staff spend time with people as part of their daily work routine. For example, people sat with a member of staff as they completed their work and chatted to them. One visitor told us, "They often have people sitting with them. They also take people out for a coffee when they have finished work."

One visitor told us, "The home is very nice. They [staff] look after my well-being as well as [Name's]. Sometimes they are the only people I speak to all day." They told us they often did things around the home, like gardening or brought in fruit and vegetables for the staff. They said, "They [staff] return the favour by bringing me cooked meals." Other comments about staff from people included, "X is an absolute star", "Staff are wonderful here."

Staff were confident people received 'caring' assistance and support. One staff member told us they were caring because they, "Listened to what they want and do something about it. The most important thing is what the resident has got to say." Another said, "All the residents are vulnerable. They rely on us and trust us. We care about them...we meet their needs and do things according to them", "We are all on hand if the residents want to talk to us or if they need anything."

Staff engaged with people in a caring and relaxed way. They spoke to people directly, and adjusted their communication using touch and humour to engage with people. People told us they were encouraged to make choices about where they spent their time, and staff respected this. One person said, "The best part of my day is being left on my own; I enjoy reading and watching the TV."

One staff member told us, "People get offered choices for everything, when to get up, when not to get up. The family can get involved and the advocate as well, which is really to safeguard people who can't make all their own decisions." Another staff member said the quality of care people received was particularly good, "Mainly for the choices they get."

We saw staff did respond to people's choices when they knew about their preferences. We saw an occasion when staff assumed a person wanted to eat in their bedroom because that was their usual preference. When we informed staff the person had indicated to us they wanted to eat in the dining room for a change, they immediately checked with the person. The person enjoyed the social occasion of eating in the dining room with other people. The manager told us they would check with the person each day in future, where they wanted to eat.

However, we saw people could have been offered more choice to meet their preferences. People made meal

choices from a menu several hours before their meal. It would have been more helpful to show people a visual choice of meal at the lunchtime meal, as people may find it difficult to make choices without visual prompts to assist them, and may not remember their choice if made several hours previously.

One option for lunch was mushroom casserole, but people were served with vegetable bake instead. People did not complain about the alteration, but we asked the chef why the change had been made. They said they had altered the meal in response to people, as they preferred vegetable bake, but had not informed everyone. They added; "We always prepare an alternative for people if they wish." We asked the manager to look into the communication around menu options to ensure people were told about any changes.

People were encouraged to personalise their bedroom as they would their own home. We saw people had brought their own furniture, photos and personal treasures when they moved into the home. Staff knocked on doors and announced who they were before entering.

Staff appeared to know about people's family and those who were important to them. One person became anxious about their daughter. A staff member provided reassurance and said they would phone the person's daughter and find out when they were going to visit. Relatives told us they felt welcome to visit anytime and felt relaxed enough to make themselves a hot drink, as they would in their relations' own home. One relative said, "When it was our 30th wedding anniversary they [staff] set up a dining room for us with candles and we had fish and chips which were lovely."

Is the service responsive?

Our findings

At this inspection, we found staff continued to be as responsive to people's needs and interests as at the previous inspection. The rating for 'responsive' continues to be 'Good'.

Care staff spent time with people in everyday activities, such as accompanying them to the garden on the ground floor. One person told us they had a regular appointment at the home's hairdressing salon. People were cheerful when they were with staff, singing together and laughing.

A lifestyle coach was employed at the home to offer people stimulation and engagement each day. There was a schedule of daily planned activities seven days a week. These included planned exercise sessions, trips out and about in the local community, and garden activities including riding a specialist bicycle which allowed people to ride with care staff around a track in the garden. One visitor told us, "The lifestyle coach gets people involved in doing things." Staff supported the lifestyle coach in offering people stimulating activities. For example, we observed a morning 'bingo' game. Staff were enthusiastic and encouraged people to get involved. The game was noisy but was enjoyed by all, with chocolates given for playing and winning. The game progressed slowly to give everyone time to check their cards and people chatted throughout the game.

One person told us about how much they liked pets. We found the provider had introduced pets at The Sycamores. These included a cat, rabbits, fish and caged birds. Where people had individual interests that could offer them stimulation, they were supported to pursue these. For example, one person used to be a builder and liked to use industrial items and tools. They had been provided with a board in their bedroom with locks, switches and bolts to engage them.

Staff told us they gained knowledge about people's preferences from care records, asking the person, their family or by asking other staff. They told us it was vital to know about the person, their history, background and things that were important to them. One said, "It gives you something to talk about," which they explained could put someone at their ease if they were anxious.

A relative told us they were always involved in planning and reviewing their relation's care. Records showed people's care plans were regularly reviewed and updated when people's needs changed. Staff told us the electronic system supported good communication in the home. All personal care people received was recorded on the system so staff and people's family members could see at a glance what care and support had been provided. Information was also passed on verbally and in writing in daily handover meetings so staff knew about any changes in people's health.

Most people and relatives told us they had no complaints about the service but knew how to make a complaint if they needed to and would be confident to raise any complaint with the staff. There was information on display at The Sycamores to inform people how they could provide feedback to staff and the manager. In the manager's complaints log we saw that verbal complaints were logged as well as written complaints. One visitor told us, "I wouldn't have any complaints. I always find the staff helpful when I speak

to them and they can accept a suggestion." The manager had recorded the details of complaints, the results of their investigation and the action they had taken to resolve the issue. We saw they routinely met with the complainant to explain what they planned to do to make sure the action was acceptable to the complainant. We saw the deputy director of operations checked that complaints were dealt with to minimise the risk of the same issue arising in the future.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well-led. The service continues to be rated Good.

People and relatives told us the manager was accessible and a relative assured us, "They have an open door policy and there is a willingness to share relevant information." The manager was supported on a day to day basis by a deputy manager, and a duty manager was assigned each day at the home to ensure there was always management support available to people and staff.

Care staff told us they felt supported by the experienced registered manager and the leadership team because they were always approachable, and they had regular scheduled meetings with their manager. There was a designated manager on site to answer queries, and the home operated an on-call system for supporting staff out of office hours. Comments from staff included, "The managers are easy to get hold of if you need to discuss anything and the residents seem quite happy", "They [managers] are good, there is always somebody available including the evening."

The manager updated staff training, and responded to improve staff skills when they identified staff needed additional training to meet people's needs. For example, one relative raised a concern with us that staff did not always understand how to support their relation who had a diagnosis of dementia, especially at times when they became agitated. We raised this with the manager who told us all staff received training in supporting people with anxiety and dementia; however they were making arrangements for all staff to have refresher training in this area as they had recognised staff skills could be improved. The provider and registered manager explained staff had regular checks on their competency to ensure they had the training and skills they needed.

The provider used innovative tools to support them free up staff time to deliver good quality care to people. The provider had invested in electronic care records systems and electronic medicines systems. All staff had been provided with hand-held mobile devices so they had immediate access to people's care plans and medicines records, and could update records as they completed tasks. Advantages to the system included staff no longer needing to spend time writing up daily records, which gave them more time with people. Each person's electronic care plan included prompts to make sure time-critical actions were taken by staff. For example, when medicines were due to be administered. The electronic care system showed a red flag if actions were 'late'. The duty manager monitored the quality of the service daily through system. The system also provided a new opportunity for relatives to stay fully informed and involved in their relation's care. Relatives had password protected access to an on-line version of their relation's records so they knew how their relative was being cared for.

People were at the heart of the service. The management team had maintained the philosophy and values of the organisation, 'every day should be a day well-lived'. Staff understood the provider's vision and values which empowered them to ensure people were supported to live their lives how they wished.

People, relatives and staff were encouraged and supported to make suggestions for improvements through

regular meetings, surveys and a 'suggestion box'. The provider listened to people's views and took action to improve their experience of the service, for example, people were consulted about refurbishment plans at the home and what they would like to see in the future. Improvement plans included the introduction of spa and relaxation areas and also updates to décor and furniture.

Staff at all levels had a role to play in the provider's quality monitoring system. We saw the results of a continuous programme of checks and audits undertaken by various members of the staff team. The provider monitored the audits and actions taken as a result and conducted their own monthly checks.

Where issues were identified in the provider's checks an action plan was put into place and followed up at each subsequent visit to ensure actions had been taken to make improvements. The registered manager attended regular meetings with other registered managers in the provider's group to share good practice and to discuss plans to improve the quality of the service. One staff member told us, "The managers have meetings and they pass things on to us. New ideas like if a resident is staying in their room all the time, how you can encourage them to come out and get involved in activities. If you keep trying, it will work."

The service was recognised by accredited member of initiatives in care. This showed commitment by the provider to learn from the experience and knowledge of others to enable the best possible outcomes for people who used the service and staff.