

Four Seasons (Evedale) Limited

# The Sycamores and The Poplars

## Inspection report

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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

### About the service

The Sycamores and The Poplars is a residential care home providing personal and nursing care to up to 72 people. The service provides support to people over 18 years of age, older adults, and people living with dementia. At the time of our inspection there were 27 people using the service.

The care home premises consist of 2 buildings; The Sycamores and The Poplars. At the time of the inspection only The Sycamores was being used by the provider as a place for people to live. The provider's regional manager told us that The Poplars was closed and would not be used for people to live in until refurbishment work had been completed. Although people were being supported in The Sycamores building, the provider's laundry and kitchen facilities were in the adjacent Poplars building.

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

People told us they felt safe living in the care home. The provider's policies and procedures, and the training received by staff, helped keep people safe from potential abuse. The Sycamores living environment was well maintained, which helped reduce risks to people. People were supported by staff who understood their care needs. Staff referred to people's comprehensive care plans and risk assessments for guidance when necessary.

The provider used a lot of agency nurses, but aimed to use the same ones where possible, so they understood people's care needs. Staff were safely recruited and their appropriateness to work in care properly assessed. Staffing levels were based on an assessment of the care needs of the people who lived at the care home, and was adequate to meet the needs of the 27 people living in the care home at the time of the inspection.

People's prescribed medicines were safely managed and the provider's infection prevention and control measures were appropriate. The Sycamores was well decorated, clean, and hygienic. People received health care support within the care home, and were also supported to access local primary health care services and specialist health care services when needed.

People told us the meals were nice and we saw that some people had been supported to regain an interest in food again, and gain some weight, as part of their assessed care needs. Mealtimes were relaxed and sociable occasions and people had a choice of menu items at each meal. Some people's health was seen to have improved since they had moved into the care home. People were supported by staff who had received the necessary training to meet people's care needs.

Staff had a kind and considerate approach to people. The care home had a busy but happy atmosphere. People's privacy and dignity was protected when personal care tasks were being carried out, and people were supported to remain independent by doing as much for themselves as they were able.

People were supported to engage in a range of individual and group activities within the care home if they chose to. Families told us they found the manager and staff easy to contact and willing to listen to them if they had any concerns. Complaints and concerns were investigated appropriately and responded to by the manager.

Staff told us they felt supported by the manager and the provider. The manager and staff all understood their roles and how to ensure the service met the regulatory requirements. The provider had a comprehensive quality assessment system in place which helped to keep track of the quality of the service they provided, and to take any necessary action to improve things.

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

The care home had improved since the previous inspection and feedback from people, relatives, and external professionals reflected that.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 14 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider consider current legislation on safe storage and management of medicines to ensure safe practices. We also recommended that the provider considered current guidance on providing a dementia friendly environment for people who were living with dementia at the service. At this inspection we found the provider had acted on the recommendations and had made improvements.

#### Why we inspected

We inspected to follow up on the breaches identified in the previously rated inspection. The inspection was also prompted by a review of the information we held about the service, and feedback received from the local authority adult social services team which indicated the service had improved.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Sycamores and The Poplars

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an inspector, a specialist nurse advisor, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Sycamores and The Poplars is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Sycamores and The Poplars is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had recently left their post. The day to day management of the service was therefore being provided by the deputy manager and the provider's regional support manager. The regional support manager told us they intended to apply to CQC to become the registered manager for The Sycamores and The Poplars care home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people and observed staff interactions with the people who lived in the care home. Where people were not able to communicate verbally, we also observed their body language during staff interactions, to further help us understand their experience of the care they received.

We spoke with 10 members of staff including care staff, senior carers, catering staff, maintenance person, deputy manager, registered nurse, regional support manager and regional manager. We reviewed a range of records. This included 5 people's care records and a sample of medication records. We looked at 4 staff files in relation to pre-employment checks carried out by the provider.

We obtained clarification from the provider to further validate evidence found. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We looked at training data and quality assurance records. We received feedback from 6 relatives of people who lived at the care home. We also received feedback, by phone or email, from 7 staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider failed to protect people from potential harm because their safeguarding processes were not robust. This was a breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at the care home. A person told us, "Yes, I feel safe here. I wouldn't stay if I didn't."
- People were protected from the risk of abuse. The service had effective safeguarding systems and policies in place; and managed safeguarding concerns promptly, using local safeguarding procedures.
- People were supported by staff who understood how to keep them safe from abuse. The provider ensured all staff received safeguarding training and had access to information about how to raise any concerns appropriately.
- Staff recorded any unexplained injuries on the provider's incident record forms. This included body maps, and the manager reviewed the incident reports to determine potential causes.
- The provider robustly investigated any allegations of staff misconduct and took appropriate action. For example, a staff member told us, "On nights we had a concern about a staff member and yes it got dealt with by the manager." This meant staff could raise any safeguarding concerns with their manager and feel confident appropriate action would be taken to keep people safe.

Assessing risk, safety monitoring and management

- People's individual risks were identified and assessed using nationally recognised assessment tools. People's comprehensive risk assessments and support plans were regularly reviewed and updated based on people's changing needs.
- Most staff understood people's individual risks and the support they needed. For example, a day staff member told us, "Yes we do read about all the residents in our care, especially the risks involved." However, a night staff team member told us the night shifts were too busy, and they didn't have the time to read people's care plans. The staff member told us they learned about changes to people's care needs in the daily handover meetings between the day shift and the night shift, and therefore understood people's needs.
- The care home living environment was safe. The provider carried out environmental risk assessments and had appropriate control measures in place to ensure the care home was maintained to a safe standard. This

helped protect people from potential harm.

#### Staffing and recruitment

At our last inspection the provider failed to have safe and effective recruitment and induction processes in place for checking the suitability of agency nurses, and agency care staff, deployed in the care home. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were supported by agency nurses, and agency care staff, who were safely recruited. The manager had copies of the individual agency staff member's profile document available, which provided a summary of each agency worker's pre-employment checks, training, and qualifications. This helped to ensure any agency workers deployed in the care home were suitable to work there.
- The provider used agency nurses to cover many shifts, due to ongoing difficulties in recruiting permanent registered nurses. However, the provider used the same agency nurses where possible, so they became familiar with the care home and the people living there. This helped ensure people received consistent support.
- The provider regularly checked the registration status of the permanently employed, and agency, nurses they deployed in the care home. By checking the Nursing and Midwifery Council register the provider confirmed whether nurses deployed in the care home could practise as a nurse in the UK.
- People were supported by staff, including agency staff, who had received an appropriate induction and training. This helped ensure people received effective support from staff who had been appropriately trained.

At our last inspection the provider failed to deploy adequate numbers of staff to meet people's assessed care needs. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported with adequate numbers of staff to meet their assessed care needs. The manager used a dependency assessment tool to calculate the numbers of staff required on each shift, and we observed the staffing rosters reflected that.
- People told us there were enough staff to support them. A person told us, "[Staff] come when you need them to, it's better than it used to be". A relative told us, "There is always staff available to assist and offer advice where required." A staff member told us, "Managers get cover from agencies if needed but... it's very rare now that we are short staffed."

#### Using medicines safely

- Medicines were safely managed. People were supported by staff who followed the provider's systems and processes to administer, record, and store medicines safely.
- The provider carried out regular medicines quality audits and took action to implement any improvements which were found to be required.

#### Preventing and controlling infection



- People lived in a care home which appeared clean and hygienic. The sitting area and dining room were bright and clean. The décor in the care home was pleasant, and the building smelt fresh and was free from unpleasant odours.
- Staff told us The Sycamores had benefited from recent refurbishment in some areas and a staff member told us, "Since the new head housekeeper has taken over, I can see the home has improved massively!"
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service supported visits, for people living in the home, in line with the guidance in place at the time of the inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed by the provider, using nationally recognised assessment methods. The assessments informed people's care plans and the care people received from staff.
- People received effective care. For example, we saw a person's mobility had improved since they had been admitted to the care home. Staff had supported the person to start walking with a frame again.
- People's care plans were comprehensive, up to date, and regularly reviewed. This helped ensure staff understood how care should be delivered to people.
- Staff understood people's care needs. For example, care staff were able to describe to us a person's needs and how they should be supported. We saw that corresponded with the information in the person's care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff received the training necessary to be able to effectively support the people who lived at the care home at the time of the inspection. The provider had a comprehensive training matrix in place which demonstrated the training each staff member had received, and when refresher training was due.
- Staff completed induction training when they first started work at the service. This included a period of working alongside more experienced staff.
- We observed staff successfully implementing their training in the way they supported people.
- Staff were supported by the manager and provider. A staff member told us, "[The manager] is lovely, and yes, they also help us support people if we need help."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Some people had arrived at the care home underweight and had been supported to achieve a healthier weight by the provider's catering and care arrangements.
- People who required specialised diets had their needs met. The catering team and care staff understood people's individual dietary needs. For example, when a person had been assessed as needing a modified texture diet, the catering team ensured that was provided for them.
- Mealtimes were relaxed and social occasions. Staff knew people's likes and dislikes and interacted with people in a kind and thoughtful manner during mealtimes.
- People were offered a choice of food at mealtimes. A person told us, "They cater for different tastes and give alternatives if you don't like what's on the menu."

Staff working with other agencies to provide consistent, effective, timely care

- The manager worked closely with other agencies. For example, when a local authority social worker contacted the care home to discuss a potential placement for a person, the manager carried out an initial assessment of the person's needs.
- The manager considered the staffing levels, and staff training, at the care home before deciding whether to offer a place. The manager was clear that they would not offer a place to a person if they were not sure the care home could meet the person's needs.
- Feedback we received from the local authority, and other external agencies, was generally positive about the care home, and the improvements they had made in recent months.

Adapting service, design, decoration to meet people's needs

- The care home was purpose built and met people's needs. The decoration of the care home was bright, and the colour schemes appeared generally dementia friendly.
- People's bedrooms were personalised, and the provider enabled people to bring some of their own furniture and possessions for use in their bedroom if they wished. This helped people's rooms feel more homely.
- The care home had an enclosed and accessible garden area, with seating for people to access if they wished to.

Supporting people to live healthier lives, access healthcare services and support

- External health care agencies gave us positive feedback about the care home. For example, a health care professional told us, "I find the staff are friendly, responsive to questioning, appear to be knowledgeable and caring to the residents. I feel the nursing staff and manager will contact the surgery at an appropriate time if they have any concerns about our patients."
- People were supported to access specialist health care support when needed. For example, a person had been supported to improve their physical health since moving into the care home and was now being supported by the provider to access external mental health care support to meet a long standing need.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had appropriate MCAs in place and where DoLS were necessary they were appropriately authorised and recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect by staff. For example, a person told us, "The care staff go beyond basic duties; they are so kind and caring. They show so much empathy and understanding". A person's relative told us, "All the staff at Sycamore appear to be kind and cannot do enough for you."
- A staff member told us, "I love working at the Sycamore as I feel staff genuinely care for the residents, they even care about what is important to the residents, e.g. birthdays, and other events that residents share with us like the birth of grandchildren and great grandchildren."
- People's equality and diversity support needs were identified during their initial assessments and included within their care plans. This helped ensure that people's individual cultural support needs were known by staff so support could be provided appropriately.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views about the care they received. The provider arranged for resident meetings to take place and asked relatives for their feedback on the service.
- Staff asked people for permission before carrying out personal care tasks and explained to them what they were doing and why.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported by staff. For example, personal care tasks were carried out in people's bedrooms, and bathrooms, with the doors closed.
- People were supported to wear clothes which were clean and appropriate. People were well presented which helped preserve their dignity.
- People were supported to choose what activities they wanted to take part in and were also encouraged to continue to do as much as they could for themselves. This way of working, by the care staff helped maintain people's independence.
- The provider had arranged for an external hairdresser to regularly attend the care home for those who wanted that service. This helped, those who wanted it, to receive professional person-centred support with that aspect of their appearance.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were identified and assessed by the provider and care plans reflected those assessed needs.
- People's care plans contained detailed information about each person's individual needs and preferences, their level of independence, and where support from staff was required.
- Staff had a good knowledge of each person and people received the support detailed in their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory support needs were detailed in their care plans, which were used as a guide by the staff.
- Staff took the time to explain things to people and considered people's sensory support needs.
- Signage around the care home was clear and generally in line with recommendations for supporting people who have dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged by the provider's activities co-ordinator, and staff, to take part in a varied programme of activities if they chose to. This included supporting people to engage in reminiscence and memory activities.
- People were supported to maintain links with their families and friends. Visiting arrangements were open and flexible and relatives told us they felt welcomed when they visited the care home.

Improving care quality in response to complaints or concerns

- People were listened to when they raised concerns. The provider had a complaints policy and procedure in place. We saw that concerns were investigated and responded to appropriately.
- Relatives told us they knew how to raise concerns if necessary, but most told us they had not had to do so. For example, a relative told us, "We have had experiences in the past where family have been very badly cared for in a care home. ... However, our experience so far is completely different which is a great relief. We

are very satisfied my [Relative] is in a care home that meets their needs."

#### End of life care and support

- People had end of life care plans in place were appropriate. This information helped guide care staff to ensure the person's wishes were complied with at the end of their life.
- A relative told us the care home staff had been very supportive to them in assisting with the practical arrangements after a person had died. The relative appreciated that considerate and sympathetic approach.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider demonstrated a lack of learning and management oversight of the service, which resulted in people being at increased risk of potential harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the care in The Sycamores was well managed and delivered in a person-centred way. This was an improvement on what we had found in our previous inspection.
- Relatives told us about the positive impact the care received from The Sycamores had. For example, a relative told us, "Since my [Relative] went into Sycamore Nursing Home, we have noticed an increase in their care by the excellent staff at Sycamore."
- Some people's physical health had improved as a result of the care they received. The provider's care records demonstrated that some people had been supported to regain an interest in eating again, gain appropriate weight, and increase their mobility, since admission into the care home.
- The provider had temporarily closed The Poplars building so they could concentrate their staffing resources in The Sycamores. That had helped improve the consistency of person centred care which people received in The Sycamores.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us that the managers and staff at the care home were contactable and had an open approach to sharing important information with them.
- When incidents occurred, involving people, the manager ensured that relevant people were notified, such as the next of kin. Relatives confirmed to us that they were routinely contacted by staff if incidents or accidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality monitoring processes had improved since our last inspection. Quality monitoring processes identified areas for potential improvement and these areas were included in the provider's

continuous improvement plan. Appropriate actions to make the necessary improvements were then taken. We saw that was effective.

- The quality of care records and care plans had improved and were more consistent.
- Safeguarding incidents had been analysed and investigated thoroughly by the managers of the care home.
- Minor shortfalls in staff recruitment records, and agency staff profiles, had been identified by the provider's own quality assurance processes and the provider was already addressing those issues at the time of the inspection.
- Environmental audits and maintenance issues had improved since our previous inspection. All environmental checks were up to date and we saw evidence of action which had been taken previously, and the provider's processes for carrying out regular health and safety checks. This helped ensure people were living in a safe environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they felt listened to by the manager and care staff. The activity co-ordinator held residents' meetings so people could give their feedback on their care, as well as the catering arrangements, menus, and activities.
- The manager had routinely sought feedback from people's relatives and was looking into ways of increasing the engagement from relatives in satisfaction surveys.
- Most staff told us they felt supported by their manager and the provider. We saw there was a busy but happy atmosphere in the care home; with staff having a positive attitude towards the people they supported and each other.

Working in partnership with others

- The manager worked closely with external health and social care agencies. We received positive feedback from external agencies about the care home and their responsiveness to advice and guidance.
- The care home had links with local primary health care services, such as GPs, dentists, and pharmacists.