

European Lifestyles (B) Limited

# The Sycamores Nursing Home

## Inspection report

The Sycamores  
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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

The inspection took place on 15 March 2016 and was unannounced. We carried out an inspection in June 2014, where we found the registered provider was meeting all the regulations we inspected.

The Sycamores Nursing Home is in two adjoining Victorian houses which have been converted to provide accommodation for 15 people with a mental health illness. It is situated in the Harehills area of Leeds close to the busy junction of Harehills Lane with Roundhay Road and a range of local amenities. There is a small garden and courtyard parking area to the rear of the building. The facilities are spread over four floors and there is no lift access.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines safely.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. Staff received the training required to meet people's needs and had attended supervision meeting, however, these were not carried out in line with the registered provider's policy.

Staff said people were supported to make decisions and where people did not have the capacity decisions had to be in their best interests. The registered manager told us there was no one living at the home that was subject to a Deprivation of Liberty Safeguards authorisation.

People were provided with a choice of food and drink options ensuring their nutritional needs were met and people's mental and physical healthcare needs were monitored as required which included appropriate referrals to health professionals when required.

There was opportunity for people to be involved in a range of activities within the home or the local community. People were able to choose how and where they spent their time.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff had good relationships with the people living at the home. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their

views about the home.

The service had good management and leadership. The management team investigated and responded to people's complaints, according to the registered provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home. There were effective systems in place to monitor and improve the quality of the service provided, however, action plans were not always up to date.

## 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.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and identified as part of the support and care planning process.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust.

People's medicines were stored safely and they received them as prescribed.

### Is the service effective?

Good ●

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision, however, this was not always in line with the registered provider's policy.

Staff we spoke with could tell us how they supported people to make decisions. People were asked to give consent to their care, treatment and support. The registered manager told us there was no-one subject to a Deprivation of Liberty Safeguards application or authorisation.

People's nutritional needs were met. The menus we saw offered variety and choice and people had regular access to healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy and relaxed atmosphere.

People told us they were happy with the support they received and their needs had been met.

Staff understood how to treat people with dignity and respect and were confident people received good care and support.

### Is the service responsive?

Good ●

The service was responsive to people needs.

People's support plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Complaints were responded to appropriately and people were given information on how to make a complaint.

### Is the service well-led?

Good ●

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were followed up; however, action plans were not always up to date.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through meetings, questionnaires and interactions with the registered manager and staff.

# The Sycamores Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 15 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of people living with mental illness. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 15 people living at The Sycamores Nursing Home. We spoke with three people who used the service, one relative, two staff and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's support plans.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a document that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "I feel safe now than when I first came to live here." Another person said, "I am as safe as anywhere else." A third person told us, "I am safe here." A relative told us, "[Name of family member] is safe here."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us they had completed safeguarding training and the records we saw confirmed staff had completed safeguarding training in 2015 and 2016. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff said they were able to raise any concerns with the registered manager knowing they would be taken seriously. They told us they were aware of the services whistle blowing policy and would not hesitate to use it. These safety measures meant the likelihood of abuse going unnoticed were reduced.

We saw written evidence the registered manager had notified the local authority and CQC of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

We looked at two people's support plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included people's health and mental health risks. There were management plans in place to manage these risks. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw emergency lights and fire panel checks had been completed. We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency.

There were several environmental risk assessments carried out, for example, Christmas safety, pet cat support, fire safety, lone working, smoking and loss of power. The registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly. We saw maintenance records included window restrictor, extractor fans and call bell checks were carried out. On the day of our inspection we saw water temperatures in the bathrooms were checked.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. One person told us, "There is enough staff during the day and night."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 15. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours and on occasion they used bank staff but had not used agency for two months. Staff we spoke with confirmed this. The registered manager said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. The registered manager told us they had not recruited many new staff as they had a very long serving staff team. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about people. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

People we spoke with said they received their medication on time and when they needed it. One person said, "I take my own medication, the dossett boxes are a pain, they are too big for my bag. I have regular reviews of my meds." Another person told us, "Nurses give me my medication, I can't take it myself." A relative told us, "[Name of family member] gets his medication regular."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and there was detailed medicine and allergy information.

We looked at medication stocks and found there were sufficient amounts received by the home for each person who used the service. We saw the medication was stored in a locked cabinet in people's bedrooms. One staff member told us they had changed the way the medications were managed and this was now a much better process. One staff member told us the medication process was safe.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

People were asked if they required pain relief if they were prescribed 'when required' (PRN) medication. We saw a PRN protocol was in place. We observed the administration of a controlled drug by two staff members. Both staff members checked the medication and signed the controlled drug register. We saw controlled drugs were stored in a locked cupboard in the front office which was kept locked at all times. The controlled drugs were all checked and all were correct.

We were told by a staff member they undertook regular audits of medication management. Staff told us they had received medication training. The records we looked at confirmed this.



# Is the service effective?

## Our findings

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received supervision, however, we noted staff supervisions were not completed in line with the registered providers supervision policy. The registered manager told us they would review this immediately. We saw staff had received an annual appraisal in 2016.

We looked at staff training records which showed staff had completed a range of training sessions. These included fire safety at work, first aid, food safety, health and safety and infection control. We saw some staff also completed specific training which helped support people living at the home. These included introduction to bipolar disorder, introduction to schizophrenia and conflict resolution. Staff we spoke with told us they had completed several training course during 2015/2016. The registered manager had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff.

We were told by the registered manager staff completed an induction programme which included orientation of the home, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction.

The PIR stated 'we will provide more training for staff on recovery and offer more interventions to our residents around skills for life'.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The registered manager told us staff had completed Mental Capacity Act (2005) training as part of the dementia session. The records we looked at confirmed this. They also told us future Mental Capacity Act (2005) training would be incorporated into mandatory training such as Deprivation of Liberty Safeguards training.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. We saw documented information in people's support plans where people had consented to their care and support. These included, consent to use a photograph, consent to share information and night checks.

The registered manager told us there was no-one subject to a DoLS authorisation. They told us if this changed then we would work with and seek advice from the local authority.

The PIR stated 'in 2015 we introduced some new mental health specific documentation and support plans. In 2016 we will audit the new files to ensure they meet required standards'.

People we spoke with in general were complimentary about the quality and quantity of food offered. One person told us, "We have two choices of food and the menu has just been reviewed." Another person told us, "I like the food here it is alright." We spoke with the chef who told us, "Residents like the menu and if they don't I can make something else. Some of the residents come in and help me cook sometimes." They also said they were able to provide specific meals if people wanted them. For example, one person liked curries and this was catered for.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their support plan. We found drinks and fruit were available for people throughout the day. We saw weekly menus were available in the home and these included healthy options.

We observed the lunch time meal in the dining room and saw this was calm and relaxed. However, we noted the dining room was very cold and uninviting. We saw people tended to eat and go and did not use the room to socialise or interact with other people who used the service. The registered manager told us they were aware of the situation with the dining room. They said this had just recently been painted and were in the process of adding new curtains and pictures. However, they said they would review this again.

We saw the registered provider involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists, dentists and opticians. Appointments were documented in people's support plans and these included hospital and community psychiatric nurse appointments.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. One member of staff told us, "A chiropodist and optician come in when needed."

# Is the service caring?

## Our findings

We received positive feedback about the home from people living at the home. People told us they were happy living at the home. One person said, "It is a nice home, nice workers and carers, I have a home now, I get on with everyone here, it is better than been on the streets." Another told us, "I like the staff and the residents are not bad either, I don't think I should be here but as I am this is the best place to be, hands down." A third person, "Sometimes the staff are caring, sometimes they are not. I can't really explain why they are not."

Staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. For example one staff we spoke with told us, "People are well looked after and get the support, it is their home."

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. We observed staff giving support to people throughout the inspection and they were respectful and treated people in a friendly way. We saw positive interaction between staff and people who used the service. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. We saw one staff member had spent some time chatting with one person and this had a positive impact on their day. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information at one time.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During our visit most people spent some time away from the home. Within the home, the premises had areas which allowed people to spend time on their own if they wished.

People living in the home were given appropriate information and support regarding their care or support. We saw copies of the statement of purpose and the terms of residency were available to people. We looked at support plans for two people living at the home. There was documented evidence in the support plans the person and/or their relative had contributed to the development of their support and care needs.

The PIR stated 'Sycamores have a strong structure for ensuring the service is caring and responsive. The manager attends weekly community meetings and actively asks residents to report any concerns they have about their treatment' and 'the on-going development of a caring culture within the service will be further enhanced by using the results of the resident's survey to implement a service user strategy. We will to increase involvement in areas such as recruitment, maintenance and developing new menus'.

Staff treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. One staff member told us, "We always knock on people's doors." We noted one person gave a staff member a private letter by mistake; this was noted by the staff member and returned to the person immediately without reading it.

People told us they were treated with respect and their privacy and dignity was also respected. One person told us, "Staff always knock on my door before coming in."

We saw relatives and visitors were able to visit without restriction.

We noted the home was odour free and clean throughout. People's bedrooms were personalised and nicely decorated with pictures, photographs and ornaments. One person said, "My room is ok, I can make it my own." Another told us, "I can personalise my room."

## Is the service responsive?

### Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

People's support plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. For example, we saw people had a 'my well-being and recovery plan' which included 'making the most of my time', 'my triggers' and 'early warning signs'. They highlighted what people could do on their own and when they needed assistance from staff. We saw evidence of support plans being reviewed regularly, the reviews included all of the relevant people and relevant changes or events were recorded. Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

People received support and care which was personalised and responsive to their needs and were aware of their support plan. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. One person said, "I have a care plan that I have gone through with my key worker. I agree with what goes in there." Another person told us, "I have a care plan and I feel involved in it."

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. We saw some people spent time in the home watching television, spent time in their room or went out for the day.

We saw there was an activity programme for the week that people could join in with if they wished to. These included, music night, cinema trip, darts contest, takeaway night, morning walk and church. One person told us, "I go to the day centre, play games and sometimes go to the cinema or park." Another person said, "I like shopping, baking and cleaning."

We saw the complaints policy was displayed in the home and this was in a pictorial format. Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

One person told us, "I tell staff if I have any worries and they deal with it, they are very caring." Another person told us, "I know how to make a complaint. I have done this in the past and they have been dealt with. Concerns get dealt with by staff." One relative we spoke with told us, "If I have a problem I will speak with

[name of manager]. Manager gets stuff done."

## Is the service well-led?

### Our findings

The service had a registered manager at the time of the inspection. The registered manager was supported by a team of nursing and care staff.

Staff spoke positively about the registered manager and they were happy working at the home. Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care. One staff member said, "The manager is a good listener. If we have any problems we can go and chat to him. I love every day, every day is different." One relative we spoke with said, "I am happy with the manager." On the day of our inspection we saw the registered manager speaking with several people who used the service and we noted they listened and gave people plenty of time to discuss their issues.

We saw internal quality audits which included infection control, medication, health and safety and maintenance checks. We also saw monthly registered provider reports, which included number of falls, incident of aggression and activities. We saw action plans were completed as a result of the audits; however, it was not always evident if the actions had been completed. The registered manager told us they actions had been completed but action plans had not been updated. They said they would address this immediately.

The PIR stated 'we have had health and safety audit at the beginning of the year that generates actions and environmental improvements in line with most recent health and safety best practice requirements' and 'a new electronic quality management tool radar is been introduced. This records incidents, complaints and compliments. It notifies the manager of actions and cannot be signed off until all actions completed. The tool also includes an audit function. I will also train staff in the use of the radar quality management tool. This will empower the more senior staff to be more involved in auditing and the reporting and managing of complaints and compliments. The service has been provided an iPad on which audits can be conducted and uploaded to radar web application'.

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff told us they held monthly meetings. We looked at the staff meeting minutes for January and February 2016 which included discussion about training, cleaning, recruitment, incidents, the implementation of 'radar', which was a quality management tool to record real time management of all events. One staff member told us, "We have regular meetings and I can put my ideas across and the manager listens to everything I say."

We saw community meetings were held weekly. We saw the minutes from the January 2015 meeting which included concerns over borrowing money and lending money, future accommodation, water dispenser and

the GP closing. Actions and comments were recorded and actioned. Comments received from the 2015 relative's questionnaire included, 'just knowing that he is getting the best care you are already giving him' and '[name of person] is happy and reasonably content'. The PIR stated 'staff, resident and carer surveys will be conducted to gather feedback on the effectiveness of our services. Action plans will be developed from feedback gained'.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The registered confirmed there were no identifiable trends or patterns in the last 12 months. We saw safeguarding referrals had been reported and responded to appropriately.

The PIR stated 'in reaction to feedback from our commissioners and residents we are looking to provide an improved recovery pathway for people who have benefited from the service and wish to move on. This is likely to include providing supported living options'.