

Prime Care (UK) Limited

Sylvan House Residential Home

Inspection report

2-4 Moss Grove
Prenton
Wirral
Merseyside
CH42 9LD

Tel: 01516081401

Date of inspection visit:
17 June 2019
18 June 2019

Date of publication:
19 July 2019

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

Sylvan Residential Home is a residential care home providing personal and nursing care. The home accommodates up to 20 people in adapted premises. It does not provide nursing care.

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

Feedback from people living in the home and visitors was all positive. People had developed positive and friendly relationships with the staff and staff could tell us about people's likes, dislikes, interests and the support they needed.

Improvements had been made to the environment since the last inspection and additional improvements were planned.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. However, we found that one care file was audited per month. We discussed that this was not sufficient as risk changes and the current process meant that it would take 20 months to check all files. This was actioned immediately.

People were recruited safely, however documentation did not always reflect the processes taken.

Staff received regular training, received supervisions, attended staff meetings and had regular practice checks.

Medication needs were assessed and medication was only given by staff who were trained to do so. Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management.

There was a programme of meaningful activities available for people living in the home and we received positive feedback from people and their relatives regarding this. People and their relatives gave consistent, positive feedback about the service. This included the approach of staff, the food, the events that took place in the home and the accommodation.

The registered manager and provider made effective use of internal and external audits and other sources of information to review and improve practice. People were able to give their opinions on their care service and a range of communication methods were in place to ensure people continued to have this opportunity.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately. There was an infection control policy in place to minimise the spread of infection, all staff were provided with appropriate personal protective equipment such as gloves and aprons. There was also a series of

health and safety checks in place to ensure the building was safe.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 05 June 2018) and there was a breach of the Care Quality Commission (Registration) Regulations 2009: Regulations 16 and 18 because the provider had failed to notify CQC of deaths and other occurrences at the home. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylvan Residential Home on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Sylvan House Residential Home

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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector and one 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.

Sylvan House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available during the inspection, however the deputy manager was on site for both days of inspection.

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at information available from Healthwatch prior to carrying out the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We also sought feedback from the local authority.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the deputy manager, care workers and the chef. We also spoke with a visiting social worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also asked for additional information surrounding external audits, this information was sent through to the inspector immediately following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- During our last inspection we identified that improvements were needed to the environment. At this inspection we saw that improvements had been made to the kitchen and a new sluice area had been installed.
- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- During the inspection we identified that the external environment had rubbish bags and a multitude of cigarette ends in it. There is also additional debris that needs to be addressed and made safe. This was discussed with the deputy manager and had been actioned by the second day of inspection. The deputy manager told us that there were additional plans in place to improve the external area.
- Risks to the environment had also been assessed to help ensure people were safe. The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
- The home had recently been inspected by the food standards agency and had achieved the highest score of five.
- There were risk assessments in place to ensure staff were safe when working alone and each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- We looked at two recently recruited staff. These staff had been recruited safely however, we found that some documentation had not been fully completed. We discussed this with the deputy manager who was able to clarify the recruitment processes that had been followed. We also discussed the importance of appropriately documenting the recruitment processes.
- Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.
- Feedback received from staff, people living in the home and relatives indicated that staffing was sufficient.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt very safe living in the home. Comments included "I can't come to any harm,

they are so good" and "Yes, all the staff are good. They look after you."

- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training that was regularly updated.
- Relatives we spoke with told us that they felt their loved ones were safe. One relative told us "Yes, she has a history of falls and epilepsy and we know she gets 24-hour care here" another relative told us "Yes, she gets good care and is very happy."

Using medicines safely

- Medications were stored securely, and medication was only administered by staff who had the correct training to do so.
- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the registered manager which enabled them to analyse trends.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During the last inspection we had identified appropriate DoLS applications had not been made. At this inspection we found that this had improved and that the provider was working in line with the principles of the MCA.
- Staff obtained consent for people's care and support and people were supported wherever possible to make their own decisions.
- Where necessary, the provider had evidence of the legal documentation needed when relatives or others were making decisions on behalf of a person living in the home.

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

- People were supported by staff who knew them well and supported them in a way they wanted.
- People's needs were assessed before admission to service. The provider used 'trusted assessors'. 'Trusted Assessor' schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital. It is based on providers adopting assessments carried out by suitably qualified 'Trusted Assessors' working under a formal, written agreement.

Staff support: induction, training, skills and experience

- New staff were supported to complete an induction process. We looked at the induction and saw that it

covered essential value-based materials that supported the introduction to the home.

- Agency staff were also expected to complete an induction into the home.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.
- We spoke with the external training provider who told us that they had worked with the registered manager to develop a programme of training for the staff. Staff we spoke with told us how they were encouraged to complete their Health and Social Care diplomas.

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

- We were able to experience the lunchtime experience. The dining room was a very pleasant environment. The tables we set with colourful cloths, glasses, napkins, cutlery and a menu. There were vases and flowers on each table. The tables and chairs were roomy and comfortable. The atmosphere was pleasant, people chatted together and no one was rushed. A compilation CD was playing of sixties music which people enjoyed. A few sang along to some of the tunes.
- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs. For example, food which was soft.
- People told us they had enough to eat and drink and had a good choice of food. One person told us "If I don't like what is on the menu they'll do me something different" another said "It's excellent. I can't fault it and there is some good choice" and "They are pretty good. I have a full English, sometimes in the dining room or in my room."
- Each month the chef went to each person and asked them if they wanted any changes. People's likes and dislikes were documented in their care files. Staff we spoke with were able to tell us about people's dietary needs.
- When it was appropriate, if necessary, referrals were made to the GP or dietician for advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.
- There was a 'ward round' in place where a GP would visit the home at a specific time to visit their patients. This reduced the amount of calls made to the surgery and reduced the anxiety of people having to visit a GP surgery.

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

- Equipment was in use to support people to move around the home independently.
- We saw that there were sufficient communal bathing facilities that was accessible for those living in the home and people were able to personalise their rooms.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- We observed staff supporting people, accessing facilities, giving medication and drinks and snacks. Care was given kindly and promptly and staff interaction with people indicated familiar and mutually respectful relationships.
- Each person we spoke with said they like the staff who look after them and they are caring and respectful. Comments we received included "Yes they are all kind, it's excellent the way they treat people", "Yes they help me and I get whatever I want", "Yes they are kind and always calm so people get seen to" and "They are good, if you need anything from the shop they will get it."
- We also spoke with relatives who were also very positive, Comments included "There is no doubt about it, they are good here and we have no concerns. I was worried when she came in but now I am relieved as they are so nice", "Their attitude is really good, they are nice and never abrupt with residents", "The staff are fantastic, she has come on so much since she has been here her face lights up when staff walk in. She is very happy here" and "She came in short-term but likes it so much she is going to stay."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- We asked people if they were able to express their views and we were given examples of this happening. We were told "I go down to breakfast in the dining room sometimes or stay in my room. It's my choice", "I decide when to go to bed. It might be elevenish" and "I get up when I want and go to bed when I want."
- We saw how the staff had implemented 'flash cards' in an attempt to help one person communicate their wishes and choices with ease.
- One person told us how they attended a meeting with the registered manager where they discussed what needed changing regarding their care.
- We saw how meetings were held with people living in the home where they could put forward their opinions. We saw how a discussion had been held on whether people wanted staff in uniforms or their own clothes. The agreement was uniforms. We also saw discussions on preferred activities.

Respecting and promoting people's privacy, dignity and independence

- Each person we spoke with felt their privacy and dignity was always respected. One said, "They are always respectful and knock before they enter my room."
- People living in the home who we spoke with told us that they were encouraged to do what they could for themselves. People were encouraged to retain their independence by staff and others were supported to do

as much as they could.

- Care plans documented how to encourage a person's independence. For example, one file told us how a person liked to be independent in regard to personal care and will tell staff what they can do for themselves. One relative told us "Yes, they get her out in the chair and get her to walk." Another example was how one person was able to access shops independently but with the phone number of the home in case of emergencies. This was the least restrictive option.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 individual needs had been assessed and care plans developed to meet those needs.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. An example of this was how one person accessed the pub when they wanted or another person who wanted to go shopping independently.
- The deputy manager and staff knew the people they supported well, including their dietary needs and preferences and activities they preferred. We were able to discuss people's needs in depth with staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support of glasses. We also saw how people had their first language recorded.
- We were told by the deputy manager how they had accessed translators to ensure people were able to be given information they could understand.

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.

- An activity co-ordinator was employed by the provider and there were a range of activities available to people to access.
- We were told by one person how they call the numbers at bingo. Two people who were bed bound told us they enjoyed the activities that were available to them. We observed armchair exercises, games and bingo during the morning and during the afternoon there was a sixties quiz which everyone joined in and seemed to enjoy.
- All relatives we spoke with felt there were enough activities available that were varied and enjoyable.
- Relatives we spoke with told us how there was no restrictions on visiting and that the home communicated with them regularly.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home.
- People told us they knew how to make a complaint should they need to, and relatives agreed.

- The deputy manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- However, the deputy manager told us how they would support people wishes and we were provided with the providers end of life policy.

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

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

- During the last inspection the provider had been in breach of regulation as they had failed to notify CQC of deaths and other occurrences at the home. At this inspection we found that this had improved and the provider was now notifying us of incidents appropriately.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Ratings from the last inspection were clearly displayed within the home as required.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were supported to express their views and contribute to the development of the service at team meetings and handovers. The staff that we spoke with said that they could approach the registered manager and deputy manager at any time. One staff member said, "I could go to them about anything" another staff member told us how much they loved working at Sylvan House as it was like someone's home and the people living there were at the centre of the home.

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

- We identified that one care plan was audited a month. This was not sufficient as this meant that potentially it would take 20 months to audit the support and risk management for each person living in the home. We discussed this with the deputy manager who informed us that this would be actioned immediately.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- External audits had been carried out by other agencies such as pharmacy and infection control. We saw that action plans had been developed and improvements made.
- During the inspection we gave feedback on our findings and we saw that the deputy manager was

responsive and acted on the feedback given immediately.

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

- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
- People had the opportunity to give feedback regarding their care and we saw a 'You said, we did' document that stated how the home had acted on suggestion made by people living in the home.