

Bondcare (Darrington) Limited

Sycamore Park Care Home

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sycamore Park Care Home is a residential care home providing personal care for up to 46 people. The service provides support to people with a range of needs, including those living with dementia. At the time of our inspection there were 41 people using the service.

Sycamore Park accommodates 46 people across three separate floors, each of which has separate adapted facilities. The middle floor specialises in providing care to people living with dementia.

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

People felt safely supported and there were secure relationships with staff who knew them well.

Consistent staff deployment was in place to meet people's individual needs. Recruitment practices were robust to help ensure staff were suitable to work with vulnerable people. Individual risk assessments were documented in care plans and people's safety was considered well. Safety related training was completed, and staff were confident in their abilities to keep people safe. Medicines were managed safely overall. Infection prevention and control measures were in place and known by staff, people who used the service and their relatives. Clear information about COVID-19 was continuously shared and practice was in line with current guidance

Staff felt fully supported through supervision and training, which was relevant to the needs of people living in the home. Staff were clear about their roles and responsibilities and there was effective teamwork evident. People enjoyed their meals and their nutritional and hydration needs were well met.

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.

People were very at home in the service and their dignity was promoted well. There was an exceptionally welcoming, friendly, homely atmosphere throughout the home. Staff in all roles were passionate about the people living at Sycamore Park and were highly committed to ensuring the best outcomes for individuals. Staff understood the unique and individual needs of the people they supported and treated them with the utmost respect. This mirrored the care and support given to the staff by the management team, who recognised the effects of valuing staff in order for them to deliver high quality care.

People were very happy being supported by staff who knew their likes and dislikes, as well as personalities. Records of people's care and support were written in a person-centred way.

Consideration was given to how people could be best supported to undertake activities, in ways which were meaningful to them. The activity co-ordinator was enthusiastic and motivational, encouraging people and their families to join in with a range of activities. Families told us the service met the needs of their relatives.

There had been recent changes to the management of the home and there had been a temporary absence of a manager until the new registered manager came into post. Continuity of leadership had been maintained by the deputy manager and senior management. Staff spoke highly about the management team and said the changes had not impacted on the quality of care delivery.

Staff felt listened to, involved and valued. Families felt very informed and included, which was evidenced by their feedback and the high levels of communication throughout the service.

There was a clearly set out governance model. Quality checks were consistently carried out, and there was close oversight of the service. The values and vision of the service were known by staff and embedded in the service.

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

Rating at last inspection The last rating for the service under the previous provider was Good, published on 4 January 2019.

We had carried out a short inspection during the COVID-19 pandemic in April 2021, which had given assurance about infection, prevention and control in the service. This inspection was not rated.

Why we inspected This inspection was prompted by a review of the information we held about this service.

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?

Outstanding ☆

The service was exceptionally 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.

Sycamore Park Care 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 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 service was inspected by one inspector.

Service and service type

Sycamore Park Care Home 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. Sycamore Park Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff, including the registered manager. We carried out observations of care.

We reviewed a range of records. This included two 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 requested some documentation to be sent for us to review remotely.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to individuals were assessed and monitored, with safety measures put in place where necessary. People said they felt safe. One person said, "I know they [staff] are looking out for me. It's reassuring to know someone is always there."
- There was clear maintenance and oversight of the safety of the premises and equipment, as well as staff practice to support people safely.
- Staff understood how to identify and act upon information of concern. They were confident in the safeguarding procedures to protect people from the risk of abuse. One member of staff said, "I wouldn't hesitate to report any concerns. I know for sure they would be dealt with, but if I was in any doubt, I would raise this with the safeguarding team."
- Safe systems and processes ensured people's care was delivered in line with their assessed needs and preferences. Staff knew the equipment people needed for their safe care, such as walking aids, and made sure this was in place at all times.

Staffing and recruitment

- Robust recruitment procedures were followed to help ensure staff were suitable to work within the home.
- Staffing levels were appropriate to meet the needs of individuals, with ancillary staff fully supporting the care team.
- Some people, relatives and staff said they thought staffing levels could be improved, particularly where people were living with dementia. We discussed this with the management team, who assured us the staffing levels were matched with people's dependency and under continuous review.
- Staff had appropriate support and development opportunities, and their competency was monitored to ensure safe practice

Using medicines safely

- People had safe support with their medicines and they said they had these when they needed them. There were clear procedures in place to ensure current legislation and guidelines were followed for safe medicines management.
- Medicine records were mostly well maintained and in line with guidelines, although one person's hand written medicine record was only completed by one member of staff. This meant there was no second check evident to ensure the medicine was accurately transcribed. Where topical creams were prescribed, it was not always indicated on the records where on the body these needed to be applied. Staff gave prompt assurance this would be addressed.
- Staff were confident in their abilities to support people with their medicines and they understood when

people might need additional support or referral to their GP.

- Where people were living with dementia, staff were sensitive to the ways in which they may communicate pain, such as through their moods and behaviours, and ensured pain relief was considered.
- For medicine needed 'as directed' or 'as required' it was not always clear about the directions or exact dose to be given. For example, 'one or two tablets as required' did not give clear guidance for staff to know how many. The registered manager gave prompt assurance they addressed this after the inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 discussed the very occasional observation where face masks were not worn securely and received assurance this would be addressed.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Visitors were being welcomed back into the home, following COVID-19 restrictions being relaxed.

Learning lessons when things go wrong

- There was a lessons learned log and information from this was shared with staff at regular meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 needs and choices were assessed and delivered in line with good practice guidance. Where assessments highlighted the need for specialist equipment to support individual care, this was provided through timely referrals.
- Staff kept people's needs under review and understood when reassessments were needed.
- The provider continuously reviewed people's needs in order to determine their levels of dependency and staffing.

Staff support: induction, training, skills and experience

- Induction, training and supportive discussions enabled staff to feel confident, valued and empowered. Where staff were new to their role they said they felt supported through shadowing opportunities and a culture in which they could ask questions.
- Staff were clear about their roles and responsibilities and confident any further training needs would be supported.
- Staff told us they had regular training and supervision and they were complimentary about each other's skills. One member of staff told us they valued the experience of their colleagues and this helped them learn in their role, as well as the regular training offered.

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

- People's nutritional needs were discussed with them and met well. People enjoyed the meals in the home. One person said, "Oh the food here is wonderful, I want for nothing." Another person said, "I'm looked after well, never hungry in this place." One relative told us, "There are nice meals and I know my [relative] enjoys them."
- Where people needed support with their meals, staff encouraged and assisted them as appropriate. Staff knew people's food preferences and supported them with their choices.
- Close monitoring of people's weight and dietary intake was maintained to inform the support they needed from staff or other professionals.

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

- There was clear evidence of routine healthcare, for example through GP and local healthcare team support.
- Staff knew who to make referrals to if people needed more specialist support, such as speech and language therapists and physiotherapy teams.

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

- The home was adapted to meet the needs of all the people living at Sycamore Park. The three units provided appropriate décor, signage and orientation, whilst encompassing a homely environment and depending upon the needs of the people living on each of the three communities. There were extensive resources throughout the home for people to access to support their meaningful occupation, hobbies and interests.
- The garden area was accessible to people and their families, and provided areas of interest and sensory stimulation. Communal lounge and entertainment areas were available and well as people's own rooms, which were highly personalised.
- The service involved people and families in their suggestions about how the environment could be improved.

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 were consulted and supported to make choices for themselves. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- People's mental capacity was regarded and recorded, with evidence of best interest decision making where necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This means people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Sycamore Park had an exceptional culture where kindness and understanding of the unique value and respect for each individual flourished. It was strongly evident that every person, member of staff and visitor was treated with a high degree of kindness, compassion and respect. Staff were observed to be completely dedicated, highly motivated and passionate about providing support in line with the unique needs and wishes of each person, recognising their individual qualities and abilities.
- People's need to maintain and develop relationships with others was given paramount importance. We saw meaningful friendships between people who lived in the home, and highly supportive connections with staff, as well as proactive encouragement for people's families to be welcomed and involved. People spontaneously hugged staff and staff responded affectionately. It was strongly evident through meaningful conversations, staff knew who and what mattered to each person.
- One person living with dementia expressed a personal wish to dance with their partner, although they were no longer able to live together. Staff organised an individual Valentine's day dinner dance for them and invited their partner to the home for the occasion. The person's wish was fulfilled and they were able to dance and sing to their partner, with the utmost discretion from staff who were on hand to support.
- People consistently gave high levels of praise for the staff. One group of people were seated together in discussion. They told us this was where they liked to regularly meet 'to enjoy a cuppa each other's company and chat about our lives'. One person said, "I don't think of them [staff] as my carers, more as my family" and another person said, "Home is where you are surrounded by those you love, and who love you. This is home to me."
- The excellent care and compassion delivered by the staff, was mirrored in the way in which staff themselves were highly supported by the management team and the provider. Staff felt extremely well cared for, respected and supported to express their views, which in turn was reflected in their professional, caring and respectful approach to meeting people's individual needs.
- Staff went over and above to understand and promote people's cultural connections. For example, one person accessed a community centre where they were able to meet up with people from their local community and they do Jamaican cultural and historical hobbies. Equality and diversity was actively promoted with regular community engagement, such as LGBT awareness raising events.

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

- People were fully consulted and involved as partners in their care, both informally and formally, such as through residents' committee meetings. Staff asked people about their day to day preferences, such as where they wanted to eat their lunch, as well as their longer term goals and aspirations. Staff observed

people's rights to vote in the forthcoming elections.

- The service was exceptional at helping people to communicate so that staff and managers at all levels understood their views, preferences, wishes and choices. There was a 'golden ticket' system in place which frequently recognised and highlighted when staff went above and beyond in supporting people. This enabled exemplary practice to become a cultural expectation through being consistently celebrated.
- Staff knew each person very well and as such, they understood each person's abilities to communicate and express their views. Staff demonstrated the utmost patience when people struggled to communicate verbally, and gave them time to make their views known, actively listening and observing facial expressions and body language. One member of staff told us, "We know people really well, they are like family, so we get it when they are happy or if something isn't quite right."
- One person living with dementia, knew morse code, so staff trained themselves specifically to be able to communicate with them in this way and also created a code quiz for the person. The enjoyment gained from the person in engaging with this activity reduced their anxiety and helped them communicate better.
- The activity co-ordinator was highly committed to maximising opportunities to support people's positive mental health and well-being. They spent time understanding people's backgrounds, their 'favourites' and their hobbies and interests. The service carried out a 'My Sycamore Park Wish' activity and staff made this happen. For example, people's wishes were, 'have a teddy bear', 'raise money for Africa', 'see a dog' and 'have a grilled fish', all of which were fulfilled.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and personal space was highly promoted and staff fully consulted with people, for example, about whether they wanted their door open or closed, and whether they wanted to stay in their room or visit the communal areas.
- People's personal appearance was given particularly high priority and they were extremely well presented, with smart, well cared for clothing and neat hair. One person told us their appearance was very important to them and they enjoyed wearing co-ordinated clothes and accessories. They said, "It's important to me to look my best every day; it makes me feel nice." One relative told us, "[My relative] is always so well dressed, this is exactly how they were when they lived independently."
- Opportunities were fully maximised to promote people's independence. Staff actively encouraged people to do as much for themselves as they could, and demonstrated the utmost patience. For example, one person who was recovering from an injury was supported to walk to the dining area. Staff walked alongside them giving words of encouragement and engaging them in happy banter to make the task more enjoyable.
- Without exception, staff acknowledged and greeted each person warmly with friendly expressions, gestures and kind words. They knocked on people's doors and consulted with them about the support they might need, and were polite and respectful at all times." When entering a room, or walking close to a person, staff took the time to address each person with individual meaningful regard and attentively listened to their response. Staff fully promoted a culture in which there was clear emphasis on Sycamore Park being people's home, and as such staff conducted themselves with the utmost respect for the people living there. This was highly evident and embedded in every aspect of service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Care plans and records were maintained well overall and written in the first person, although on occasion, lacked detail. For example, one person who had previously been mobile, was unable to mobilise. It was unclear from the care plan as to the reasons for this, although there was evidence of external professional input. Where there were gaps in records, this had been identified by the provider's audits with actions highlighted to improve.
- People's choices in how they spent their time were given high priority and there was clear emphasis on people's quality of life opportunities and well-being. Activities were meaningful and very much enjoyed, with a varied programme of events designed with people's interests in mind. We saw a lively Zumba class on the day of the inspection, which was well attended by people and their visitors.
- People's support was met through consistent relationships with staff who knew people well. Staff knew people's religious and cultural preferences. Church services were a feature in the home and these were well attended. Staff knew people's birthdays and celebrated with them as they wished. When one person had been in hospital over a special occasion, staff held a belated party as a surprise on their return.

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.

- Staff understood people's behaviours communicated how they may be feeling. They worked in person-centred ways to understand and pre-empt any triggers for behaviour which challenged the service.
- The provider was aware of their responsibilities to communicate in individually accessible ways.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded and responded to, with acknowledgement for concerns and assurances about actions taken.
- People and their relatives told us they did not have any reason to complain and they were happy with the quality of care. One relative said they were not aware of the complaints process, but they found staff were very approachable should they need to raise a concern.

End of life care and support

- Staff were sensitive to the needs of families and people when discussing end of life care. Staff communication with families was considerate of their loss, whilst sharing personal anecdotes and memories of their loved one.
- Families expressed their gratitude for end of life care, through communications with the staff. Comments included, "We really really appreciated the way that you looked after [our relative] and were her family for her final months" and "We will miss [our relative] terribly but we will also miss you."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had experienced recent changes in management and there was a new registered manager in post, who had only been in the home a matter of weeks at the time of the inspection. They were supported well by a deputy home manager, who had been temporarily responsible for the running of the home.
 - Staff, people and relatives told us they were aware of the changes in management. One relative said they were not happy there had been so many recent changes, but said they hoped there would be more stability with the new registered manager. Staff said they had not been adversely affected by the change to manager, because they had been well supported in their absence, and they spoke positively about the management team.
 - There was a well set out governance model and defined roles and responsibilities. Quality checks were consistently carried out and there was close oversight of the service.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
- The service had a clear focus on developing a culture of enhancing people's quality of life and for people to experience person-centred care in a setting as homely as possible.
 - There was a welcoming, happy and caring atmosphere felt on each of the three units in the home. Staff were very motivated and inclusive in their approach to people's care, and of working with each other.
 - The provider had a statement of three promises; to continuously review people's dependency needs in order to maintain appropriate and staffing levels, to ensure one to one support for staff so they felt listened to, and to work together to further well-being initiatives in the home. This helped to ensure a culture in which there was a high regard for each individual.
 - The provider understood their responsibility under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The provider encouraged and welcomed feedback from everyone and ensured systems were in place for communication to be clear and regular. For example, meetings, newsletters, a personalised gazette and social media channels were used as means to involve and include people.
- Families said they felt included and this was especially important during the COVID-19 pandemic, when they had been unable to visit the home. One relative said they had particularly been reassured by a photograph of their loved one and some updates from staff, in lieu of being able to visit. Messages, including

picture messages, were regularly shared between people and their families.

- The service maintained an improvement plan with timescales, which included findings from quality audits and reviews. This was regularly updated when actions were completed. There was a clear shared commitment to driving improvement.