

Marblefield Limited

Sycamore House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 17 March 2016 and was unannounced. At the last inspection on 22 May 2014, we found that the provider was meeting the Regulations we inspected.

Sycamore House provides accommodation and support for up to 28 adults with mental health needs. At the time of our inspection 27 people were living there.

There was a registered manager in post. 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 who lived at the home felt secure and safe in the knowledge that staff were available to support them, when they needed to be supported. The provider had systems in place to keep people safe and protected them from the risk of harm and ensured people received their medicines as prescribed.

There was sufficient numbers of staff to meet people's identified needs. The provider ensured staff were safely recruited and they received the necessary training to meet the support needs of people.

Staff sought people's consent before providing support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were encouraged to consider healthy food and drink options and had good access to health care professionals to ensure their health care needs were met.

People were supported by caring and respectful staff that encouraged people to be as independent as much as possible.

People's health care and support needs were assessed and regularly reviewed. There were no complaints about the service.

The provider had established management systems in place to assess and monitor the quality of the service to ensure it remained consistent and to an acceptable standard.

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.

People were protected from the risk of harm and abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People were supported by staff that were experienced and suitably trained.

Staff encouraged healthy eating alternatives.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to meet their healthcare needs and had access to health and social care professionals.

Is the service caring?

Good ●

The service was caring

People were supported by staff that were caring and kind.

Staff spent time with people, supporting them in their day to day activities.

Staff were respectful of people's choices.

Is the service responsive?

Good ●

The service was responsive

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were supported to take part in group or individual hobbies and activities.

The provider ensured feedback was sought through meetings and satisfaction surveys.

Is the service well-led?

The service was well-led

People told us they were happy with the quality of the service they received.

People said the registered manager was approachable and responsive to their requests.

The provider had quality assurance processes in place to monitor the service to ensure people received an effective service.

Good ●

Sycamore House

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 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 unannounced inspection took place on 17 March 2016 and was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

When planning our inspection, we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted health and local authorities who purchased the support on behalf of people to ask them for information about the service.

During our inspection, we spoke with ten people who lived at the home, three support workers, one relative, two health care professionals, the registered manager and the provider.

We looked at records in relation to three people's care and medication. We looked at the care plans of three people, the medicine management processes and records maintained by the home about recruitment, staffing levels and training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Is the service safe?

Our findings

People living at the home told us they felt secure and safe and they would not hesitate in speaking with their key worker, if they felt upset or threatened in any way. One person said, "I feel safe here because I can do what I want." Another person told us, "I feel safe here because I've got friends and would talk to the manager if I didn't feel safe." A key worker is a member of staff, specifically assigned to work with an individual, to provide support for that person. People told us they were free to come and go as they wished but some people preferred to wait to go out so they could be with a member of staff as this supported them to feel safe. A staff member told us, "Some people have their own phones and know the area, we suggest a specific time for them to return back by." Another staff member said, "We ask people to report anything they are worried about to a member of staff." A health care professional told us, "I have no doubts about the safety of [person's name]." Another professional said, "[Person's name] tries to leave regularly and the staff are vigilant." People and staff were engaged in spirited, light-hearted conversations, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, "If we suspected anything that could cause people any harm, we would report it to the manager." Another staff member said, "All the policies and processes are in the staff room if we need them and all the agencies contact details are listed." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. We looked at records and these confirmed that staff had received safeguarding training. We saw the provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns. The information the provider sent us and the records we hold showed that the provider had reported incidents of potential abuse appropriately.

People told us they reviewed their care plans and risk assessments with their key worker regularly. One person said, "Staff do talk to be about my care plan." Staff were able to explain to us what risks had been identified in relation to the people they supported. We saw that people had risk assessments completed regularly to ensure the provider continued to meet people's individual needs. One staff member told us, "We complete regular risk assessments to ensure needs can be met, ensuring people have the right kind of bed, equipment is in working order and well maintained." We saw people's care plans were reviewed regularly and identified risks were managed appropriately. For example, information was available to staff about patterns of behaviour that could identify when people were becoming unwell. The information would assist staff to support people safely and clearly explained what action should be taken if someone's mental health was deteriorating.

Staff told us that safety checks of the premises and equipment had been completed and we saw from records they were up to date. Staff was able to tell us what they would do and how they would maintain people's safety in the event of medical emergencies. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

People and staff told us they felt there was enough staff on duty to support people. One person said, "There is always someone around." Another person told us, "I think there is enough staff." We asked the manager how they managed unplanned staff shortages. They told us that unplanned absences were covered by permanent staff. Staff told us that they would cover shifts for each other in the event of sickness or annual leave. This ensured that people were supported by people that knew them well and this would help to promote continuity of care and reduce the risk of people feeling anxious if faced with staff they did not know. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

The provider had a recruitment process in place to ensure staff was recruited with the right skills and knowledge to support people. Staff told us they did not start working at Sycamore House until their pre-employment checks had been completed. These included references from previous employers or character references and Disclosure and Barring Service (DBS) checks. Records we looked at showed staff had completed appropriate pre-employment and security checks. The DBS can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

All people living at the home had mental capacity to make decisions about their medicine. People told us they had no concerns about their medicines and confirmed they were given to them as they had been prescribed by the doctor. One person told us, "I get my medicine on time." Another person said, "The staff helps me with my medicine." We saw there were procedures in place for the administration of medicine that were to be used 'as required.' This included protocols to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This enabled staff to know when to give the medicines and promoted consistency in the use of the medicines.

We saw that medicines were stored safely in locked cupboards and this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records confirmed that medicine audits were undertaken regularly. The undertaking of the audits had ensured that medicine systems were safe and that people were being given their medicine as they had been prescribed.

Is the service effective?

Our findings

People we spoke with were all complimentary about the staff. We were told they thought staff were skilled, knowledgeable and trained to support people. One person said, "The staff is very good." Another person told us, "I am satisfied with the care and support given to me by staff." All of the staff spoken with felt they had received the training they needed, in order to do their job effectively.

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. One person told us, "[Staff name] knows me well; they know the best way to support me." We saw that there was some staff who had worked at the home for a long time. This sustained consistent and stable relationships between people and their key worker. A staff member told us, "The training is very good." Another staff member said, "I'm completing the Care Certificate." The care certificate is an identified set of standards that care staff should follow when carrying out their work. It is the new minimum standards that should be covered as part of induction training for new staff. The staff member continued to explain how they had shadowed other staff members during their induction and how helpful they found the support. We saw staff received supervision and their training requirements were planned and checked by the registered manager.

Staff we spoke with told us that they felt supported and that the registered manager and provider were approachable. They said there was an open door policy and they received regular supervision. One staff member said, "The manager is really good, she is always on hand when you need her." Another staff member told us, "She [registered manager] is always here; she's lovely and very approachable." People told us they felt reassured by the registered manager, one person told us, "The manager is very nice, I would tell her anything." We saw that the registered manager and provider were accessible and available; staff freely approached them for guidance and advice when needed.

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).

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 were being met. We found that they were. The registered manager explained and records we looked at confirmed, one DoL application had been approved by the local authority. Not all of the staff we spoke with had received training on the MCA and DoLS. However, all staff we spoke with was aware of MCA and DoLS; two staff had a very good knowledge and gave us a detailed account of the principles of the MCA and DoLS. Staff knew the reason for the current DoL approval and knew that people should not be restricted for reasons other than what had been approved.

People we spoke with told us the staff always asked them for their permission before supporting them. One person said, "The staff always asks me first". Staff we spoke with told us that they asked people's permission before they provided care and support. A staff member said, "We always ask first". We saw throughout the day staff offering people choices and asking their permission before they provided any support.

People told us staff prepared meals for them. One person told us, "There is enough food; it is always hot and fresh." Another person said, "Sometimes I don't think my portions are big enough so I let the manager know and it's ok for a while but usually goes back to the smaller portions again." Another person told us, "You get a choice and if you don't want what's offered you can have something else." Another person told us "I sometimes buy my own food from the shop." Staff told us they encouraged people to consider healthy eating alternatives and this was reflected in the food choices. One staff member told us, "We can't give people chips everyday although I'm sure they would love it." Another staff member said, "We've all completed our food hygiene training and do try to encourage people to eat a more healthy diet."

Staff provided people with drinks at set times throughout the day. People told us they were not permitted to make or get their own drinks from the kitchen unsupervised; although some people did have drink making facilities in their bedroom. We discussed this with the provider and registered manager. They told us they had previously introduced a free coffee machine but this had been unsuccessful. Access to the kitchen area unsupervised was not possible due to health and safety concerns, although people told us staff would provide them with drinks when they wanted.

We saw people were well cared for and they told us that they received a range of healthcare services as they needed. One person told us, "I've been to the dentist." Another person explained how they were supported when they attended a recent hospital appointment. Staff we spoke with told us that they supported people to access health and social care appointments that included people seeing the dentist, optician and community psychiatric nurses. Care plans confirmed people were seen regularly by health and social care professionals. Staff we spoke with knew what support was required to maintain people's health.

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "Staff are very respectful and polite." Another person told us, "Staff always listen to what I have to say and are always caring." We saw that staff called people by their preferred names and listened to what people had to say about events and other matters. Staff were also able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff been able to care for people in a way that was individual to the person. A staff member told us, "Everything we do is centred on the person, we all work to provide them with an individual and personalised service." A health care professional explained they had never seen or heard the staff act in an appropriate way and they always found staff to be friendly and polite. Although the home was busy, with lots of activity, there was a calm atmosphere. People were engaged in friendly conversations with each other and staff.

People explained how they were involved in planning their care and support needs. One person said, "I don't want to be involved in my care planning, but the staff look after me really well." Another person told us, "Staff explain what's happening when supporting me." Another person said, "Staff always ask for my permission before helping me." We saw from the care plans that the care and support planning process was centred on the people, taking into account the person's views and their preferences. We saw people went to the registered manager's and staff offices and spoke with staff telling them how they felt. One person said, "If I have something on my mind, staff would listen." A health care professional told us when they were assessing people's care and support needs; they found the staff was very knowledgeable about people's preferences and medical history. We saw staff had a good understanding of people's needs and showed empathy towards people. There were good humoured interactions between staff and people living in the home. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We saw that people were treated with respect and dignity. One person told us, "If I want privacy I get it." Another person said, "Staff are always polite and never disrespectful." Staff knew the people who lived in the home well and spoke about their health challenges in a sympathetic way. They were able to explain how they ensured people's privacy and dignity. One staff member said, "It's important not to crowd people, they need their space." A health care professional explained when they visited the staff would make sure they could meet with people in private. This safeguarded the person's privacy and ensured there was no breach of confidentiality.

People we spoke with felt they were supported to be as independent as much as possible. People were encouraged to go the shops, local social clubs and completing household tasks. For example, cleaning their rooms. One person explained how they enjoyed setting the dining tables. All of the people living in the home resided in individual bedrooms, some with en-suite shower facilities. People told us they chose when they got up and went to bed. People confirmed they were free to remain in their rooms and relax or choose to go out. We were invited into some flats and saw that although they were painted in colours the person had not chosen, they could personalise with objects that were important to them. One person told us, "We can personalise our rooms although we can't change the colours on the wall." The provider informed us

there was no restriction to people who wished to personally decorate their rooms, provided materials complied with health and safety and fire safety rules and regulations.

Is the service responsive?

Our findings

All the people living in the home were able to make decisions about their care and support needs. People told us they were 'very happy' how their support needs were being met. One person said, "The staff are ok, I've no complaints." Another person told us, "You won't find anything wrong here; we are all treated very well." People told us they discussed their support and treatment with the staff on a regular basis. A health care professional told us that any advice or guidance given to staff, they were happy to action. We saw that staff responded to people that required support. For example, when people wanted a member of staff to accompany them to the shops or for a walk, they were supported in a timely way.

People were supported to structure their week which helped to establish a positive use of their time. For example, one person explained to us they usually attended a day centre once a week. A second person said, "I always have things to do." Another person told us, "It can be a bit quiet at times, but I like it here." A number of people explained to us how they looked forward to attending a local community centre every week and having their lunch there. Throughout the day, we saw some people went out on their own to the shops or for a walk and other people were supported by staff. Staff was able to tell us about people's individual support needs and interests. For example, one staff member explained how they had supported and encouraged one person to attend a local social club that had given a boost to their confidence since coming to the home. A staff member said, "It's all about the people and all that we do is about the person." We saw that staff involved people in all decisions about their needs and people were comfortable working with staff. One staff member said, "Everyone has an input in their support needs if they want to." Care plans showed they were regularly reviewed to ensure people's individual support and care needs were being consistently met.

People were encouraged to maintain contact with their family members and friends, if the person wanted this. One person told us, "My family visit regularly." Everyone we spoke with told us they were able to contact friends and family when they wished. One relative we spoke with told us, "I am happy [person's name] is here, the home is very good."

People and health care professionals told us they had no complaints about the quality of the service being provided. Most of the people told us they knew how and who to complain to if they had any concerns. One person told us, "I would go to any of the staff if I was unhappy with something." Another person said, "I'd speak with the manager." A third person told us, "I don't know what the complaints process is but I would talk to the manager if I was unhappy with anything." Staff explained how they would deal with complaints and confirmed they would follow the complaints process and were confident the registered manager would resolve them quickly. We saw the provider had a complaints recording system in place to investigate and monitor any complaints, there were no complaints on record.

Is the service well-led?

Our findings

People we spoke with, staff and health care professionals told us the home was 'well managed' and the quality of the service was 'very good'. One person told us, "We are like one big family, I like everyone here." Another person told us, "The home is managed well and very organised, the manager is very nice." We saw that staff would speak to the registered manager for direction and guidance. A health care professional told us, "This is a good home, with good communication between the management and staff." A staff member said, "I love working here, I feel supported by the manager and the owner who comes in every day." Another staff member told us, "The management team will spend time with the residents and the staff, they are very approachable." Another staff member said, "I am very happy it is much better than where I have worked before."

Staff told us and records we looked at confirmed regular supervision and staff meetings were held. This ensured staff were kept informed on the development of the service and given opportunities to raise any concerns they may have with the management team. One staff member told us, "We have regular staff meetings which give you an opportunity to raise any issues, either in a group for discussion or if you prefer, in your supervision." Another staff member said, "The staff meetings are good because we can share things with each other."

We saw the provider sought feedback from people through surveys and 'house meetings'. One person told us, "We do have meetings and talk about how things are going." Another person said, "I have no involvement in running the service but staff will ask if I'm ok and if I am satisfied with the care and support I'm getting." We asked if family members were given an opportunity to feedback on the quality of the service. The registered manager explained surveys were sent to family members but the response rate was low. However, we saw from records that some family members had expressed how satisfied they were with the support their family member had received from the provider.

Sycamore House had developed close links with local recreational and community groups. People who lived at the home explained how they had been supported to access them and the benefits they had brought. For example, a number of people told us they attended a local social club where they enjoyed lunch.

The management structure within Sycamore House was clear and staff knew who to go to with any issues. We saw that the registered manager was visible in the home. We saw throughout our inspection that the registered manager led by example guiding and supporting staff to respond positively to people's needs. The provider and registered manager kept us informed about any changes or incidents within Sycamore House and were fully aware of their legal requirements. The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection.

Staff told us the management team were approachable and felt that there was an open culture in the home. We were told the provider visited Sycamore House on a daily basis and was present during the inspection.

We saw that people knew who he was and greeted him by name and were keen to spend time in his presence. We saw that people were comfortable with the provider and that he knew about the things that were important to people. Staff we spoke with said that the registered manager was supportive and approachable and they felt comfortable to raise any issues with her. Staff we spoke with was aware of whistleblowing and said that they would be happy to report any worries or concerns to the registered manager or the provider. We saw the provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the Care Quality Commission (CQC). Staff told us they were aware of the provider's policy and confirmed they hadn't seen anything that had caused them concern.

We saw that accidents and incidents were recorded. There had been a number of repeated falls for some people. Although we saw they were not harmed, no analysis had been completed that would assist to identify any trends. A lack of analysis identifying when people were more likely to be at risk of falling reduced the effectiveness of putting in place preventative measures to ensure people's continued safety. We discussed the implications of not analysing when people were falling with the registered manager and they agreed this would be something they would implement immediately.

There were systems in place to monitor the quality of the service, quality audits were undertaken by the registered manager and reviewed regularly by the provider. These included audits of safeguarding practices, staff competence, infection control and medication. We saw that where these audits identified areas for improvement an action plan had been developed. These action plans were monitored regularly by the registered manager and provider to ensure that the service continually improved. The provider had a system to address maintenance issues in the home, our observations and the records we saw showed that the home was well maintained.

We asked the registered manager to explain their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "It is about being open and honest and if we get things wrong to acknowledge this and apologise".