

Birmingham Association For Mental Health(The) Sycamore Lodge Residential Care

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

People's experience of using this service:

People told us they felt safe living at the home. Staff demonstrated a clear understanding of abuse and said they would talk to the management or external bodies immediately if they had any concerns. Risk assessments were in place, which identified possible risks and how to manage them.

Support plans and staffing levels were changed when people's needs changed or if there were lessons to be learnt following incidents.

Staff told us they received the support and training they needed to help them do their jobs well. Managers were proactive in ensuring staff completed training relevant to the needs of people living at the service. People had access to food and drink throughout the day and could choose what they had to eat. The environment was designed to allow people to socialise with others or spend time on their own and there were facilities for people to practice independent living skills.

People's independence was maintained and promoted and staff respected people's dignity and privacy. People were supported to keep in touch with friends and relatives where they so wished and we saw that interactions between people and staff were warm and respectful.

People knew how to complain or raise concerns. Complaints were investigated thoroughly. Staff knew people's likes and routines well and delivered care and support in line with people's preferences.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. People and staff felt able to speak to the registered manager at any time if they needed help and assistance and the provider ensured there was 24 hour support available.

Rating at last inspection:

At the last inspection, the service was rated Good (19 April 2016)

About the service:

Sycamore Lodge is a residential care home that provides personal care and support for people with mental health difficulties. At the time of the inspection there were 12 people using the service.

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.

Further details about the service can be found in the full report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor the service through the information we receive. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sycamore Lodge Residential Care

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Sycamore Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during our inspection.

Notice of inspection:

The inspection was unannounced and took place on 10 December 2018.

What we did:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about by law. We also assessed the Provider Information Return (PIR) which is information we require providers to send us at least once a year to give some key information about the service such as what the service does well and improvements they plan to make. We contacted the local authority about information they held about the provider. We used all this information to plan our inspection.

We spoke with four people who were happy to tell us about their experiences of using the service. We also

spoke with two support workers, the catering trainer and the registered manager. We reviewed a range of records including three people's care records, medication records and two staff files. We also reviewed records relating to the management of the home including checks and audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe living in the home. For example, one person said, "I feel safe living here" and another person told us they knew what to do in case of a fire.
- The registered manager had told us that the local police had visited the home twice to talk to people about how to keep themselves safe in the community and had given out personal alarms.
- The provider had systems in place to protect people from abuse. Staff understood the provider's safeguarding procedure and knew who they should report concerns to.

Assessing risk, safety monitoring and management

- Risks associated with people's support continued to be assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise the risks.
- Staff supported people were supported to take positive risks to develop their confidence and independence. One person told us how staff had encouraged them to access the local community on their own which had felt "scary" at first but was much better now.
- Care plans contained risk assessments and we saw that these had been reviewed and updated when people's needs had changed.
- When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. For example, we saw people using mobility aids to move around the home in line with their support plans.

Staffing levels

- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.
- Staffing levels were changed to meet people's needs. For example, a waking night staff had recently been employed to assist with one person's care needs through the night.
- Staff told us there were enough staff on duty to meet people's needs and that the registered manager and deputy manager regularly helped out when required.

Using medicines safely

- People continued to receive their medicines safely. We saw staff spent time with people and checked to ensure the person had taken the medicine before moving on.
- We saw medicines were recorded, stored and disposed of correctly and there were management processes in place to ensure staff were competent to administer people's medicines.
- Some people required medication 'as and when required' and there were clear protocols for how these medicines should be used. We saw that people were able to ask for their medication.

Preventing and controlling infection

- The building was clean and tidy on the day of our visit. Staff told us that night staff did most of the cleaning which was a great help to staff working in the day.
- Staff made sure infection prevention and control was considered when supporting people with their specific care needs, such as continence care. We saw that staff used the relevant personal protective equipment (PPE) such as gloves or aprons when needed.

Learning lessons when things go wrong

- . The provider had systems in place to review when things went wrong to ensure lessons were learnt and action was taken to minimise the risk of re-occurrence. For example, one person's support plan had been updated to ensure two staff were present when delivering personal care following a recent incident.
- Discussions with the registered manager showed us accidents and incidents were thoroughly investigated.

Is the service effective?

Our findings

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

Good: 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; staff providing consistent, effective, timely care within and across organisations

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Staff regularly reviewed care plans to make sure care was reflective of people's current needs.

Staff skills, knowledge and experience

- People were supported by experienced and skilled staff. Staff were positive about the training provided. One member of staff told us, "I get all the training I need and I am in the middle of a six day refresher [course]."
- The provider kept a training matrix which showed staff completed training on a regular basis.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw that people had access to drinks throughout the day and were able to make drinks and snacks for themselves in the shared kitchen.
- People told us they were happy with the food that was provided and some people went shopping for their own food. One person said, "I like the food here and they cook it for me."
- The catering trainer had a good knowledge of people's likes and dietary needs and helped people to learn new skills in the kitchen.

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

- The home had large comfortable communal rooms on the ground floor which gave people the choice to sit with others or spend time on their own.
- People with mobility problems had bedrooms on the ground floor and there were bathroom facilities which were easily accessible, including a walk in shower.
- As stated in the PIR, a new resources room had been created which had computers and a telephone for people to use freely.

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

- People were supported to access external healthcare services when they needed them. For example, staff told us about one person who had been referred to the local continence team and this had helped to improve their health.
- One person told us, "I get to go to the hospital and see my GP when I need to" and records showed details of appointments people had attended.
- Since our last inspection, the provider had introduced health plans for people. These were of variable

quality. We spoke with the registered manager who said these would be reviewed and improved where necessary.

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 with appropriate legal authority. 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 were being met.
- All of the people living in the home had capacity to consent to their treatment and could leave if they so wished. Staff ensured people were involved in decisions about their care and documentation highlighted people could make their own decisions and how they could be supported to be as independent as possible.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff treated people with kindness and respect and as individuals. Staff took time to talk to people to make sure they understood what was being said and what the plans for the day were. One person told us, "I like all the staff here."
- We saw some people approaching staff on a number of occasions about the same thing but staff responded patiently and sensitively each time.
- People were supported to keep in touch with relatives and friends and told us about plans they were making to visit their families at Christmas.
- Staff spoke with affection and respect about the people they supported and were motivated to provide high quality care and support. One member of staff told us, "I love working here and love to see the positive outcomes for people especially when they move on."

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

- People were given choices throughout the day. Staff asked people what they wanted to eat, drink and do. Staff had a good understanding of how to support people to make day to day decisions.
- Records showed that people had been involved in creating and reviewing their support plans and had signed documents to show this.
- Records also showed that people were allocated a keyworker who met with them at least once a month to ensure they were happy and to monitor their progress against targets. A keyworker is a member of staff who has been given specific responsibility for overseeing a person's care and support.

Respecting and promoting people's privacy, dignity and independence

- We saw that people had the opportunity to develop and maintain their independence and were involved in making drinks and snacks, clearing the table and shopping for personal items.
- People were encouraged to mobilise independently and we saw staff took care not to do things people could do for themselves. For example, one person was self-medicating with support from staff and they collected their own medication from the local pharmacy. Staff told us how they encouraged people to speak for themselves when they accompanied people to appointments.
- One person told us that they were thinking about moving in to their own flat and were currently making use of the self-contained flat on the top floor of the home to help them prepare for this. They told us, "I am currently looking for a new place and I am going to look at one next week. I think I am ready for more independence."
- Staff took care to protect people's privacy and dignity. For example, they kept the office door closed when

they were discussing people's needs to ensure their conversations were not overheard and medication was given to people privately.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's likes and dislikes and how important routines were to them.
- People had the opportunity to take part in activities they enjoyed which included accessing a day centre which was run by the same provider on the same site. People told us they enjoyed the IT and art groups at the day centre.
- Records showed that people were involved in review meetings to ensure the care and support they received was still delivered in the way they liked.
- Relatives were invited and attended review meetings if people so wished and the provider had organised a number of social events to help relatives feel welcome in the home.
- Many of the staff team had been working in the home for some time which meant they had developed a good understanding of people's needs.

Improving care quality in response to complaints or concerns

- People knew how to complain and who they would talk to if they had concerns. One person said, "If I wasn't happy here, I would talk to the staff and there is a phone I can use in the resource room."
- People we spoke with had no concerns about the service. One person told us, "There is nothing I am unhappy with."
- Records showed that the provider had received two formal complaints in the last 12 months. We looked at records relating to these complaints and saw that both had been investigated and responded to promptly. One person had received a letter from the provider's Chief Executive to check that they had been happy with the outcome of their complaint.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong;

- We observed that the registered manager was visible and respected and knew people and staff well. The registered manager spent time with people and led by example to demonstrate how people should be supported with respect.
- There was a 24 hour on-call system shared by the management team to provide support at all times for staff and people that used the service. Staff told us they had requested help from on-call managers and had received a prompt response.
- It was clear the management team strived to provide good quality, person centred care to people within the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;

- A range of quality checks were carried out to monitor the quality of the service. These included monitoring care records, medicine audits and health and safety checks around the service. A monthly service audit was completed by the registered manager and sent to the provider so that they could monitor the service.
- Records showed these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly. For example, we saw that an audit of medication records had identified some missing signatures and prompt action was taken to rectify this.
- We saw that the provider had notified us of some incidents as they are required to do, but had not notified us of one recent incident. We spoke to the registered manager about this who assured us that this would be done immediately.

Continuous learning and improving care;

- The registered manager told us that the provider held meetings and events for managers to help them keep up to date with current legislation and best practice.

Engaging and involving people using the service, the public and staff;

- We saw that people had been involved in some work the provider was undertaking to develop some shared values. This included talking to people about what 'respect' meant to them.
- People and staff were happy with the way the service was being led and managed. One member of staff said, "[Registered manager's name] is a very good manager and will listen to any concerns."
- People were encouraged to complete a questionnaire every quarter and the results were then sent to the registered manager by the provider. The registered manager told us they had seen an improvement in

responses over a period of time.

Working in partnership with others;

-The service worked in partnership with other organisations to make sure staff followed current practice.

These included healthcare professionals such as the local pharmacy, consultants, community mental health team, GPs and district nurses. This ensured a multi-disciplinary approach had been taken for people to receive the appropriate level of support.