

Premier Nursing Homes Limited

Sycamore Hall

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Sycamore Hall is a care home providing personal and nursing care up to 62 people, some of whom were living with dementia. When we visited 56 people were using the service.

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

Since the last inspection the provider and new manager had worked to support staff to understand the risks to people's safety and to monitor their progress. Improvements were seen at this inspection and a plan to continue to embed this work so that staff confidently monitored people was in place. This included work to ensure people's health appointments were recorded, their hydration needs were assessed and that person-centred medicines protocols were in place. Better care plans were needed to ensure staff had access to information to support people who were distressed in a consistent way.

The provider was committed to ensuring their checks of the service were effective. They agreed to make changes, so they would be able to identify points we raised at this inspection themselves. For example, to ensure references were always checked as authentic when staff were employed.

The staff team had been inducted, supported and trained which enabled them to fulfil their role to a good standard. Staff understood their roles clearly and they knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

People's needs, and preferences were known by staff and this had led to people receiving person centred, responsive care. Staff had worked to improve or maintain people's quality of life. Feedback from people and their relatives was positive. Staff had developed positive relationships with people which resulted in people feeling safe and happy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People enjoyed access to a garden and were supported to access the community to take part in local activities. People told us they were offered a wide variety of activities to take part in if they chose to.

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 26 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Sycamore Hall

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 planned this inspection to check 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

On day one an inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two one inspector and a specialist professional advisor in governance and nursing supported the inspection.

Service and service type

Sycamore Hall 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 did not have a manager registered with the Care Quality Commission. A manager was employed, and we had received their application to register. Once registered they alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We refer to them as the 'manager' throughout this report.

Notice of inspection

Day one of this inspection was unannounced. We told the provider we would be visiting on day two.

What we did before inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority who work with the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgments in this report.

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 12 members of staff including the manager, deputy manager, area manager, quality manager, nurses, senior care workers, care workers, activities workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five 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 corroborate evidence found. We looked at training data, staff supervision data and quality assurance records.

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 requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the management of people's safety were inconsistent and this increased the risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records to monitor people's health and wellbeing were not always completed thoroughly or used to direct their care. In addition, the provider did not have a systematic way to assess the risk of hydration for people. The manager and deputy knew how the system should work to monitor areas such as hydration, pressure care and nutrition and were working to embed better practice in this area.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Where people became anxious staff intervened in a personalised way which they knew worked for each person. The manager and team had started to make improvements to the care plan system so care plans reflected how to support people successfully.
- It was difficult to determine from records when people had last accessed some medical appointments. On day two of inspection the manager and area manager agreed to implement changes to the systems in this area.
- The environment and equipment were safely managed.

Using medicines safely

- People were happy with the support they received to take their medicines. Medicines were safely managed. People were encouraged to manage their own medicines where they had those skills. One person told us, "I get my medicines dead on time, the nurse brings it. I get pain relief when I want it too."
- Person centred protocols were not always in place to guide staff when they should administer medicines prescribed to be taken as and when required. The manager agreed to do a full check to ensure all were implemented following inspection.
- Where errors were found during checks we saw they were investigated, and relevant action was taken.

Staffing and recruitment

- There were enough staff on shift to enable people to do the things they enjoyed, and to support them with care in a timely way. The provider had a system to check people's needs and the number of staff needed to care for them.
- The provider overall operated a safe recruitment process. References received were not always verified as authentic, but the manager updated their systems to ensure this happened in the future. Checks to ensure nurses were fit to practice had been completed.
- A person had been involved in the recent recruitment of housekeeping staff and they were pleased they could help with this.
- Where agency workers were used the provider did not seek full information to ensure the worker had the

right skills to perform the role. The manager agreed to do this following the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. They had received appropriate training in this topic area.
- People and their relatives felt the service was safe. One person told us, "I have an alarm button here in my chair. This makes me feel safe." A relative told us, "My family member has a crash mat and special bed that goes up and down. They have a long history of falls at the last home. Since they have been here there have been no falls."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment for example, gloves and aprons to help prevent the spread of infections.
- Housekeeping standards had been inconsistent over recent months due to sickness and vacancies. The provider had been transparent about this and made changes to improve. People and their relatives had started to see improvements.
- A refurbishment plan was in place to upgrade facilities over the next twelve months. For example, some paintwork required upgrade to ensure it met infection control standards.

Learning lessons when things go wrong

- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed an induction and training programme. A relative told us, "In my opinion staff are well trained and courteous."
- Staff had opportunity for support, supervision and appraisal. Group supervisions and staff meetings had been carried out for staff to work together to understand and reflect on their practice.
- Additional training for staff and nurses had been carried out so they understood how to care for people with specific medical needs.
- Nursing staff had been supported to maintain their knowledge and professional registration.

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

- People had access to food and drink throughout the day and mostly enjoyed what was on offer. People and relatives wanted more choice at the tea time meal and a better selection of fresh fruit and vegetables in the menu. The chef had started a review of menus and agreed to build this feedback into the review.
- Staff supported people to understand the menu choices through showing them the options available. Where needed people had access to adapted cutlery and equipment, so they could eat and drink independently. Where people required specialist diets this was catered for.
- People's weight and diet were monitored effectively. Professionals had been involved and their input used to best support people.
- As described in the safe section of this report better systems to assess and monitor people had enough to drink were required. People were hydrated well when we inspected, however records did not always reflect this.

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

- Assessments of people's needs were thorough, and people's expected outcomes were identified. Care plans were regularly reviewed and updated.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Where people required support from healthcare professionals this was arranged, and staff followed their guidance and input to people's benefit. People had received support to maintain their health with regular access to GP's, dentists and other services. Records to evidence such medical appointments were difficult to

find. A better system was required to record and monitor them as described in the safe section of this report.

- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Where decorating or refurbishment occurred, people were involved in choosing colours and designs. Thought was made to ensure any changes supported people living with dementia to feel safe, secure and able to navigate their environment.
- Where people needed specific adaptations to aid them they had been completed. For example, a bed to suit a person's height had been purchased so they were comfortable.
- People enjoyed using the garden where they could spend time with family and friends.

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 and were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people were able they had consented to their care by signing their care plan. Where people were unable to consent, decisions had been recorded that were made in their best interests. Checks had been completed to ensure where relatives had signed consent on behalf of their loved ones that they were legally authorised to do so.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

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 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

- People were treated with kindness. One person told us, "Staff are smashing, they know how to handle me with the hoist and are always kind and respectful. They ask me my opinion."
- Staff knew people's life history which is a recognised way for them to develop positive relationships and understand people's needs. A relative told us, "I think staff are wonderful towards my family member. They talk to them in a lovely manner."
- People were actively listened to and their choices respected. Where people were unable to express their needs and choices, staff had worked to understand their way of communicating. Staff observed body language, eye contact and used symbols to interpret people's needs.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them, and to access social networks and the community.
- People were supported to focus on their independence in all areas of their lives. For example, one person was supported to by two care workers to walk independently with their walking frame, another person was supported to set the tables at mealtimes for everyone.
- People were treated with dignity and staff ensured people received care and support how they preferred. A relative explained how they had arrived on the day of the inspection their family member was being supported with personal care. They told us, "Staff had the curtains shut and they asked me to wait outside until they had finished to protect their dignity."

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 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

- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way they wanted. For example, one person preferred two pillows and their room to be very dark, so they slept well.
- Staff worked to meet people's diverse needs. People were supported to practice their religion through regular visits from different faiths.
- People were empowered to make choices and have as much control and independence as possible. This included developing their care, support and treatment plans. Relatives were also involved where they chose to be and where people had agreed.

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.

- People's communication needs were understood. However, an assessment of their communication needs in line with the AIS had not been completed. The provider agreed to implement this into the care plan process.

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

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible. One person was pleased they had been supported to visit a local café where their family volunteered, and they could spend time with them.
- Access to activities supported to people to meet new people and maintain friendships. People enjoyed a range of outings and in-house activities. One person had been supported to access the local park with their spouse. They told staff 'It was nice to feel the sunshine on my face'. During the activity local people who knew the person took time to stop and ask after their wellbeing which they appreciated.
- Relationships had been developed with local groups such as the church and the local primary school to enable people to do activities they enjoyed.
- People who were most at risk of isolation benefited from the activity's worker spending one to one time with them doing the things they enjoyed such as singing, talking and massage.
- Staff had supported people to join a national social media campaign to link members of the public to people living in care homes through sharing memories on postcards. Lots of postcards and letters had been

received which staff supported people to read. People enjoyed reminiscing about the places they received post cards from.

Improving care quality in response to complaints or concerns

- Where people and relatives spoke with staff about concerns the information had not always been recorded with the manager. The manager told us a new process to ensure all feedback was captured would be implemented.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to by the new manager.
- The manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences.
- Staff worked in conjunction with the local healthcare professionals to ensure people received a pain free and dignified end of life.

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 improved to good. This meant the service was 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; Continuous learning and improving care

- The provider and manager demonstrated a commitment to ensuring the service was safe and high quality.
- The new manager and clinical lead understood where they needed to make improvements and had a robust action plan in place to continue making improvements. The provider had systems in place to provide oversight. During this inspection they accepted the changes needed so that their system would effectively highlight all the issues we found as described in this report.
- The manager had ensured they had communicated all relevant incidents or concerns both internally following their own policy and procedure and externally to the local authority and the CQC as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care.
- Improvements had been made to safety, people's experience of using the service and their outcomes since the last inspection and an improved overall rating of good demonstrates this.
- Staff told us they felt listened to and the manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.
- All staff knew their responsibilities and were keen to fulfil them. One member of staff told us, "The manager is firm with staff, and sorts things and acts straight away. The manager is proactive and works on the floor to support staff."

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

- Staff, people and their relatives were happy with the leadership and told us the manager was approachable. The manager displayed an open approach and listened when things went wrong and worked in partnership to make improvements.

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

- People and their relatives had completed a survey of their views and they met frequently to discuss the service they received. Feedback had been used to continuously improve the service.
- There was a skilled workforce and the manager empowered people and staff to speak up freely, raise

concerns and discuss ideas.

- Staff and the manager involved people and their relatives in day to day discussions about their care.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.