

Viridian Housing Sycamore Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service responsive?

Inadequate



Overall summary

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.

Sycamore Lodge provides care and nursing support for up to 77 older people. The service is split into five units over three floors. Two of the units provide nursing care and the service also provides care for people with dementia care needs.

We carried out an unannounced comprehensive inspection of this service on 29 and 30 July 2014. After that inspection we received anonymous concerns in relation to the care and welfare of people using the service. As a result we undertook a focused inspection on

19 December 2014 to look into those concerns. This report only covers our findings in relation to these concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamore Lodge on our website at www.cqc.org.uk.

There were sufficient numbers of staff to provide people with the care and support they needed.

People's care needs were assessed and recorded but we found some conflicting evidence about people's end of life care wishes.

At the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to ensure people received the care and support they needed.

People's medicines were managed safely.

We did not change the rating for this domain because we carried out a focused inspection that looked at specific areas and not the whole domain. We will review the rating during our next planned comprehensive inspection.

Inadequate



Is the service responsive?

Not all aspects of the service were responsive.

Nurses and care staff were able to tell us about individual's care and support needs and how they met these.

Care plans included some missing or conflicting information about people's end of life care wishes.

We did not change the rating for this domain because we carried out a focused inspection that looked at specific areas and not the whole domain. We will review the rating during our next planned comprehensive inspection.

Inadequate



Sycamore Lodge

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Sycamore Lodge on 19 December 2014 from 6:00 am - 12:15 pm. This inspection was done to investigate concerns from two whistle blowers. We inspected the service against two of the five questions we ask about services: is the safe and is the service responsive? This is because the whistle blowers who contacted us made allegations about staffing levels and the care and welfare of people using the service.

The inspection was undertaken by two inspectors. During our inspection we spoke with 10 people using the service, nine nurses and care staff and the acting manager. We looked at five people's care records and observed how people were being cared for and supported. We also looked at other selected records, including medicines records and staff rotas.

Is the service safe?

Our findings

Following our last inspection we received information from two whistle blowers. They told us people using the service were woken from 5:00 am, washed, dressed and returned to their rooms before the day staff arrived.

We arrived unannounced at the service at 6:00 am and immediately spent time visiting each of the five units. We found people were able to decide what time they got up and there was no evidence staff woke people early to wash and dress them before day staff started their shifts.

On four units we found a small number of people awake and dressed. On the first unit, we found two people who were dressed and sitting in the lounge. Both people told us they always woke early and got up and dressed themselves. One person said, "I've always been an early riser, I make myself a cup of tea and wait for breakfast."

On the second unit, we saw two people in the dining room making drinks and a third person eating breakfast in their room. One person told us, "I usually sleep later but today I decided to get up."

On the third unit, we saw one person who told us they usually slept well but had woken at 4:00 am and got up. This person told us, "The staff treat me well."

On the fourth unit, we saw one person awake and dressed. They told us, "I like to get up and go for a walk in the morning, I like being old so I don't have to work anymore!"

On the fifth unit, all of the people using the service were asleep in their bedrooms.

There were enough nurses and care staff to meet people's care and support needs. We reviewed the staff rota on each of the home's five units and saw these accurately recorded the number of nurses and care staff on duty. 12 of the 14 care staff on duty were permanently employed by the provider. Two care staff came from an agency. We spoke with both people who told us they had worked in the service on a number of occasions. Both members of staff were able to tell us about the people they looked after and were able to tell us about people's specific care needs and routines.

At the end of this inspection we spoke with the service's acting manager who told us the provider had appointed five nurses and two care staff. The provider was carrying out recruitment checks before the new members of staff started work in the service.

People received their medicines correctly and safely. We observed the medicines round and checked medicines records on one unit during this inspection. We saw the records showed accurately the medicines people received. The agency nurse responsible for managing people's medicines on two units checked each person's identity against the records before giving them their medicines.

Is the service responsive?

Our findings

Following our last inspection we received information from two whistle blowers. They told us people using the service did not always receive the care and support they needed.

The provider assessed people's care needs and provided guidance for staff on how these should be met in the home. People's care plans included assessments of their care and support needs and assessments of possible risks. We saw most of the information in people's care plans had been regularly reviewed and updated, with the involvement of the person using the service, their relatives and other people involved in their care.

Nurses and care staff were able to tell us about individual's care and support needs and how they met these.

However, people may have been at risk of receiving care and treatment they had not agreed to. We saw some conflicting information regarding end of life care for two people. In one file, the care plan referred staff to a Do Not Attempt Resuscitation (DNAR) form but this form was not

included in the care plan file. In a second care plan, there was conflicting information about a person's end of life care wishes. We saw a 'Client Wishes' form completed and signed by the person by the person and their relative in August 2014. This stated the person wanted to be resuscitated in the event of a medical emergency. The same care records also included a 'Resuscitation Detail' form dated 31 May 2013 that instructed nursing staff not to attempt resuscitation as the GP felt it would not be effective.

We discussed this with the acting manager who said they would investigate.

Nurses and care staff supported people with respect for their dignity. Most bedroom doors were closed when people were sleeping and we saw staff knocked on the door and waited for a response before entering. Staff interacted well with people, offered them choices and allowed them time to make decisions. The atmosphere throughout the home was relaxed and caring. People did not have to wait when they asked staff for assistance or information.