

Tradstir Limited

Sycamore Court

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Sycamore Court is purpose built and accommodates up to 40 people with increasing physical frailty, people living with dementia or other mental health needs. The home also provides respite care. At the time of inspection 34 people were living at the home.

Sycamore Court was located over three floors which were accessible via stairs or lifts. The home had a large communal area and smaller lounges on each floor for people and relatives to use.

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

People did not always have access to enough staff to meet their care and support needs. Risk to people's safety were not always identified or assessed. People and relatives told us on many occasions that there weren't enough staff to support people safely.

The management of medicines was not always safe, improvements were needed to help staff identify when people required medicines on an 'as and when basis'.

People living with dementia, did not always receive respectful or dignified care. There was a lack of person-centred practices to ensure that people's needs, preferences and wishes were respected and met. There was a lack of meaningful and stimulating interactions with staff to occupy people's time. The environment and information had not always been adapted to meet people's needs. People were at risk of social isolation.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. People's needs were not fully identified and assessed to enable staff to deliver care that met people's preferences or requirements. People's dietary needs and nutritional requirements were not assessed and accurately recorded to help people maintain a balanced diet. People had access to external health care professionals when they were unwell.

Interactions between staff and people was task-focused and staff had little time to spend with people. People's care plans were not person centred and staff did not always know people well to enable them to deliver person-centred care.

The service was not well-led. The registered manager lacked oversight of the service and there had been significant shortfalls in the leadership of the service. Quality assurance processes were not always effective at identifying issues and improving the quality of care people received. Systems did not always check staff competency and staff told us they did not feel supported.

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 this service was Requires Improvement (report published 12 September 2018). At this inspection we found the service had deteriorated to Inadequate.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We have identified breaches of seven regulations. These were in relation to Regulation 9 (Person Centred Care), Regulation 10 (Dignity and Respect), Regulation 11 (Need for consent), Regulation 12 (Safe Care and Treatment), Regulation 15 (Premises and equipment), Regulation 17 (Good Governance) and Regulation 18 (Staffing).

Full information about The Care Quality Commission's (CQC) regulatory response to more serious concerns found in inspections and appeals is added to reports after any representation and appeals have been concluded.

Follow up:

The overall rating for this service is Inadequate and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the providers registration, we will re-inspect within six months to check for significant improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our safe findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our safe findings below.

Sycamore Court

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 Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and one 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 care service.

Service and service type:

Sycamore Court 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 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.

Notice of inspection:

This comprehensive inspection was unannounced. The inspection was carried out on 11 and 12 September 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection in May 2018. We sought feedback from the local authority who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection:

We observed the support that people received and spoke with people and relatives to gain their feedback about Sycamore Court. We spoke with 11 people and 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 spoke with seven visiting relatives, the provider and nine members of staff including the registered manager, deputy manager, registered nurses, care workers, activities coordinator, maintenance person and chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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 in relation to evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals to gain their feedback. We also asked for immediate assurances to mitigate some of the risks identified.

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 in May 2018 this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate.

This meant people were not safe and protected from avoidable harm.

Staffing and recruitment

- People did not always have access to a sufficient number of staff to meet their needs. For example, on the lower floor, which provides care and support to people with dementia, the staffing ratio should be three care staff and one nurse. This is determined by a dependency tool used by the registered manager. On 11 September we found that there were only two members of care staff on duty. Many people required 2 to 1 support which meant there was no staff available to support other people. One member of staff told us, "We are constantly understaffed and not enough staff to look after people effectively and safely. For example, if a person needs 2 to 1 support, there is no staff available for the other residents. Call bells take longer to answer due to being short staffed."
- We discussed this with the registered manager and provider. The registered manager informed us they were aware of the staffing level; however, no action had been taken. The provider told us they were not aware of the staffing issue.
- We observed during the inspection that call bells were continuously ringing. One person told us, "It's quite usual to wait for a call bell to be answered at peak times of the morning. I waited an hour recently to use the commode, as sometimes there are just two care staff on this floor for 16 people."
- Two permanent members of staff were on long term sickness and the registered manager told us the service had five care staff vacancies. The registered manager said the provider was actively recruiting staff but had not been successful. This meant that the home relied on three to four agency staff each shift to cover staff vacancies, sickness and leave. Staff told us, that it was not unusual for only one member of permanent staff to be on a shift. One person told us, "The staff are good, but there aren't enough of them for safety and lots of the regular staff have left recently."
- One relative told us, "I would like to say I feel he is safe, but the number of agency staff mean that his care plan is not always followed."
- We observed that a high majority of people across the home who either stayed in their room or in bed. It was unclear if this was people's choice as it was not recorded in their care plan, or if it was easier for staff to support people in the knowledge they stayed in their bedrooms. We discussed this with the registered manager who could not confirm if this was people's choice or due to the lack of staff and encouragement.

The provider had not ensured that there were sufficient staff to meet people's needs. This increased the risk of people's needs not being met in a timely way and placed people at risk of harm.

This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities)

- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
- Staff recruitment folders included, employment histories, suitable references and appropriate checks carried out to ensure that potential staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) for staff and checks with the Nursing and Midwifery Council (NMC) to ensure that nurses' pin numbers were valid.

Assessing risk, safety monitoring and management; Using Medicines Safely

- Risks to people were not always assessed, monitored and managed to keep people safe. At this inspection we found three people who did not have relevant care plans in place, for example, one person only had care plans completed in two areas and two people who had recently moved to the home had no care plans at all. This meant that people's health conditions had not been identified to mitigate risks to these people, some of whom had chronic health conditions. We discussed the seriousness of people's risks not being known with the registered and deputy manager. They told us, it was the nurses responsibility to complete risk assessments when people moved to the service. This demonstrated a serious lack of management oversight.
- Reviews of risk assessments were not always updated to reflect accurately when people's needs had changed.
- High levels of agency staff were used to cover staff shortages. We identified that not all agency staff had access to people's care plans which were stored electronically and relied on verbal handovers to be updated on people's needs. We spoke to three agency staff during the inspection, two confirmed they had recently been given access to people's care plans and the other one confirmed they did not have access. This meant that not all agency staff had access to guidance on how to manage people's risks safely as care plans were kept electronically.
- One member of staff told us, "I struggle to keep up with the care and support that we are to provide people and as a nursing home trying to keep up with the quality of care and standards that is needed. People are often prioritised based on need and people that are more able get left. I am concerned that these people get overlooked due to other people's higher needs."
- At this inspection we found there was a lack of guidance for some people who were prescribed medication on an 'as required' basis. For example, there was no guidance in place to support staff to identify when a person maybe in pain, particularly for those who were not able to communicate.
- During inspection we observed medication being administered at the dinner table in the communal dining area, one person was given their medication and was quickly lent back to administer their eye drops. This led to the person's food and medication going down the wrong way, which caused them to have a coughing incident. This incident was avoidable if the nurse had not hurried the person during their meal. Following the incident we spoke to the registered manager.

The provider had not ensured that all is reasonably practicable to mitigate risks to people and follow good practice guidance to make sure the risk is as low as is reasonably possible to people.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines on time. Safe systems were in place for the storage and disposal of medicines, this was checked and recorded by two trained nurses. Medicine expiry dates were checked

weekly and a monthly audit of all medicine cupboards were checked, and expired medication was disposed of. We observed these checks being recorded.

- Systems were in place to record daily temperatures of the medicine cabinets and these were audited monthly.
- Staff had received training to administer medicines and competency assessments were carried out to ensure their practice remained safe.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- A schedule was used to ensure the home was maintained safely. This included dates for upcoming checks such as lift maintenance, equipment and electrical safety.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback from people and relatives regarding 'feeling safe', mainly due to staffing levels and not having enough staff available to meet people's needs. One member of staff told us, "The home is safe, but we are struggling."
- Staff completed on-line training in safeguarding and understood how to raise safeguarding concerns appropriately in line with the local authority's safeguarding policy and procedures. One member of staff told us, "I would report any concerns to the nurse in charge or manager."

Preventing and controlling infection

- Staff had access to appropriate equipment such as gloves to use to prevent the risk of spreading and infection. This was confirmed by people and their relatives.
- The home was clean, and people's rooms were tidy.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents including near misses every month to identify any emerging patterns, trends and learning.
- For example, following a person falling in the garden, the registered manager took action to replace a gate with a magnetic locking system to keep people safe.
- Staff understood their responsibilities to raise concerns, record safety incidents and near misses and report them to the registered manager where appropriate.

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 as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection on 1 May 2018 and following the inspection in 2017, there was an improvement plan in place for the home to improve the décor for areas used by people living with dementia. At this inspection we found that little progress had been made and the action plan had not been fully embedded.

- The lower floor was a dedicated living area to support people with dementia. The environment did not support people living with dementia to lead independent and stimulating lives. This is the third inspection where this area has been raised as requiring improvement.
- We observed one person with dementia who was disorientated and couldn't find their room. The registered manager and provider had not considered ways to assist people with dementia to locate their rooms or communal areas of the home.
- The provider acknowledged this was an area to improve in their action plan which was developed after the inspection in 2017. This action plan had then been updated by the registered manager following the previous inspection in May 2018. It stated; "Develop the environment on the dementia care unit to better accommodate the needs of people living with dementia." In the action plan the registered manager had written the work has not commenced. The registered manager was unable to give us timescales for improvement going forward.

The provider had failed to ensure the environment was suitable for the purpose for which they are being used.

This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people moved to the home they were able to personalise their rooms with their own belongings. One person had brought their cat to the service to live with them as the cat was important to them.
- The provider had recently created a 'cinema style' feel with curtains in the communal lounge for people to enjoy.

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

- Risks to some people had not been assessed. Care plans had not been formulated to record enough information to support people's care and support needs. Two people had moved into the service in August 2019 and we found limited information about their care and treatment needs to guide staff to be able to understand their needs.
- Protected characteristics under the Equality Act (2010), such as religion and disability were not always considered as part of the pre admission process, or if people wished to discuss these at a later time. This demonstrated that people's diversity was not always included in the assessment process.
- We found that there were gaps in some people's care plans who had lived at the service for a long time. For example, risk assessments were in place for oral care and communication, but we found no care plan to give specific details to staff on how to support people effectively. When we discussed people's oral care with the registered manager, they could not confirm if staff were supporting people with their oral care as it was not documented in people's daily notes and care plans had not been developed to guide staff in this area.
- The delivery of care and care planning was not consistently in line with best practice guidance. For example, not all staff had access to electronic systems to know how to support people and meet their needs.
- Permanent staff worked across all floors to cover staff shortages, during inspection we asked a few staff about the specific needs of people and staff told us, they didn't know, as this is not their usual floor to work on. This meant that people were often supported by staff who did not know them and their care and support needs.

The provider had failed to do all that is reasonably practicable to mitigate risks.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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.

- The registered manager had assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. However, staff did not always know who had DoLS authorisations and what they were for.
- At this inspection we found, one person had a DoLS authorisation with a specific condition however, we checked the person daily notes and this condition had not been met. When we discussed the DoLS condition with staff, they were unable to tell us what the DoLS and condition was for. This meant that staff understanding of DoLS was poor and some people were not being supported in the least restrictive way possible.
- Staff members did not always understand the importance of gaining people's consent. One staff member told us, "When I am changing a person's pad I will show it to them, so they know what I am about to do."

The provider had failed to ensure that care and treatment of service users must only be provided with the consent of the relevant person.

This is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- At the last inspection we found that staff training records were not up to date and this was an area that required improvement.
- At this inspection, we found that staff training was up to date and the registered manager had accessed on-line training for staff to complete in key areas, including MCA and DoLS, infection control, safeguarding. However, at this inspection we found that although staff had completed online training, there were no systems to check staff understanding and competency in key areas such as dementia, MCA and safeguarding. We discussed this with the registered manager who confirmed that no competency checks had taken place.
- The provider acknowledged this was an area to improve in their action plan which was developed after the inspection in 2017. This action plan had then been updated by the registered manager following the previous inspection in May 2018, which stated: "Develop programme of in-house awareness sessions for the team to reinforce mandatory training." At this inspection we found no evidence that this work had commenced.
- At the last inspection we found that the providers formal system for staff supervision had not been maintained and this was an area that required improvement.
- At this inspection, although some supervision had taken place with nursing staff. The registered manager told us, supervision for care staff needed to be fully completed. Some staff we spoke to told us, they had only received one supervision over a 12-month period. Another member of staff told us, "I do not feel supported or listened to."

The provider had failed to ensure that staff received appropriate support, training, professional development, supervision and appraisal, as necessary to enable them to carry out the duties they are employed to perform.

This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's dietary needs and nutritional requirements were not always assessed and accurately recorded to help people maintain a balanced diet. Care plans did not always contain details of people's nutrition and hydration needs and any specialist equipment required to support the person.
- We found that two people had been assessed by the Speech and Language Team (SALT), but there was no guidance available to staff in their care plan to show what action was needed following the assessment. This meant that any risks to people's eating and drinking were not always known to staff, although this information could be found in the correspondence section of people's files, these were not regularly available to all the care staff on duty.
- A relative told us, "I have said my husband is better with food he can pick up because he eats with his fingers as he forgets what cutlery is for, but it doesn't always happen."
- On the day of inspection, we found that one person still had a sandwich from breakfast on their bedside

table late morning. They told us, "I am desperate for a cup of tea and some biscuits would be good as I have had nothing to eat this morning." When we asked staff to respond to the person's request, no staff were available as they were busy supporting another person.

- We observed the lunchtime experience and found it to be task focused. Some people ate in the dining room, but most people had lunch in their rooms. We were told lunch was served at 1pm. However, for those eating in their room we observed staff giving people their lunchtime meal as late as 2pm.

The provider had failed to provide care and treatment in a safe way to mitigate risks to people's nutritional and hydration.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the chef administration manager who told us, "Staff tell me about people's dietary needs, such as those in need of a diabetic or gluten free diet."
- The activities coordinator engaged with people and supported people with their meals. People were given a choice of food at mealtimes and alternatives were available. People told us that they enjoyed the food.
- People's weight was monitored every month or more often when needed and advice was sought from the GP and dieticians if people were at risk of malnutrition.

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

- Staff members worked in partnership with healthcare professionals. One staff member told us how they identified that one person appeared to have an allergic reaction to their insulin. They liaised with the diabetic nurse and GP to change the medication and the person's allergy has stopped. However, one professional we spoke to told us, "I update the person's care plan, but suggestions are not always followed."
- People's care plans, recorded healthcare professionals' contact details.
- Visits to healthcare service such as GP and chiropodist was recorded in people daily notes. Referrals and correspondence were found to specialist services such as the falls team and speech and language team.

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 as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were not always treated with kindness and compassion by staff in their approach when supporting people, as their approach was task focussed. Staff told us, they did not have enough time to spend with people throughout the day due to staff shortages.
- People's dignity was not always considered. For example, when medicines were given at mealtime this included eye drops being administered to two people, whilst they were eating their lunch at the table in the communal dining area.
- One member of staff told us, "Agency staff are given a task orientated information sheet and they are not given time to get to know people."
- We observed a high majority of people being left in their room or in bed. Staff interaction with people was prompted by the person ringing their call bell and requiring assistance, staff giving people food and assisting with care and support needs. This meant that some people spent long periods of time alone without any interaction.
- One person told us, "It doesn't feel good here at the moment. Lots of regulars (staff) have left as they had enough when the management changed. The staff are good, but there aren't enough of them and they are always busy. Nobody has time to stop and chat."
- The provider had equality and diversity policies and staff had received training in this area. However, it was not clear how staff respected and recognised people's diversity because staff did not always know people well and their approach to supporting people was task focussed.
- Residents' and relatives' meetings were not consistently held to involve people in the running of the home. Relatives told us they had not attended any meetings or been sent any minutes from meetings.
- Staff told us they wanted to spend time supporting people to make decisions about their care and express their views. However, due to high workload and lack of staffing, staff felt unable to give people time or promote their independence.

The provider had failed to ensure people were treated with dignity and respect.

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- We observed staff promoting people's privacy by shutting doors when supporting people with personal care.
- We observed the activities co-ordinator promoting people's independence by offering people choice in how they wished to spend their day.
- Friends and relatives told us they were made to feel welcome at the home.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant services were not planned or delivered in ways that met people's needs.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;
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

- At the last inspection we found that activities for people were still being developed and embedded and this remained an area of improvement. At this inspection we found that little progress had been made to ensure that people had access to activities that were meaningful to them, specifically for those living with dementia.
- Activities were not available to everyone living at the home, particularly for those in their bedrooms. One person who was cared for in bed told us, "A carer cuts my nails."
- People who spent time in their rooms, as well as those who were living with dementia, were more reliant on staff to meet their needs. However, due to staff's workload and their task-focussed approach this meant that people were at risk of social isolation. Staff told us, they talked to people when delivering care and support.
- The home had recently employed two new activities coordinators. They told us the activities programme was in the early stages of development.
- One member of staff told us, "The activities here are a bit hit and miss. There has been a long period of time where activities were not in place."
- People's care was not always personalised to ensure people were given choice and control to meet their needs, as staff were not aware of people's needs and preferences.
- People's social and emotional needs had not always been considered, assessed and met. Not all people had equal access to opportunities that were offered, and most people spent extended periods of time alone.
- Staff had not always gathered information about people's life histories to provide a sense of who the person was and what they had enjoyed before moving into the home. Other people had information about their life, however, it was not evident how this was being used to provide meaningful and stimulating opportunities for people.
- A visiting professional told us, "The home could be better at developing people's life stories and interests. I am sometimes surprised at the little information available about people."
- People were not supported to follow their interests and take part in activities that were socially and culturally relevant to them.

The provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs, or reflected their preferences.

This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of inspection, there were activities taking place in the communal lounge including, word searches, colouring and some craft work. In the afternoon there was a music session. A small number of people attended.

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.

- Care plans did not always include information on people's communication methods. Information was not always provided in a way that supported people to understand and make choices, particularly those living with dementia.
- For those who did have picture cards in place to support their communication and express their wishes. It was not clear how staff used these methods to support people in making choices and decisions in everyday life.

We recommend the provider considers current guidance on providing accessible information for people particularly for those who are living with dementia.

End of life care and support

- The home was providing support to people at the early stages of their end of their life at the time of inspection. Care plans had not been developed for these people to give guidance to staff on how to support them. This is an area that requires improvement.
- People's wishes for 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR's) were highlighted within the electronic care planning system. However, not all staff on duty had access to this.

Improving care quality in response to complaints or concerns

- The registered manager told us that the home had not received any formal complaints since 2018. However, when reviewing the complaints received in 2018, we found one example which related to a staff member. Although the complaint was responded to, adequate action had not been completed or recorded to show what measures had been put in place to prevent the issue re-occurring, specifically, in relation to the staff member.
- People and their relatives knew who to contact if they needed to raise a concern or make a complaint.
- The registered manager responded to complaints promptly.

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 in May 2018 this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant there were wide-spread and significant shortfalls in service leadership. Leaders and the culture they created did not always ensure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection the provider had not implemented enough improvement to ensure the environment supported people with dementia. Systems to embed and monitor staff training and development, was not accurately recorded. Activities for people were still being developed and embedded.
- At this inspection the registered manager and deputy manager told us they expected the rating from the last inspection to remain the same as they had not made enough improvements. The registered manager split their time to manager Sycamore Court and another service. The home was overseen by a deputy manager in their absence.
- The service was not well-led, there were significant shortfalls in the oversight and leadership of the service which led to poor standards of care. For example, people's records were not always completed and updated to ensure staff had the right guidance to support people safely.
- The registered manager had not fulfilled their responsibilities in monitoring and ensuring there were adequate staffing levels to support people safely. This lack of oversight had led to the quality of care deteriorating.
- We received mixed feedback from staff, people and relatives and everyone we spoke to felt there was not enough staff to support people safely.
- The management had created a negative culture where staff told us, they did not feel supported or listened to. One member of staff told us, "We are always working under pressure, lots of targets. Always reminded of the work that has not been done. At the end of the shift you have to record and update people's care plan when you are tired after a long shift, this can lead to errors."
- The registered manager and provider had not ensured adequate quality assurance systems were in place to facilitate on-going monitoring and improvement of the home. For example, staff competency was not assessed to ensure staff had the knowledge and skills to deliver safe and effective care.
- People's care plans did not always contain personalised information to support staff in knowing people well. This meant the delivery and quality of care delivered was not person centred. People received task-focused support which did not always enhance their quality of life and well-being.
- Changes to people's care needs were not always updated in their care plans to reflect current need and give guidance to staff.

- There was no evidence within care records that the registered manager had spoken with people and their relatives about their preferences and wishes for when people reached the end of their lives.
- Staff understanding of MCA and DoLS was poor and they did not always support people in the least restrictive way possible and know who had a DoLS in place. A tracker provided to us by the registered manager did not contain accurate and up to date information regarding who had a DoLS authorisation in place.
- Staff did not receive consistent supervision and although the registered manager held regular staff meetings, we found the minutes of the meetings were task-focused and highlighted what staff hadn't done. This did not promote a culture of continuous learning to improve care and support.
- The registered manager told us, they carried out regular observations around the home. However, we found no evidence of these audits to show what the issues and actions were, to improve service delivery.
- The provider had failed to create an empowering, open and person-centred culture. People were not consistently receiving a good service which meant good outcomes for people were not being achieved.
- People and their relatives were not fully engaged in the running of the service. People had limited opportunities to provide feedback.

The provider had failed to assess, monitor and improve the quality of the service and maintain accurate, contemporaneous records.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had completed some audits to monitor falls, accidents, incidents and medication. This supported the registered manager to identify any patterns or themes.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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 registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The provider and registered manager had not ensured there were regular opportunities for people and their relatives to feedback and engage openly about their experiences of the home.
- Partnership working with others to meet people's needs was mixed. Staff had made some good partnerships with healthcare professions, but some professionals we spoke with told us their advice and actions were not always followed up.
- Staff handovers were held at the beginning of each shift to share key information about people's needs and highlight any changes in their health
- The registered manager and deputy manager attended regular manager forums.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider had failed to ensure the environment was suitable for the purpose for which they are being used.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs, or reflected their preferences.

The enforcement action we took:

We imposed conditions on the provider's registration for this location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider had failed to ensure that care and treatment of service users must only be provided with the consent of the relevant person.

The enforcement action we took:

We imposed conditions on the provider's registration for this location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to ensure that care and treatment of service users must only be provided with the consent of the relevant person.

The enforcement action we took:

We imposed conditions on the provider's registration for this location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured that all is reasonably practicable to mitigate risks to people and follow good

practice guidance to make sure the risk is as low as is reasonably possible to people. The provider had failed to provide care and treatment in a safe way to mitigate risks to people's nutritional and hydration.

The enforcement action we took:

We imposed conditions on the provider's registration for this location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and improve the quality of the service and maintain accurate, contemporaneous records.

The enforcement action we took:

We imposed conditions on the provider's registration for this location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not ensured there were sufficient staff to meet people's needs. This increased the risk of people's needs not being met in a timely way and placed people at risk of harm. The provider had failed to ensure that staff received appropriate support, training, professional development, supervision and appraisal, as necessary to enable them to carry out the duties they are employed to perform.

The enforcement action we took:

We imposed conditions on the provider's registration for this location