

Alternative Futures Group Limited

Sycamore Lodge

Inspection report

54 Greenheys Road
Wallasey
Wirral
Merseyside
CH44 5UP

Tel: 0151 638 7625

Website: alternativefuturesgroup.org.uk

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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 

Overall summary

The inspection took place on 25 February 2015 and was unannounced. Sycamore Lodge is part of a group of homes owned by Alternative Futures. The home is situated in a residential area of Wallasey, Wirral. Sycamore Lodge provides accommodation and support for people with learning disabilities. It is registered to provide accommodation and personal care for up to twelve people, there were two people living there when we visited.

The manager was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

We last inspected the care home on 29 January 2014. At that inspection we found the service was meeting all the essential standards that we inspected.

The people had lived at Sycamore Lodge for a considerable number of years and considered it to be their home. There was a small team of eight support staff, including the manager. All of the staff had a National Vocational Qualification (NVQ) level 2 or 3. During our visit we saw that there were enough staff to support people and meet their needs, and everyone we spoke with considered there were enough staff.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding. We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor. We found that the home was clean and well-maintained. Records we looked at showed that the required safety checks for gas, electric, and fire safety were carried out.

The people living at Sycamore Lodge were unable to communicate with us. The relative we spoke with

confirmed that people had choices in all aspects of daily living. Menus were flexible and the staff provided specialist dietary meals as one person had a soft diet and the other person was Percutaneous endoscopic gastrostomy (PEG) fed.

The two people who lived at the home were dependent on staff support for all of their personal care needs. They were registered with a local GP health centre and had an annual health check carried out. Records showed that people saw a dentist, optician, and chiropodist as needed.

The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences.

The expert by experience commented:

"It would pass the mums test. There is a good atmosphere in the home and there were lots of nice decorative touches designed to meet the sensory needs of the people living there. The staff really enjoy working there and retaining staff meant that people had built up a good relationship with the staff".

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 support people and keep them safe. There had been no new members of staff since our last visit. All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean and well-maintained and records showed that the required safety checks were carried out.

Medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

Good



Is the service effective?

The service was effective.

There was a small team of eight support staff, all of whom had completed a National Vocational Qualification (NVQ) in care at level 2 or 3.

All staff had received training and were being provided with an on-going training plan. Staff had good support with supervision and annual appraisals taking place.

The communication with staff and the people living at Sycamore Lodge was respectful, calm and reassuring.

Menus were suitable as specialist nutrition was provided to the two people. People's weights were recorded monthly.

People were all registered with a local GP practice and had an annual health check. People were supported to access community health services including dentist, chiropodist and optician.

Good



Is the service caring?

The service was caring.

A relative told us that staff treated the two people extremely well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment. One person had family and another had an advocate who were very involved in the decision making processes. The staff always discussed options.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

The care plans we looked at contained information about the person's life and their preferences. Each person had plans for their care and support. The information provided sufficient guidance to identify people's support needs.

There was a personalised activities programme that was aimed at meeting the people's interests and likes.

There was a good system to receive or handle complaints. The home had a complaints procedure. A relative told us staff listened to any concerns they raised.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

Is the service well-led?

The service was well led.

The manager worked alongside the staff as part of a team. The staff were supported by the manager.

There were systems in place to assess the quality of the service provided at the home.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good



Sycamore Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 February 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the manager. The local

authority informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

We focused on observing the care and support provided to the people who lived in the home and speaking with staff. The afternoon was spent looking at medication, care plans and records related to the running of the service.

During our inspection we communicated with two people who lived in the home, two support staff, the manager and the area manager. We observed care and support in communal areas, spoke with a relative and an advocate on the telephone, looked at both care records and looked at all of the staff records. We also looked at records that related to how the home was managed.

We requested information from the provider after the inspection. The information sent by the manager was the infection control audit record.

Is the service safe?

Our findings

We asked a relative we spent time talking with if they thought the home was safe, they said it was very safe.

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed every two years as part of the organisation's 'Support Essentials' refresher training programme. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. There were no safeguarding incidents reported at Sycamore Lodge in the last twelve months.

All staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We spoke with the manager about how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that detailed risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in the two people's care plans we looked at and they were reviewed monthly. Accident and incident policies and procedures were in place, records looked at informed that there were no incidents or accidents recorded in the last twelve months.

We spent time in all areas of the premises and could see that Sycamore Lodge was well maintained and comfortable for the people living there in the areas they lived in. There were areas that required decorating. In discussion with the area manager and manager we were told that the home will be closing. Consultation meetings had taken place and new homes for the two people were being looked at however there was nowhere suitable at present to meet their needs. Until a suitable home was found they would continue living at Sycamore Lodge. Relatives were aware of this when spoken with.

Health and safety had been checked through various risk assessments and audits. The provider had a designated member of staff who was responsible for checking the environment who visited the home. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing

of gas and electrical installations and fire equipment. We found that the home was clean and well-maintained and provided a safe environment for people to live in. We saw records to show that regular health and safety checks were carried out and that regular servicing and checks were also carried out on equipment. A fire risk assessment was in place and had been reviewed and updated in July 2014. A premises risk assessment was dated July 2014 and a detailed business continuity plan was in place. This showed that the provider was ensuring any identified risk areas had action plans in place to minimise any risk at Sycamore Lodge. Information was on display for staff in case of emergency and gave details of people's mobility needs.

We asked a relative if there were enough staff to support the people and they said "Yes, they are always doing something for my relative, so attentive and caring". The manager told us that staff numbers were always flexible and additional members of staff could be deployed if anyone required extra support or for social outings. We looked at the staff rotas for December 2014 and January 2015 the staff ratios were sufficient to meet people's needs.

The manager was aware of the checks that should be carried out when new staff were recruited. We looked at the staff recruitment files for all staff working at the home that were stored online. We saw they had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

The expert by experience asked staff if the two people got their medicines in a safe way and on time. Staff confirmed that they did and one person added "We always make sure medication is provided at the relevant time. We have all received Percutaneous endoscopic gastrostomy (PEG) feeding training as we administer medicine to one person in that way".

We spent time with the manager who was responsible for medication at the home on the day of our inspection. We saw that medicines were stored safely in a medication locked cupboard. Records were kept of medicines received and disposed of. We looked at the Medication

Is the service safe?

Administration Records (MAR) for the two people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. There were no controlled drugs currently being used at the home.

The records we looked at indicated that people always received their medicines as prescribed by their doctor. We saw no missed signatures. Both people had items prescribed to be given 'as required' (PRN). This was written on the medication administration record sheets and

recorded on the back of the MAR sheet, what had been given with the amounts checked every time. All staff received regular training about the safe handling of medicines.

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers within the location for staff and visitors to have the opportunity to wash or disinfect their hands appropriately. People were protected as the staff did follow universal safe hand hygiene procedures. There was an audit of hand hygiene completed by the provider in February 2015.

Is the service effective?

Our findings

The expert by experience asked staff if the people were restricted or stopped from doing things they wanted to do. Staff said that there was a plan of care that was put in place by the local authority, the staff, relatives and an advocate for one person. The two people living at the home required the full support of staff at all times.

Staff told us that they had a lot of training provided to ensure they were competent in their roles. Comments made were “I attend a lot of training; it’s good to learn new things”. Another said “Really good training, the manager is really good at promoting training to us. I do enjoy the training provided”.

Training records we looked at informed that all staff had completed training about values, fire safety, food hygiene, infection control, administration of medicines, first aid, control of substances hazardous to health, diet and nutrition, challenging behaviour, safeguarding and moving and handling. The provider had a two day training programme that all staff attended every two years called ‘Support Essentials’ refresher training to ensure they were up to date with the policies and procedures. All of the staff had a National Vocational Qualification (NVQ) level 2 or 3.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff were aware of the Mental Capacity Act (MCA) 2005; however none of the staff had received training in the MCA. In discussion with the manager about MCA awareness and training we were told that staff would all be attending the training when the provider had initiated a training session. She told us that there were three Mental Capacity Act leads based at the Head Office who had specialist knowledge and were available for advice. Also we were told that the providers Intranet system had a new page dedicated to

Mental Capacity that was going to be accessible for staff and within the information was an Easy Read Guide to the Mental Capacity Act. The manager told us that she was in process of applying for DoLS for the two people living at the home and was liaising with the local authority.

We discussed the policy and procedure for (MCA) at the home and what procedures were followed for the two people living there who did not have capacity to make any decisions for themselves. We were shown records of ‘Best Interest’ meetings taking place that included medical interventions and purchasing a specialist chair. Other professionals were part of the ‘Best Interest’ meetings and records showed the outcomes agreed. The provider does need to ensure that the manager is familiar with the new procedure for (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us that there was no use of restraint in the home and our observations confirmed this.

Staff told us that they had supervision meetings with the manager every six to eight weeks. There was an annual appraisal procedure that had been implemented for staff. We were told by the two staff spoken with that they had received an annual appraisal from the manager. They said they were appropriately supported and that there was an open door policy at Sycamore Lodge where they could talk to the manager about any concerns they had and they always felt listened too. We were shown the supervision and appraisal meeting records by the manager who also said she was supported in her role.

We observed staff interacting with people throughout the day. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard and observed throughout the inspection communicating and interacting with the people confirming their movements and signals informing that they required support. Staff were observed supporting people to make decisions and being very patient. A relative informed us that staff met their relatives individual care needs and preferences at all times.

People were supported to have sufficient food and drink. The two people were supported at all times to eat and drink by staff. We discussed the timing of meals and were told by the manager and staff that food and fluid was provided when the people were awake in the morning and then throughout the day. We spent time in the kitchen as there was only one person having their meals cooked and

Is the service effective?

liquidated there was only a small amount of food in storage. The manager and staff said they purchased fresh food on a regular basis. A relative told us that the staff ensures their relative has sufficient food and drink.

The manager told us that the staff took the two people out into the community in their specialised wheelchairs to medical appointments, monthly weighing at a specialist location where the wheelchair and the person was weighed and to attend activities. This was recorded in the person's daily records, care plan and risk assessments and was reviewed annually or before if required. We looked at all of the records for both people living at Sycamore Lodge.

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed one observational record for a person who was being monitored for food and fluid intake. The observational records were seen to be completed appropriately.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing and records looked at informed how staff would liaise with other professionals if there was reason for concern. Staff were also competent in noticing changes in people's behaviour and acting on that change. Records we looked at also informed how the staff ensured that people had the relevant services supporting them. The manager told us that doctors visited the home as required and the service was excellent.

We saw that people had been enabled to personalise their own rooms. There were a lot of sensory objects in the rooms to provide stimulation. Music was played throughout the day, we were told that this was something both people really enjoyed, and the music was changed intermittently. A relative told us they were happy with their relative's room and if they had an issue with the room they would report it to the manager. We looked at the maintenance records that showed that any repair issues were dealt with promptly.

Is the service caring?

Our findings

The relative we spoke with told us that staff treated their relative very well. Comments included, “Fantastic staff, absolutely overwhelmed at the care provided. Can walk away happy knowing they are being so well cared for. Nothing to complain about it’s a lovely home and me and my family know they are giving a hundred percent”. We observed caring interactions between staff and the people living at the home. We observed that the people who used the service were supported at all times by staff. Staff were heard talking to the people about what they were supporting them with and what choices and decisions they were making about their care and treatment at that time.

We saw a member of staff talking to a person who showed signs of anxiety. The member of staff acted immediately to the sound and was compassionate and respectful to the individual and calmed them down by talking to them. We observed staff reacting in a timely and respectful manner when they were supporting people.

A relative was very positive about the care and support provided at Sycamore Lodge. We were told that family members visited different times of the day and evening and that staff were always welcoming. They said “My relative is happy and comfortable the staff are excellent, and they are so caring”.

The manager and staff told us the two people could not express their wishes and one had family and friends to support them to make decisions about their care. The provider had an effective system in place to request the

support of an advocate to represent one person’s views and wishes when required. An advocate we spent time talking with said the staff listened to and engaged with the person they represented. The information for advocates was displayed on the notice board by the staff work station.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. The manager and staff told us that the two people were able to see personal and professional visitors in private either in their own rooms.

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. Staff were seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. The relationship between the staff members and the manager, with the people at Sycamore Lodge was respectful, friendly and courteous.

The two people were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom. We discussed end of life care, the manager told us that the people would be cared for and supported with the help from health professionals at the home if this was in their best interests.

The expert by experience commented:

During my observations I noticed staff being kind and attentive to the needs of the two people, it’s a nice caring home.

Is the service responsive?

Our findings

A relative we spent time talking with were happy with the care provided by staff. Comments said “Staff are always providing activities and stimulation to keep my relative happy”, and “I am very involved in the person centred care plan as is my family. We talk to staff about their likes and dislikes, staff know what they want”. We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

We looked at the two people’s care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed to inform staff what care to provide. The records fully informed staff about the person’s emotional wellbeing and what activities they enjoyed. Staff were very knowledgeable about the two people living at Sycamore Lodge and what they liked to do.

We spent time talking to a relative who told us that staff were always providing activities to their relative. We spent time with the two support workers on duty discussing activities and looking at the care plans and daily records. Activities included, going for a coffee morning in the community, pamper days, music constantly being played for stimulation, using the sensory equipment in the sensory room and listening to talking books. There was outside entertainment including singing provided at Sycamore Lodge. Activities discussed were mainly one to one activities as this was more beneficial to each person. Throughout the inspection staff were seen providing activities and stimulation to both people. One person was taken out in the afternoon for a coffee; we were told this was a favourite activity as they really enjoyed coffee from a certain café.

People’s needs were formally reviewed monthly or more frequently, if required. There were monthly comments on

the care plan records to inform staff had assessed the person and informed if there was any changes to the care and support provided. A relative we spoke with about their relative’s reviews of care and care plans, were totally aware of what the care being provided was and said it’s what their relative required from staff. They said it was what the family and social services had agreed to.

Each person had an ‘Anticipatory Health Calendar’ staff completed daily recording sleeping, eating, drinking, continence, behaviour and pain. The calendar is colour coded to show what actions staff may take including normal, different and immediate action. We looked at both people’s ‘Anticipatory Health Calendar’ that showed actions taken by staff. The actions were recorded in the care plans and daily records.

A relative told us staff listened to any concerns they raised, however they said they had no reason to complain. There were no complaints raised at the home in the last twelve months. We were provided with the complaints policy and procedure. The relative told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the staff work station. Also the complaints procedure was given to the people living at the home and their relatives.

The manager told us that they invited people to visit Sycamore Lodge and had an annual charity day for ‘Make time for tea event’ where relatives and people from the community were invited to attend. Staff told us that the two people living at the home enjoyed participating and it was fun.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We looked at records of contacts including speech and language therapists, Percutaneous endoscopic gastrostomy (PEG) feeding specialists, physiotherapists, nutrition experts requesting they attend to people’s treatments for their health and wellbeing.

Is the service well-led?

Our findings

The staff we spoke with and a relative told us that the manager was always available. Comments included “The manager is really good and communicates to me and my family how our relative is doing. They are fantastic at informing us of any changes in their health, couldn’t ask for more”. Staff comments included “The manager is very good and supports us all the time. She will help and be hands on when we require support. Always available”, and “The manager is really good, we are a really good team and all do as much as we can to ensure that the two people are well cared for”.

The leadership was visible and it was obvious that the manager knew the people who lived in the home extremely well. Staff told us that they had a good relationship with the manager and that they were supportive and they listened and actioned issues raised quickly. We observed staff interactions with the manager which was respectful and light hearted. There was a manager or a senior member of staff always available on duty or contactable by telephone to make sure there were clear lines of accountability and responsibility within the home.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, “It’s a fantastic place to work, I love working here and looking after the people. I think we provide really good care”, and “We do provide really good person centred care here even though the people can’t verbalise we can understand them. We know what they want and we do provide good care”.

There were systems in place to assess the quality of the service provided in the home that included weekly medication audits, staff training audits, health and safety audits, infection control, incident and accident audits.

We looked at the ways people were able to express their views about their home and the support they received. The two people living at the home were unable to complete satisfaction questionnaires. Relatives were asked to complete annual questionnaires. One person had an advocate who was used by the service for any representations required. We spent time talking to the advocate who told us the manager and staff were very engaged with the person and sought to provide the best care for them. We were told that open days were held, the next one was on the 27 March 2015.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. There had been no significant events reported at Sycamore Lodge in the last twelve months.

We looked at a selection of records throughout the day. All were seen to be up to date and relevant. Monitoring records looked at for two people were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual’s needs. Confidentiality was maintained with locked filing cabinets and password protected computers which were in a secure place.