

Premier Nursing Homes Limited

Sycamore Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

A new provider had taken over the service in the past 12 months and this had led to the registered manager and deputy manager implementing new systems around care planning, risk assessment and staffing. The staffing levels had reduced since this change because the tool the provider used to work out the number of staff needed did not consider the needs of people living with dementia or those with nursing needs. This change had led to people having to wait for key areas of support such as meals, drinks and personal care. We discussed our observations with the provider and they immediately reacted to this and increased the staffing levels. They agreed to review the way they determined staffing and to ensure they checked their system worked.

The lack of resources had impacted on the time the registered manager and leaders had to ensure risks were managed well. For example, people's hydration, nutrition and pressure area care monitoring. The records we viewed did not always reflect support had been given. Changes were made immediately and on day three of inspection better records were viewed and systems to monitor this were in place.

The provider had started to implement their own systems to check the safety and quality of the service and this had not picked up the staffing and record keeping issues we noted. They agreed to reflect and develop their systems further.

Although staff morale was low the main motivation of staff at all levels from the care workers to the registered manager and provider, was for the best interests of people to be maintained. We were confident the registered manager and provider understood their role in engaging with the whole staff team to listen and support them moving forwards.

People had good health care support from professionals. Where staff noted a concern they quickly involved healthcare professionals, this included support to manage people's nutrition and pressure area care.

People received care and support based on their needs and preferences. Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care.

People told us they felt well cared for by staff who treated them with respect and dignity. People enjoyed the range of activities on offer but told us they felt bored at times. The provider quickly responded to this feedback and increased the number of days activities support was available. People were pleased with this.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (report published 14 September 2017)

About the service: Sycamore Hall is a residential care home that provides personal and nursing care for up to 60 people, some of whom are living with dementia. At the time of the inspection 58 people lived in the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection and that the impact of poor resourcing has meant the rating remained Requires Improvement. This is the third time this service has been rated Requires Improvement.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure the provider improves the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our findings below.

Good ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, a specialist advisor (SPA) in nursing and an expert by experience conducted the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Days two and three of the inspection were carried out by one inspector.

Service and service type: Sycamore Hall is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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 inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and nine relatives to ask about their experience of the care provided. 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 spoke with ten members of staff including the chef, deputy manager, clinical lead, nurses, senior care workers and care workers. We spoke with the registered manager, area manager and area director during the inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at three staff files around staff recruitment and seven in relation to training and supervision records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Aspects of safety were not consistent enough to protect people from avoidable harm

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. However, the records used to monitor those risks such as hydration, nutrition and pressure care were not well maintained and were not used to understand progress or risk. The registered manager responded quickly during the inspection and introduced new systems which were more effective. Staff told us the new systems worked better and they knew each person's progress at any time.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. This was because they knew people's preferences and what approach worked to enable the person to relax.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels

- The provider had not ensured enough staff were on shift so that people received support in a timely way. One person told us, "I don't think there is enough staff, sometimes I have to wait up to half an hour when I want to go to the toilet." We spoke with the provider who agreed to change the way they worked out how many staff were needed. On day two and three of the inspection this had improved. We discussed with the provider that this must be maintained to ensure safety and quality of the service. They agreed to do this.
- We saw all staff had been recruited safely by the provider. Where agency workers were used the agency had not always provided information the registered manager required. The registered manager agreed to ensure this happened in the future.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives were able to explain to us how the staff maintained their safety. One person said, "I feel safe because of the security here." Relatives told us, "My family member is safe, the staff are here and the door is shut" and "Staff make sure my family member has their walker and they are in a room by the office to keep an eye on them. There are codes on the doors to keep them safe."
- A visiting professional told us, "Staff appear to now be more aware of how to report safeguarding issues and have raised issues promptly over recent months."

Using medicines safely

- Medicines were safely stored and destroyed for example, where people refused to take them or they were no longer required.
- Records to evidence the receipt and administration of medicines needed to improve, particularly where a prescription may have changed or new stock had been delivered. It was difficult at times to understand the stock balance because of the way records were maintained. We found no evidence anyone was harmed

because of this. Poor records do however increase the likelihood that errors will occur. The provider agreed to make improvements in this area.

- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines. One person told us, "I get them at the right time."

Preventing and controlling infection

- The service managed the control and prevention of infection well. A programme of refurbishment was ongoing to replace furniture and flooring which may have a malodour.
- Where malodours were noted staff quickly responded and the housekeeping staff understood how to maintain good hygiene.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The staff did not always review risk assessments and care plans following incidents. The registered manager agreed to do this in the future.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

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

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

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "Watching staff deal with people gives you confidence."
- Staff had completed a comprehensive induction and had opportunity for supervision and appraisal. The registered manager knew some staff had not received as much supervision as others and a plan was in place to address this. Where appropriate, staff had time to maintain their professional registrations such as those for a nurse.

Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.
- Where people were at risk of poor nutrition and dehydration plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- In the safe section of the report we explained that at times staffing levels were low. This impacted on the wait people had to receive their food and hydration at times. The registered manager reviewed and addressed this at the time of our visit.

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- A weekly visit to people at the service was conducted by a GP. This had led to a reduction in admissions to hospital. The GP told us, "A nominated staff member accompanies me on the 'ward round'. This has helped improve continuity and quality of care by ensuring good quality handovers to other staff members."
- It was difficult to find the last date people saw some professionals, for example the dentist. The provider told us they would implement a better system in the care plans so dates were easier to locate.

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

- People were involved in decisions about the premises and environment; for example, the colour of their

room and support in the garden with the plants tended to.

- The registered manager had assessed the environment against an evidence based tool which helped them understand if the service was dementia friendly. A positive result was achieved. We saw support for people living with dementia to orientate themselves and find their way around the premises was successful.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment was used effectively to meet people's care and support needs. For example, people used sensor mats to alert staff that they needed support.

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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they 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.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "Staff are always there for me and they explain things to me." A relative said, "Staff know how to look after my family member they have a good attitude and talk with them."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "The staff are wonderful, I am spoilt. I am well looked after. Staff are nice to me."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- A member of staff described to us how they approached treating people well, they said, "I try to be as calm and clear as possible. I monitor my tone of voice to help people stay calm. I make sure people wear their glasses and hearing aid so they don't get frustrated."

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.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- 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 were required to wait for support when staffing levels were low. This issue has been explained in the safe section of this report.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were invited to have meals with people if they wanted to. Another person was supported to access the local pub they used to spend time in prior to moving into the service.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff keep my privacy and knock on my door and ask to come in. They do my personal care in a way I like and always shut my curtains."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to be supported with personal care was recorded and staff referenced this each day to care for the person.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People had access to activities three days per week. People told us they felt bored at times when activities were not planned. The registered manager responded to this feedback during our inspection and arranged for activities staff to work across five days each week.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. We discussed with the registered manager how such day to day feedback could be recorded to help them understand themes and patterns. They agreed to implement a new way to record day to day feedback.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- 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.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away. Relatives told us they felt involved and listened to in the last days of their family member's life, that this was very important to them, and something which they appreciated very much.

Is the service well-led?

Our findings

Leadership and management did not consistently assure person-centred, high quality care and a fair and open culture.

Promotion of person-centred, high-quality care and good outcomes for people

- Staff told us that at times they did not feel listened to where they had told leaders the number of staff on shift was low and that this impacted on their ability to provide care in a timely way. Staff who worked at night time had little contact with the leaders and managers and they felt this meant they would be less likely to find them approachable. Staff understood the provider's vision, however they felt frustrated that they could not deliver what was expected of them due to poor resources at times. Work to engage the whole team including those on nights in the continued development of the service was needed.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. The provider had taken over the service in the past 12 months and the registered manager and deputy had worked hard to implement new systems and to recruit a senior team who shared their vision for the service. A new senior team was now in post and senior care workers were more actively involved in the running and development of the service than they had been in the past.
- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

Manager's and staff roles, understanding of quality performance, risks and regulatory requirements.

Continuous improvements and improving care

- The service was well-run. People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.
- The quality assurance system was new to the registered manager and the provider aimed to embed their systems robustly so they could understand quality and safety. Areas for development we have noted such as staffing, record keeping, activities provision and staff morale were not picked up by the providers audit process. They agreed to review their methods to ensure they capture such patterns going forward.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- People, relatives and visiting professionals had completed a survey of their views and the feedback had been used to continuously improve the service.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- A culture of continuous learning meant staff objectives focused on this and improvement.