

Viridian Housing Sycamore Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 15 and 16 June 2015. The visit on 15 June was unannounced and we told the provider we would return the next day to complete the inspection. At our last inspection in July 2014, we found a number of breaches of regulations. At this inspection, we found the provider had taken action to address the issues we identified and standards of care for people using the service had improved.

Sycamore Lodge is a service that provides accommodation, nursing and personal care for up to 77 older people, including people living with dementia. At the time of this inspection, 74 people were using the service.

The provider appointed a new manager in January 2015 and the manager has applied to the Care Quality Commission for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider needed to improve risk management, especially for people who smoked in their rooms. There were gaps in the staff training records and the provider needed to make sure all staff were up to date with the training they needed to look after people safely and effectively. The provider also needed to make sure they were following procedures to comply with the Deprivation of Liberty Safeguards (DoLS).

You can see what action we told the provider to take at the back of the full version of the report.

Most people using the service told us they were happy with the care they received. We also received positive feedback from people's relatives and visiting healthcare professionals, who felt the service was well run and people's changing needs were identified and met.

Staff recruitment procedures were in place and were being followed to ensure suitable staff were being employed at the service.

Staff supported people in a caring way, respecting their privacy and dignity.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Complaints procedures were in place and people and relatives said they would feel able to raise any issues so they could be addressed.

Medicines were being well managed at the service and people were receiving their medicines as prescribed.

Care records reflected people's needs and interests and were kept up to date. Communication between the manager and staff was effective and staff understood people's changing care and support needs.

Systems were in place for monitoring the service but these were not always effective so action was not always taken promptly to address any issues identified.

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 not always safe.

Risk assessments did not always address risks to people using the service and others.

The service had enough staff to care for and support people and the provider carried out checks to make sure staff were suitable to work in the service.

People consistently received their medicines safely and as prescribed.

Requires improvement



Is the service effective?

The service was not always effective.

The provider did not follow procedures to make sure that people are only deprived of their liberty in a safe and correct way.

Staff did not always have the training they needed to care for and support people.

Staff supported people to access the healthcare services they needed.

Requires improvement



Is the service caring?

The service was caring.

Staff supported people gently and patiently. They listened to people and always treated them with respect.

Staff encouraged people to take part in activities but, where people chose not to take part, staff respected their choices.

Good



Is the service responsive?

The service was responsive.

The provider arranged activities that reflected people's interests and that people enjoyed.

The provider displayed information about their complaints and whistle blowing procedures on each unit.

Good



Is the service well-led?

Some aspects of the service were not well led.

The provider had appointed a new manager in January 2015 and they were applying to register with the Care Quality Commission (CQC).

The manager had consulted people about their views on the service and the care and support they received.

Requires improvement



Summary of findings

Systems were in place to monitor the running of the service but these did not always identify issues that needed to be addressed.

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.

This inspection took place on 15 and 16 June 2015. The visit on 15 June was unannounced and we told the provider we would return the next day to complete the inspection.

The inspection team comprised one inspector, a pharmacy 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. The expert by experience for this inspection had experience of supporting people living with dementia.

Before the inspection, we reviewed the information we hold about the service. This included the last two inspection reports and notifications the provider sent us about significant incidents affecting people using the service.

During the inspection, we spoke with 16 people using the service, five relatives and friends or other visitors. We also spoke with 14 members of staff including nurses, care assistants, the home's manager and heads of care and nursing and two visiting healthcare professionals. We also looked at care records for 10 people using the service and other records including staff records, training records and audits carried out by the provider and manager.

We contacted the local authority safeguarding and commissioning teams and spoke with the service's GP and a community nutritional advisor.

We observed interactions between people using the service and staff throughout the inspection.

We also used the Short Observational Framework for Inspection (SOFI) during the lunchtime on one unit during the second day. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last full inspection in July 2014, we found there were not always enough staff on duty to meet people's needs and staffing levels were not effectively monitored or managed. Staff recruitment checks were not fully completed and therefore did not protect people from staff unsuitable to work with vulnerable people. During this inspection, we found the provider had taken action to address the concerns we raised.

The provider identified risks but did not always take appropriate action to keep people safe. The provider's fire risk assessment for the service was comprehensive and they had reviewed it in May 2015, but it did not consider the risks to people using the service who smoked. Two people's care plans indicated they smoked in their bedrooms and staff were instructed to keep windows open, doors closed and ashtrays clean. However, one person's bedroom door did not close fully and the unit smelt strongly of cigarettes on both days of this inspection. Both people's care records referred to burns on their bedroom carpets and, in one case, on the person's bed linen. The risk assessments did not fully consider risks to the person who smoked, staff and visitors to the home.

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

People using the service told us they felt safe. Their comments included, "I'm confident my [relative] is safe, it's a good home" and "I feel perfectly safe here, thank you." A relative told us, "I never have to worry, I know my [relative] is safe and happy."

Where people's care records said they were safe to go out of the service unaccompanied, staff respected this and we saw two people coming and going as they wished. One person told us he went weekly to work for two hours in a charity shop.

People using the service, their relatives, nurses and care staff told us there were usually enough staff to meet people's care needs. Their comments included, "I don't have to wait too long if I need help, I know they're busy and they're doing their best," "There always seems to be enough staff around, [relative] has never said they are short staffed and we've never had any concerns," "It's got better recently, we used to struggle sometimes but now we

usually have enough staff to manage" and "People are becoming more dependent, we manage at the moment but we have some vacancies, it would be hard if the unit was full."

During the inspection, we did not see people having to wait for care or support. There were enough nurses and care staff on duty in each unit to respond promptly to people's requests for support and staff worked well together to meet people's care needs.

The provider had systems in place to ensure they recruited staff that were suitable to work with people using the service. Staff records included proof of identity and right to work in the UK, a minimum of two references, criminal record checks and checks of professional registration, where required. Staff told us the provider had carried out all checks before they were able to work with people in the service.

The provider had systems in place to safeguard people using the service from abuse, unsafe or inappropriate care. Nurses and care staff were able to tell us about the provider's procedures and how they would respond if they had concerns about a person using the service. Their comments included, "I would tell my manager straight away if I thought someone was abusing people," "We know we have to tell someone if we think people are being abused" and "I have done safeguarding training and I would report any concerns, if I thought nothing was being done I would whistle blow."

People's care records included risk assessments for areas including nutrition, pressure care, risk of falls and mobility. Staff monitored and updated the risk assessments each month or more frequently, if required. For example, staff updated one person's risk assessment and care plan after they fell and increased staff support when they helped the person with their personal care.

Staff were able to describe the kinds of risks associated with the care of people using the service and the actions they took to manage these risks. Care plans and risk assessments included clear guidance for staff. For example, turning charts and wound management plans were in place for people with pressure sores.

The service had a dedicated bedrail assessment document and staff had completed this when bedrails were needed to

Is the service safe?

keep people safe. Where a person was at risk of falling out of bed but bedrails were not suitable, staff understood the need for a safety mat by the bed to minimise the risk of harm to the person, without restricting their movement.

Staff had recorded information about people's individual needs in respect of evacuation of the building should this be necessary, so appropriate help and support could be provided.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how they obtained medicines and we saw that supplies were normally available to enable people to have their medicines when they needed them.

As part of this inspection, we looked at the medicine administration records for 35 out of 74 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and

fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and staff recorded any reasons for not giving people their medicines.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. We saw the temperature of the rooms used to store medicines was not being recorded to check it was in the required range.

We recommend that the provider introduces procedures to record the temperature of rooms used to store medicines.

Records showed that controlled drugs were managed appropriately.

We also saw the provider did monthly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. This meant the provider had systems in place to monitor the quality of medicines management.

Is the service effective?

Our findings

At our last full inspection in July 2014, we found people's nutritional needs were not always met and staff did not always carry out regular checks of people's general well-being. During this inspection, we found the provider had taken action to address the concerns we raised.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. While the provider had policies and procedures in place, managers and staff had not always followed these to make sure they protected people's rights. For example, the exit doors on each unit were locked with a key pad. The manager told us some people knew the code and could leave the units when they chose. Other people, including people living with dementia, were not able to leave the units without staff support. The provider had recognised this was a restriction but had not applied to the local authority for authorisation of these restrictions.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff training records showed most nurses and care staff had completed the training they needed to look after people safely. However, the provider's training matrix showed a number of staff had not completed training in areas the provider considered mandatory. This included fire safety, infection control, moving and handling and safeguarding adults.

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

Two people told us the home was good and said they felt well looked after. People also told us they usually enjoyed the food provided in the service. One person told us, "The food's usually pretty good, I've no complaints." A second person said, "Most of the time the food is alright, sometimes I'll have a sandwich instead."

Some staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and others told us they were due to attend training in these areas during the week we inspected the service. Some staff

understood people's right to make choices for themselves and the need for them to act in the person's best interest. However, others had a limited understanding of MCA and DoLS requirements.

Care records showed the provider had assessed people's capacity to make decisions about their care and treatment. Where people lacked capacity, records showed the provider worked with people's relatives and professionals involved in their care to agree decisions in the person's best interest. For example, some care records included a Do Not Attempt Resuscitation (DNAR) form. The GP had completed the forms and, in most cases, had discussed and agreed the decision with the person themselves or their relatives, if the person lacked capacity. Two DNAR forms did not record that the person concerned or their relatives had agreed with the decision. We discussed this with the manager who said they would raise this with the service's GP.

There were enough staff to support people who needed assistance at mealtimes. Staff who supported people to eat did so carefully and patiently and sat beside them when providing help.

Staff told us they recorded people's weight each month. Health care records were clear and included the action taken to address any gain or loss of weight. For example, staff referred people to their GP or the dietician for support and advice. A community healthcare professional told us staff referred people appropriately to the dietician and followed the treatment plans they advised.

Where people had been identified as being at nutritional risk, food and fluid charts were in place and we saw these had been completed and kept up to date, so people's intake was being monitored. However, fluid charts did not always include the amount of fluids people drank. The provider's guidance for staff advised them to record amounts of fluid using 'cup' or 'mug' but this did not clearly show the amount they drank and it was not possible to evidence people were properly hydrated. We discussed this with the provider's area manager, manager and heads of nursing and care. They said they would review the guidance for staff and ensure they recorded the amount people drank during the day.

Drinks and snacks were available throughout the day and night and staff could provide these for people when they wanted them.

Is the service effective?

Care records showed staff supported people to access the healthcare services they needed. People's records included information about appointments with their GP and support they needed to attend hospital or clinic appointments. The home's GP told us they visited the home twice each week and saw people that nursing staff thought needed to see their GP. They told us nurses usually referred people appropriately and usually followed treatment plans the GP left to meet individuals' health care needs.

Nurses and care staff told us they had regular supervision with the manager or a senior member of staff. They told us they found the support helpful. Their comments included, "I have met with the new manager and it's been helpful" and "I get the support I need from colleagues, senior staff and managers. However, the provider's record of supervision for nurse and care staff showed that not all staff had received regular, formal supervision. We discussed this with the home's manager who agreed to review and update the record of supervision and appraisals.

Is the service caring?

Our findings

At our last full inspection in July 2014, we found staff did not always promote people's dignity and independence or always meet their diverse needs. In particular, people's communication needs and information about their ethnic and religious identities was not always included in their care records. During this inspection, we found the provider had taken action to address the concerns we raised.

People told us they felt staff treated them well. Their comments included, "The staff are lovely" and "They are very kind." A relative told us, "We think the care is very good, our [relative] didn't like being away from the staff so his room was moved and he's much happier." Another relative said, "My [relative] is very well cared for here, she has friends and the staff are lovely."

Staff interacted with people in a caring and friendly way and explained the care or support they gave people to make sure they understood what was happening. We saw staff supporting people gently and patiently. They listened to people and always treated them with respect. For example, at lunchtime, one person chose not to sit at the dining table with other people. Staff told us this was unusual but they respected the person's choice and ensured they served their meal to them while they sat in an armchair.

People using the service chose where to spend their time. We saw there was a daily programme of activities provided and many people chose to take part. Other people spent time in their rooms when they wanted privacy and spent time in the lounges when they wanted to be with other people. We saw that staff encouraged people to take part in activities but, where people chose not to take part, staff respected their choices. For example, we saw one person

telling staff they did not want to join in the planned activity. The staff member offered the person a second opportunity to take part and when they declined, the staff member said, "That's fine, just join in later if you want to."

Staff told us there was a Roman Catholic mass on Wednesday each week and we saw books of prayers in the library, on the table in one of the lounges and with one of the residents. Staff also told us communion was taken to all the residents who were observant and were unable to attend. People's care plans included some information about their faith needs and how people would attend a place of worship if they chose.

Staff supported people at lunchtime in a calm and unhurried way. They gave people the time they needed to eat their meal and sat with people who needed help to eat. Staff offered people a choice of main course and asked them about the amount of food they wanted. Staff waited until people had finished their main course before they offered them dessert and staff made sure they offered people a choice of cold drinks with their meal. Since our last inspection, the provider had introduced a Diversity Day each week where meals from other countries and cultures were prepared. The week before this inspection staff provided a Caribbean meal and an Indian meal was planned for the day after our visit. People told us they enjoyed these meals.

Care records showed staff asked people about their preferences and routines. For example, records showed at what time people preferred to go to bed and get up in the morning, whether they preferred their bedroom door open or closed at night and their preference for the gender of staff that supported them with their personal care. Nurses and care staff were able to tell us about the care needs of individual people using the service and their preferences and daily routines.

Is the service responsive?

Our findings

At our last full inspection in July 2014, we found people's care plans did not always reflect their preferences or contain enough detail about the person as an individual. There was no information displayed in the home about how to make a complaint and we saw that the acting manager did not always appropriately respond to complaints. During this inspection, we found the provider had taken action to address the concerns we raised.

People told us they enjoyed the activities arranged in the service. One person said, "There's always someone singing and the radio is usually on." A second person told us, There are some activities but they're not all for me. I go and watch TV in my room if I don't want to join in."

The provider arranged activities that reflected people's interests and that people enjoyed. Staff on each unit displayed a programme of daily activities that included exercise classes, hand massage, sing-alongs and quizzes. During the inspection, we saw the home's activity coordinator and care staff carrying out hand massages with people. Staff encouraged individuals to join in with the massage, but also respected people's choice if they preferred not to do so. During the afternoon, a group of 10 people enjoyed a lively sing-along in one lounge.

People's care records included an activities profile form. These showed the activities coordinator sat with individuals and talked about their hobbies and interests and activities they enjoyed. Staff had updated all of the forms we saw between January and March 2015. Care staff kept a log of activities on each unit and these showed the activities people participated in and whether they had enjoyed the activity. On each unit, we saw photographs of activities people had been involved in. These included arts and crafts, parties and music shows held at the service.

Staff brought in copies of a daily free paper for people to read and one person told us they ordered a daily paper and it was delivered to the service.

Staff were available to support people throughout the day in the communal areas and people were not left alone. Staff were aware of people's individual needs and were attentive to these. For example, a member of staff excused

themselves when they were talking to one person when they saw another person needed support. After supporting the person, the member of staff returned to the person they were speaking with and explained what had happened.

Staff had access to information about people and their care needs. People's care records included assessments of their care needs and dependency levels completed by staff from the service or local authority social workers. Staff had used the information from these assessments to develop a care plan for each person using the service.

Staff recorded people's personal care needs and the provider gave staff clear guidance on how to meet these needs in people's care plans. One person told us staff had asked them about their care and support needs and their care plan file included a form they had signed to show they agreed to the care and support they received. The provider included this consent form in other people's care records but we saw the person using the service or their representative had not always signed to show their agreement. We discussed this with managers in the service and they told us they would address this as part of people's care plan reviews.

Care records covered people's personal and health care needs and nurses and care staff reviewed each care plan area monthly. Areas covered in people's care plans included personal care, nutrition, safety, pressure care, night care, choice and autonomy and communication. Since our last inspection, the provider had introduced a 'This Is Me' form and we saw these in people's care records. The form gave nurses and care staff easy access to information about how the person communicated, the support they needed with their personal care and information about significant people and events in the person's life.

Nurses and care staff told us they used a diary and communication book on each unit to record any issues that arose during their shift. This included visits from relatives or health and social care professionals, people's welfare, environmental issues and staff handover. Staff told us there was good communication between shifts and they knew where to find information they needed about people using the service.

The provider displayed information about their complaints and whistle blowing procedures on each unit. People using the service told us they felt able to raise any concerns but

Is the service responsive?

this had not been necessary. Their comments included, “I’ve never had any complaints, everything is very good here” and “We visit all the time and have never had any complaints. We’re sure [manager’s name] would look into any concerns we raised.”

The service’s record of complaints showed the manager recorded details of complaints from people using the service or others. In most cases, the provider carried out an

investigation and responded to the person making the complaint. In one case, we saw the manager had replied to the original complaint but there was no evidence of an investigation or response to the complainant. We discussed this with the manager who agreed she had not followed the provider’s procedures and said she would conclude the investigation without further delay.

Is the service well-led?

Our findings

At our last full inspection in July 2014, we found systems were in place to monitor the service but these were not effective. Staff did not feel supported by the management team and were not involved in the operation of the service. They did not feel confident about raising concerns. Staff did not keep records up to date or in order and some records were not always easily accessed when required. During this inspection, we found the provider had taken action to address the concerns we raised.

The provider and manager carried out a range of checks and audits to monitor the service. However, these were not always effective. Checks by the provider and manager had not identified the issues we identified during this inspection which may have meant people received unsafe or inappropriate care. For example, the provider had not addressed fire safety risks and staff training issues and not following the Deprivation of Liberty Safeguards (DoLS) procedures.

We saw the manager had sent a survey to people using the service and their relatives in January to gather their views on the care and support people received. 43 people had returned surveys and we saw most people commented positively on the service. The manager told us they were collating the responses to produce an action plan for the provider.

Most of the records we reviewed as part of this inspection were up to date and accurately completed. This included medicines records, people's care plans and risk assessments, daily care notes, activities records and staff records. Where we found some discrepancies or inaccuracies in a small number of records, we discussed this with the provider and the manager and they told us they would ensure staff followed these up.

Staff told us they found the managers and senior staff supportive. One member of staff told us, "The new Manager knows what she's doing. You can always ask her for advice." A second member of staff said, "The senior staff are supportive."

The provider appointed a full-time manager in January 2015 and they told us they had applied to the Care Quality Commission for registration. The manager had a recognised professional qualification. People using the service and their relatives told us they knew who the registered manager was and said they were available to speak with at any time. One person told us, "The new manager is very good, very easy to talk to." Another person said, "The managers here are all good and so are all the staff." A visitor told us, "The manager was very helpful when we needed some help with one issue, she was very understanding."

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, staff supported each other to make sure people using the service did not wait for care or attention. One member of staff said, "I think we work well as a team, that's important." A second member of staff told us, "I really enjoy my job, all the staff are good and I think the care is excellent."

The provider kept records of fire drills, fire alarm tests and monthly fire safety checks. Fire detection and fire fighting equipment was serviced in June and December 2014. The provider had arranged for electrical safety, gas safety and legionella tests and all portable electrical equipment in the home was serviced in December 2014.

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Managers, nurses and care staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not assess or do all that is reasonably practicable to mitigate risks to the health and safety of service users.

Regulation 12 (2) (a) and (b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not seek lawful authority before service users were deprived of their liberty for the purpose of receiving care or treatment.

Regulation 13 (5).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service did not receive appropriate training to enable them to carry out the duties they are employed to perform.

Regulation 18 (2) (a).

This section is primarily information for the provider

Enforcement actions

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