

Tricrest Homes Limited

Sycamore Lodge Care Home

Inspection report

2 Burringham Road
Ashby
Scunthorpe
South Humberside
DN17 2BB

Tel: 01724856963

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26 September 2017

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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 ●

Summary of findings

Overall summary

This inspection took place on 24 August and 26 September 2017 and was unannounced. This was the first inspection of the service following a change to the provider's registration.

Sycamore Lodge provides personal and nursing care to a maximum of 45 people. It is situated in the town of Ashby on the outskirts of Scunthorpe. There are bedrooms and bathrooms on two floors, which can be accessed by a passenger lift or stairs. There is a range of communal areas including a conservatory and a number of lounges.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

Staff understood their responsibility to protect people from abuse or harm. They knew they must report potential issues to the management team, local authority or to the CQC, which helped to protect people.

Staffing levels provided met people's needs and were kept under review. Risks to people's health and wellbeing were identified and were monitored by staff to help minimise the risk present to people's wellbeing.

Staff completed training in a variety of subjects on a regular basis to help to develop and maintain their skills. Supervision and appraisal was provided to staff to support them and identify any training or performance issues.

People's dietary needs were monitored and special dietary needs were catered for. Choices of food and drink were provided and alternatives were offered if people did not like what was on the menu. Advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

People made decisions for themselves and consented to receive their care and support. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked mental capacity and important decisions needed to be made, this helped to protect people's rights.

People were cared for by caring attentive and kind staff who went the extra mile to provide people with high quality care. Caring support was provided to people's relatives and visitors. Very positive comments were received about how caring the staff were.

People received exceptionally compassionate end of life care, which was very positively promoted at the service. People received exceptionally compassionate care which was planned in advance with them. We received exceptional comments about this support from people's relatives. The staff excelled to provide

innovative ways of ensuring people achieved their last wishes in their life. The provider, registered manager and staff took pride in supporting people and their relatives at this time to ensure people felt well cared for and supported.

Activities were provided and people were encouraged to maintain their hobbies and interests.

A complaints procedure was in place for people and their relatives to use. Issues raised were acted upon straight away.

People's views about the service were asked for informally on a daily basis by staff or formally through surveys.

On the first day of our inspection we found some environmental issues were present for example; the sluice required cleaning, some window restrictors needed fitting and a stairwell required a brighter light. A noise operated door guard on the kitchen door had to have the battery changed to ensure it worked if the fire alarm was activated. These issues were acted upon immediately and were resolved before we left the service. Checks were put in place and audits were undertaken to prevent these issues from occurring again. Audits were undertaken to monitor the service.

The provider and registered manager had an 'open door' policy in place and there was an on call system in operation, which allowed people, their relatives, visitors and staff to gain help and advice at any time.

The management team worked closely with the local authority and other health care professionals to champion a quality service and take part in pilot schemes to help to enhance the service provided.

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. On the first day of our inspection we found some environmental issues were present for example; the sluice required cleaning, some window restrictors needed fitting and a stairwell required a brighter light. A noise operated door guard on the kitchen door had to have the battery changed to ensure it worked if the fire alarm was activated. These issues were addressed straight away and checks and audits were strengthened to make sure the issues could not occur again.

People told us they felt safe living at the service. Risks to people's wellbeing were identified. There were enough skilled and experienced staff to meet people's needs.

Staff knew how to report potential harm and abuse. Recruitment systems were robust. This helped to protect people.

Good ●

Is the service effective?

The service was effective. Staff were provided with training, supervision and appraisals to help to develop and maintain their skills.

People's mental capacity was assessed and the principles of the Mental Capacity Act 2005 were followed to ensure people were not deprived of their liberty unlawfully.

People's nutritional needs were monitored and advice was sought if staff had concerns.

Good ●

Is the service caring?

The service was extremely caring. People were treated with dignity and respect, staff listened to people and acted upon what was said.

People were provided with information about the service. People's confidential information was stored securely

The service provided compassionate end of life care. Innovative

Good ●

ways of ensuring people achieved their last wishes were supported. The provider, registered manager and staff took pride in supporting people and their relatives at this time

Positive comments and compliments had been received about the care provided to people living at the service.

Is the service responsive?

Good ●

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Activities were provided in line with people's preferences to keep them engaged. People were encouraged to maintain their interests and hobbies.

A complaints procedure was in place, corrective action was taken to address issues raised.

Is the service well-led?

Good ●

The service was well-led. The provider and registered manager pro-actively dealt with any issues raised and worked with other external bodies to improve the service and promote good standards of care.

There was an open and transparent culture at the service. People, their relatives and staff were asked for their views and these were listened to and acted upon.

Checks and audits were in place to help monitor the service provision.

Sycamore Lodge Care Home

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 checked whether the registered 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 commenced on 24 August 2017, it was undertaken by one adult social care inspector and an inspection assistant. We attended the service on 12 September 2017 to finish the inspection but could not do so because the service was closed to visitors to help to prevent the spread of a viral infection. We waited for this issue to resolve and on 26 September 2017 one adult social care inspector finished this inspection.

Before the inspection, the provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority who raised no issues with us. We reviewed all of this information to help us to make a judgement about the service.

We inspected four people's care records and including their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions their rights were protected. We saw best interest meetings were held in order to make important decisions on people's behalf.

We spoke with the provider, registered manager and deputy manager, with six staff, one domestic and the chef. We spoke with five people living at the service and with their relatives.

We looked at a selection of documentation relating to the management and running of the service. These

included three staff recruitment files, three staff supervision records and appraisals, staff training records and rotas, minutes of meetings with people who lived at the service, relatives and staff, quality assurance audits, complaints information, maintenance records and the compliments received. We also undertook a tour of the building on both days of the inspection.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.

Is the service safe?

Our findings

On the first day of our inspection we found some environmental issues were present for example; the sluice required cleaning, some window restrictors needed fitting and a stairwell required a brighter light. A noise operated door guard on the kitchen door had to have the battery changed to ensure it worked if the fire alarm was activated. These issues had had not impacted upon people's health or wellbeing and they were all promptly addressed. We checked to ensure these issues had not re-occurred during the second day of our inspection and found robust checks and auditing was in place to prevent these issues from happening again. The prompt correction of these issues and on-going and thorough monitoring of them assured us these issues had been effectively addressed.

People we spoke with told us they felt safe living at the service and in the company of staff. We received the following comments; "I am safe here", "I am definitely safe living here" and, "There are enough staff." Relatives we spoke with commented; "I have no concerns about safety. There is no problem with the cleanliness of the bedroom", "I am safe in the knowledge he is here, I don't need to worry. Staff go out of their way to make sure he is okay, he is well fed and receives his medicine, nothing is too much trouble, I can go home at night and don't have to worry about him."

We observed staff supporting people in the communal areas of the service. Staff understood people's needs, likes, dislikes and preferences in relation to their care. During our inspection we saw there were enough staff to meet people's needs in a timely way. The staff we spoke with confirmed this, one said, "There are enough staff, I don't think we are rushed. We have a good team of staff here."

We also saw a website provided for people to give their feedback about the service had the following comment about the safety of the service; 'I feel confident that dad is safe, respected and his wellbeing is maintained'.

We spoke with two visiting health care professionals. They confirmed they had never seen anything that worried or concerned them. One said, "I would report any issues straight away."

The provider had a safeguarding and whistleblowing (telling someone) policy and procedure in place, which helped inform the staff and protect people from potential harm or abuse. All the staff we spoke with told us they would report any safeguarding suspicions or concerns straight away and they understood the types of abuse that may occur. We saw staff undertook regular safeguarding training. One member of staff said, "I would report any issues." The management team knew what action they must take to protect people and reported issues, as necessary.

Staffing levels were monitored by the provider and registered manager. People's care needs were monitored using a dependency tool to help determine the number of staff required for each shift. People were supported by staff who had the rights skills. For example, we saw there was always a nurse on duty to provide nursing care to people. During the inspection we saw there were enough staff to meet people's needs. However, we received two comments from people about the staffing levels; one person said, "I don't

think there are enough staff after tea." Another said, "They could do with more staff." We discussed this with the registered manager and they confirmed they continued to monitor the staffing levels provided and make changes accordingly to make sure people's needs are met in a timely way.

We saw throughout the service hand washing facilities were provided and sanitising hand gel for staff and visitors to use. Staff used personal protective equipment (PPE) such as gloves and aprons to help maintain infection control at the service.

Audits of the environment were undertaken to help to maintain and monitor the safety of the premises. General maintenance was undertaken and service contracts were in place for equipment. This helped to make sure the environment was kept free of potential risk.

We found personal evacuation plans were in place for each person. This informed the staff and emergency services about each person's capabilities and the help they would need in the event of a fire. Regular fire safety checks were undertaken on the fire alarm system, emergency lighting and fire extinguishers. On the first day of the inspection the fire alarm was activated and we observed and took part in the fire drill. We saw staff acted appropriately to review the situation and then reassure people there was no fire present. Staff undertook fire training to help them prepare for this type of emergency.

People's care files that we inspected confirmed risks to their health and wellbeing were assessed. We saw individual risk assessments were present for issues such as; the risk of falls, prevention of skin damage due to immobility or the risk of choking. This information was updated as people's needs changed.

Monthly audits of accidents and incidents occurred. The registered manager looked for any patterns and took corrective action by contacting relevant health care professionals for help and advice. This helped to prevent further issues from occurring.

We looked at the medicine systems in operation at the service. This included how medicines were ordered, stored, administered, recorded and disposed of. People were identified by a photograph on their medication administration record (MAR). Allergies were recorded to inform staff and health care professionals about any potential hazards. We observed part of a medication round; the member of staff was competent and stayed with people until they had taken their medicine. We checked random balances of controlled medicines, which were correct. However, we found two people who had eye drops that had been open for more than 28 days. This was discussed with the registered manager and they were immediately replaced, staff were reminded to check this to make sure this would not occur again. We saw on the second day of our inspection further medicine checks and audits had been undertaken and this issue had not re-occurred.

We found the recruitment systems in place at the service were robust. This helped to prevent staff who were unsuitable to work in the care industry from being employed at the service.

Is the service effective?

Our findings

People we spoke with told us their needs were met by the staff. Relatives we spoke with said their loved ones were supported by the staff. One relative said, "The carers have been trained how to roll, position and manoeuvre people." Another said, "[Name] gets the care he needs. Staff check on him throughout the night."

We found staff were provided with training in a variety of subjects to help to develop and maintain their skills for example; safeguarding, health and safety, moving and handling, basic food hygiene, first aid, fire safety, palliative care, person centred care, nutrition, equality and diversity, mental capacity, first aid and diabetes awareness. Staff told us training was always occurring and had to be regularly updated and completed. Nurses had to undertake re-validation with the Nursing and Midwifery Council (NMC) to ensure their skills were current and to enable them to continue to practice.

We saw newly appointed care staff had to complete a programme of induction and training via the Care Certificate. The Care Certificate is a nationally recognised training programme to develop staff's skills. A member of staff said, "I had induction training this included on-line training, shadowing senior staff and observing resident care. I covered subjects such as, moving and handling, safeguarding, mental capacity, deprivation of liberty and dementia care."

We found staff received regular supervision and had a yearly appraisal. This allowed the registered manager to discuss any performance issues or further training needs with staff.

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.

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).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. The DoLS are part of the MCA 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria, 14 applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority, eight had been granted. We found staff had completed MCA and DoLS training to help them to protect people's rights.

Where people had been assessed as lacking capacity to consent to their care or treatment and make their own decisions we saw best interest meetings were held. People's relatives and relevant health care professionals were included in these meetings and best interest decisions were recorded to ensure staff acted within the law and MCA guidance. Where people needed support, relatives held power of attorney for health and wellbeing [legal authority granted to protect people's rights]. Local advocates were also provided to help support people and ensure they could raise their views.

Staff we spoke with understood the principles of MCA and were able to describe how they supported people to make their own decisions and choices; for example, what people wanted to do, what to wear and how they wished to spend their time. We saw staff promoted people's choice and respected their wishes.

We found people were seen by relevant health care professional if there were concerns about their health or if people required equipment to be acquired to help maintain their wellbeing. For example, we saw people had been assessed for walking frames and wheelchairs to aid their mobility and reduce their risk of falls. Staff were knowledgeable about the equipment people needed to use to help maintain their safety.

We found people's nutritional needs were assessed and their dietary needs were monitored and reviewed. The chef had a list of people's preferences, likes, dislikes and food allergies. Special diets were catered for and advice was sought from relevant health care professionals if people were not eating or were losing weight. The chef met new people and existing residents to discuss their food preferences and encourage people who may not be eating well to tell them what they would like to eat. For example, we saw one person was not eating their main meals so the chef knowing that they liked bacon sandwiches always had bacon so they could have this at any time.

We observed lunch on the first day of our inspection. The food served looked appetising and nutritious. Different sized portions of food were provided for people and they could eat wherever they wished. Staff generally encouraged people to eat and drink in an unhurried manner with gentle prompting. However, we saw one person who needed prompting was not monitored by staff. This was pointed out and was addressed immediately.

One person told us, "The food is lovely. I can have what I want." Another said, "I cannot fault the food." One relative told us, "[name] loves the food. I asked the staff to re-assess his diet plan because of some difficulties eating and drinking. I am quite happy. My relative loves the food and gets what he wants." Another relative said, "It [the food] is lovely, there is always something to suit everyone's needs and tastes. Staff go and try and get [name] to eat something." People confirmed food and drink was available to them at any time.

We saw special meals were provided for Valentine's Day, Pancake Day and Father's Day. Themed nights also occurred; this included a French, Greek, Indian and American night. The chef cooked foods from the countries featured so people could enjoy the different cultural food experiences.

The care home had a ground and first floor, a passenger lift was provided to help people gain access to all areas. Signage was provided to help people find their way round. There were spacious communal areas including a conservatory for people to use. Small gardens were provided to the front and side of the service with a small car parking available and on street parking for visitors to use. People's bedrooms were set out as they required. One person said, "My room is as I want it. It is better than I thought here." A relative said, "We cannot fault the furnishings in the lounge and conservatory."

Is the service caring?

Our findings

People and relatives that we spoke with told us all the management team and staff were exceptionally caring and sensitive to their requirements. People said they were very well cared for by staff who went the extra mile to look after them. One person we spoke with said, "It is lovely here the staff are really lovely, they have a laugh and a joke with me." Another said, "The staff are all lovely." People confirmed staff respected their dignity and privacy. One person said, "My dignity is respected." Another said, "Staff always knock on my door. I cannot fault them."

Relatives also confirmed they felt the care provided was exceptional. They provided the following comments; "It is really wonderful here. The staff are so very willing, they are never ever cross and don't complain no matter what. They take everything in their stride", "It is such a relief to see my relative so very happy. The staff always have a lovely smile for him. He is better here, than he has been for many years. Things could not be any better", "The staff are really lovely and they have a very good rapport with mum", "The staff are truly lovely and nothing is too much trouble", "There is a lovely atmosphere, I have yet to come across any staff who are not friendly and cheerful. They are extremely wonderful; my relative now has a very good quality of life."

We saw a lot of thank you cards were displayed and there was a website for people to provide feedback about the service. We saw people had made the following extremely positive comments; 'I just want to say a big thank you for everybody who is looking after my mum. I think you all do a very good job. I know she is in good hands and I know you are doing what you can for her', 'On behalf of mum's family many thanks to all your staff for the excellent care mum received while staying with you', 'Thank you for the love and care making my stay with you all a very happy one, with love', 'To all the staff just a short note to thank you all for the way you looked after [name] during her stay with you. Your understanding of her situation was really appreciated' and 'Our father's care in the last six months has been first class. The care staff, nursing staff, catering staff and domestics, all display a pleasant attitude at all times. The staff's attention to those in their care is a great comfort to our father and to us both.'

We saw the provider, registered manager, deputy and staff placed people at the heart of the service and went the extra mile to ensure people's needs and aspirations were met. We found the management team were available day or night to help support people and their relatives. We observed they were very attentive to people, their relatives and visitors. The provider told us there was nothing at all they would not do to make sure people were well cared for as part of the 'Sycamore Lodge family'. They told us about many examples where they had picked people's relatives up from their home so they could visit their loved one's at the service. They also described how they worked with people's relatives to furnish their bedrooms as they wished so they truly were a 'home from home' for people. The management team and staff valued people as individuals.

We found there was a warm and very welcoming atmosphere at the service. People and their visitors told us there were no restrictions on visiting. They said they were always made to feel very welcome and were invited to stay for meals with their loved ones to help maintain their family life. This was greatly appreciated.

Great importance was placed on helping people maintain communication with their own family.

We found the service had detailed policies and procedures in place about treating people with dignity and respect and maintaining their confidentiality. Staff told us they understood and followed this guidance. We saw staff treated people with the greatest dignity and respect. Staff addressed people by their known preferred names, knocked on people's bedroom doors and waited for a response before entering and personal care was provided to people in private at all times. We saw people's confidential information was stored securely.

We observed the staff were patient and kind when supporting people and understood people's individual preferences, likes and dislikes in relation to their care. We saw staff kneeling down or sat down to speak with people, this aided good communication. Staff were seen to use gentle appropriate touch and to help reassure people when asking them if they were alright or if they needed anything. Staff listened to and acted upon what people said.

We spoke with some of the staff working at the service, they said they really loved working there. One member of staff said, "I really enjoy working here, I enjoy looking after the residents." We found staff covered each other's sickness and absence to ensure continuity of care was provided to people. Staff told us it was important to provide individualised care to people to make them feel valued and respected.

We found staff understood people's life history and were mindful of this. The registered manager described several instances where they or the staff had gone the extra mile to support people's wishes. Innovative ways of ensuring people achieved their last wishes to live their life were supported. For example, staff knew a person loved football and wished to attend their favourite club's football match. However, they were unwell and were unable to travel too far. The registered manager made bespoke arrangements for them to attend a local football match and have the best facilities provided supported by staff. This very caring gesture was greatly appreciated by the person.

Information about local advocacy services was provided and people chose to have this support if they required. This helped support people.

A very high importance was placed on the end of life care provided at the service by the management team and staff. The registered manager told us they were proud of the end of life care provided to people, they said, "Sycamore Lodge uses 'End of life boxes' to ensure the atmosphere is set and dignity is maintained for families that we support through this very difficult time. End of life boxes were placed in people's rooms. They contained information leaflets, for example; 'Dying Matters' which contained vital information about death to help support people and their relatives. We also saw that scented candles, aromatherapy oils and a choice of music that people preferred was available so they could play this if they wished. A document called 'My future care plan' was completed by staff which contained the specific wishes for people's end of life care and their detailed personalised requirements for their funeral arrangements. The registered manager told us how people's wishes were carried out to the letter.

The registered manager and staff followed best practice on how to enable people to die well in the place and manner of their choosing. The registered manager said, "We encourage relatives to stay with their loved ones. We work closely with the Macmillan nurses and the local hospice. We have a 'Wish Tree' this is where we try to arrange anything the resident wants during their last weeks of life. The provider has made a substantial investment and the service has ninety percent of profiling beds to help ensure people are comfortable. We use the Abbey Pain scale (A pain scoring tool) to ensure any pain experienced by people is monitored all the time. We also use the Cornell Scale (An assessment for determining people's mental

condition) to ensure no one suffers with anxiety or depression at this time. This helps us to support people."

We saw a lot of very positive feedback had been received about the end of life care that had been provided to people and their family. Comments received included; 'To all the staff on behalf of the family. I thank you for all the dedicated care and encouragement you gave mum during her stay with you. Mum was a very thoughtful and loving person and we take comfort knowing she was treated with the kindness and dignity she deserved', 'You made a very difficult time for us much easier to cope with because of your kindness', 'Many thanks for the care given to my dad, we can't thank you enough', 'To all the wonderful staff (angels all of you) for the love and gentle care of my ex-husband, god bless you all', 'I would like to thank you and your wonderful staff for the way you looked after my late husband. All the staff were very kind to me when I visited. Thank you so much.' And 'Thank you for being kind to us in the years dad was with you. Thank you for your lovely care.'

The provider and staff went the extra mile to make sure people felt cared for and supported during end of life care. The provider and registered manager cared that people were made to feel special. For example, the registered manager told us about a couple who had got married at a hospice prior to their admission to Sycamore Lodge. The registered manager told us a surprise had been planned for the couple. A cake was presented to the couple along with a small buffet for their family and friends to help them celebrate this joyous occasion. This had been really appreciated and had made the couple feel valued and welcomed in a caring way to the service.

The registered manager also told us about a person who received end of life care who had no family in this country and spoke another language as their native tongue. They arranged for three staff to spend time with them to speak their language and help to support them. SKYPE calls (Internet technology) were undertaken so the person could speak with their family abroad and spend precious time in this way with their loved ones. This demonstrated great compassion.

We also found another person who resided at the service who lost a very close relative and was unable to attend their funeral had been assisted to say their goodbyes. The registered manager had arranged for their loved one's hearse to spend time outside the care home so the person could pay their respects in this way. This was greatly appreciated and helped the person to gain comfort and closure.

The registered manager and staff told us how they kept people's family informed about people's condition during their end of life care. The provider told us they made sure people and their family were supported at this time.

The provider told us they would continue, along with the management team and staff to provide caring support to people, their family and visitors because that was what the service was all about.

Is the service responsive?

Our findings

People we spoke with told us the staff were responsive to their needs. We received the following comments; "The care staff know my needs", "The staff look after me, it is marvellous here" and, "If I wasn't very well they [the staff] would get the doctor for me. I receive excellent care anything I ask is done for me."

Relatives told us the staff responded to their relations needs and kept them informed of any issues. We received the following comments; "The staff have called me when there was an incident. We are invited to events that are going on", "I can come at any time", "I have no complaints at all. Staff make sure I am informed" and, "I am happy with the care provided to my brother. He has settled down now and loves the staff."

We spoke with two health care professionals; both told us the staff updated them about changes in people's needs appropriately. One said, "The staff are good and helpful. Staff help as necessary and report issues timely." They confirmed staff were knowledgeable about people's needs and responded appropriately to help maintain their wellbeing.

We found people and their relatives were encouraged to visit the service prior to admission to see what it had to offer them. This helped people decide if they wished to stay there. One relative told us they had visited the service, they said, "I was given a list and this home came out on top. The staff and the manager were lovely. I liked the cleanliness and atmosphere. The manager came to see my relative."

We saw people had their needs assessed before being admitted to the service. This allowed people the chance to ask questions and to find out about what could be provided for them. Staff gained information from the person, their relatives, relevant health care professionals, from local authority care plans and hospital discharge letters which were used to develop people's individual care plans and risk assessments following their admission.

We inspected people's care records; they were personalised updated and reviewed so people received the support they required. People or their chosen representatives were involved in this process, which helped to keep all parties informed. A member of staff told us, "I evaluate care plans. I also re-write them to add more detail." During our inspection we found one person's needs had changed regarding the assistance they required at mealtimes. This was discussed with the registered manager and their care records were reviewed and updated to reflect this straight away.

Staff we spoke with told us they monitored people's condition on each shift they worked. They said they gained information about people's needs and changes in their condition by reading people's care records and through staff handover that occurred between each shift. Information about people's health and wellbeing, emotional state, nutritional needs, activities undertaken and any updates received from visiting health care professionals was passed on to staff coming on duty to help them provide the care people required. On the second day of our inspection an issue was raised with us that indicated not all relevant information had been passed on to staff during a handover. This was discussed with the registered manger

and staff and the issue raised was attended to straight away.

The registered manager told us how they worked closely with the local health service. For example, staff had attended many multi-disciplinary team meetings held with a person's family so that a package of care could be created to support the person at the service. We were informed their health had vastly improved and they were now enjoying a good family life.

If people needed equipment to support their health and wellbeing an assessment was undertaken so the relevant equipment could be provided, which helped to prevent people's wellbeing deteriorating. For example, we saw people had pressure relieving mattresses and chair cushions for those at risk of developing skin damage due to immobility or frailty. We saw people were also assessed for walking aids or wheelchairs to maintain their safety.

The provider and registered manager told us they responded to requests made by people, for example; one person's family had asked for another chair for the bedroom. A brochure was given and the resident and family made their own choice, the item was then ordered. We were told people were also encouraged to choose how their rooms were decorated. The registered manager said, "Staff sat with one person to help them choose the colour of paint and wallpaper for their bedroom."

We saw staff prioritised the delivery of care to people. We saw if people were unsettled or were unsteady on their feet staff attended to them immediately to support them.

We found there was a programme of activities provided which the care staff delivered. Everyone was invited to take part. We saw photographs of events that had occurred were displayed. Themed meals took place, there had been a 'Teddy Bears Picnic' and a 'Wimbledon Cream Tea' event held. Activities provided included; arts and crafts, music and movement, board games, bingo and entertainers visited the service. People were encouraged to maintain their hobbies and interests.

The registered manager told us how the service had support from the local library who provided a link for Sycamore Lodge to access magazines on line using their tablet [hand held computer]. This enabled people to access the reading they preferred and follow their interests. We saw a Church service was provided regularly to help to maintain people's spiritual needs.

People were supported to maintain an active and independent social life where possible. For example one person went out to the pub regularly and attended tea dances with transport arranged. They were supported to go on holiday with their family. Arrangements had been made for foreign currency for them and for getting to the airport. People were supported to attend local 'Wellbeing Hub' meetings [North Lincolnshire County Council events] and to go out to 'Sing-along' events locally.

We found people were taken out by staff into the local community and on outings. One person we spoke with said, "There are activities I can get involved in if I want to." People's birthdays were celebrated with cards, cakes and flowers. Visitors and people's relatives were supported, for example; if they visited and required assistance to get back home taxis were organised or the provider would take them home.

There was a complaints procedure in place. If complaints were made they were investigated and resolved. People living at the service told us they had no complaints to raise. One person said, "If I had a complaint I would be happy to speak to the manager." One relative said, "I would be comfortable making a complaint. I have not seen anything of concern." On the second day of our inspection a complaint was raised with us, this was reported to the registered manager and we saw action was immediately taken to rectify the issues

raised.

Is the service well-led?

Our findings

People we spoke with told us they were satisfied with the service provided. We received the following comments; "I am happy here there are no negatives" and, "I think it is excellent here." People confirmed they were asked for their views about the service and their feedback was acted upon.

Relative's we spoke said, "The service is welcoming and open", "We are invited to meetings", "The manager is excellent" and, "I know the provider and manager has an eye on everything and knows what's going on. They keep the staff on the ball. They don't need to really because everyone say's how wonderful it is here."

We saw information was provided to people about the service. We found the ethos of the service was open and transparent. The registered manager was supported by the provider, a deputy manager and senior staff, this made up the management team.

We found the provider and registered manager had an 'open door' policy in place which allowed people, their relatives, visitor's and staff to be able to speak with them at any time. Staff we spoke with said the management team helped and supported them.

The management team undertook a range of audits to help them monitor the service. The issues we had found on the first day of our inspection had all been addressed and had been audited several times to make sure these could not occur again. The audits and checks in place covered areas such as; health and safety, the environment, staff training and recruitment, medicine management, infection control, pressure area care and nutrition. Relevant notifications [information, required by law] were sent in to CQC which helped keep us informed.

The provider and registered manager were involved in initiatives to help enhance the service provided. The registered manager said, "As a manger I attend and be part of many external meetings and groups bringing information back and sharing this information with staff, people and their families at our internal meetings."

We saw the management team worked closely with the local authority for example; they had taken part in pilot schemes to enhance the services. The registered manager said, "Sycamore Lodge feels very proud and privileged to have been chosen to take part in a pilot scheme for 'CHAT' (Care home assessment team), after one week new people at the service are referred to CHAT, this team meet every Wednesday. It includes two GP's and we can get quicker referrals to health care professionals, such as occupational therapists. The registered manger told us they attended CHAT meetings fortnightly and they had a laptop which enabled them to access people's discharge from hospital information and make requests for help and assistance in a timely way to promote people's wellbeing.

The service had taken part in a 'dementia assessment trail'. The registered manager told us, 'We have also been part of the local authorities 'performance task and finish group' which looked at how the local authority could change the way they conduct their validation inspections of care services.' The registered manager continued to develop their skills and they had completed a 'Dementia Mapping' [observation]

course to help them develop the support for people living with dementia at the service.

The registered manager went on to tell us they had worked with North Lincolnshire Country Council's Infection Prevention and Control accreditation scheme called 'Reducing the risks.' And the 'Working better together' workshop, which looked at delirium and how people with mental health needs could be better supported.

The registered manager told us they attended local clinical governance meetings. They said, 'Positive Proactive Safeguarding' had been introduced at the service which was a new initiative undertaken by North Lincolnshire County Council to look at any safeguarding concerns and positive risk taking for people to help maintain people's independence.

We found external audits of the service were undertaken by the local authority and by the supplying pharmacy to help to monitor, maintain or improve the standard of the service provided to people.

There were a number of staff who were 'Champion's' in specialist areas. For example, There was a dignity, infection control, nutrition and palliative care champion in place. These staff promoted these subjects within the service. They also attended external meetings to gain up to date information and knowledge and share this information within the service.

We saw people were asked for their views. Surveys about all aspects of the service were regularly sent out. We looked at the latest survey results received. We saw the feedback was positive and any issues raised had been addressed.

We saw 'thank you' cards had been received from people and their family. These were displayed for people to read. There was also a national web site for people to be able to leave their views about the service. Comments we looked at were rated 'excellent' and they were complimentary; for example; 'The care home gives excellent care', 'The nursing team is excellent', 'The food is marvellous and there are lots of activities' and, 'A lot of thought goes into the resident's well-being. I am very grateful for this place. I would not want my relative anywhere else.'

We saw resident and relative meetings were held. People we spoke with said they attended if they wished to. We looked at the minutes of the last meeting and saw areas of discussion included; the meals provided, cleanliness and décor of the home and suggestions for outings and activities.

Regular staff meetings were held. A member of staff said, "We have regular staff meetings, everything on the agenda is discussed." Minutes of staff meetings were available for staff that were unable to attend to keep them informed. Staff told us they raised their opinions and whatever they said was acted upon to maintain or improve the service.

Staff we spoke with said they enjoyed working at the service because it was a small family orientated home that strove to look after people well. The provider told us they had a good staff team in place and said, "The staff work very hard and they do need to be complimented, we listen to our staff. They are well trained."