

Lakewood Limited

# The Sycamores Nursing Home

## Inspection report

Johnson Street  
Wolverhampton  
West Midlands  
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Tel: 01902873750

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20 November 2018  
21 November 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 20 November 2018. We agreed with the registered manager to return on 21 November 2018 to complete the inspection. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies.

The home is registered to provide accommodation and personal care, for a maximum of 84 people. There were 60 people living at the home on the day of the inspection. The home is split across three floors comprising a nursing unit, a unit for people living with dementia and a residential unit.

We last inspected The Sycamores Nursing Home in October 2017, when we rated the service as 'requires improvement' in all the areas we inspected. We found the provider was in breach of the regulations regarding the safe care and treatment of people; protecting people from the risk of harm; and governance systems. We asked the provider to take action to ensure there were arrangements in place to address the issues we found. When we carried out this inspection we found improvements had been made and the provider had met the regulations, however, further improvements in two key questions were needed, therefore the overall service remained as 'requires improvement.'

People felt safe living at the home. Staff were available to people and demonstrated good knowledge about people living at the home. People were supported by staff to have their medicines and records were maintained of medicines administered.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. Staff maintained good hygiene and used protective clothing when appropriate.

Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

Some people felt the choice of meals could be improved and this was agreed by the management team who were taking action to improve the menus. People were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP and any changes to their care needs were recognised and supported by staff.

People said staff were caring and treated them with respect. We saw people were relaxed around the staff

supporting them and saw positive communication with staff. We saw that staff ensured they were respectful of people's choices and decisions. People and relatives knew how to raise concerns and were confident that action would be taken in response.

People's access to activities and support varied across the homes three units. We found improvements were needed to support people living with dementia. Relatives said they would like more dementia appropriate activities as there was little for their family members to do and our observations supported this. The design of the unit for people living with dementia did not meet their needs.

The provider had systems in place to check and improve the quality of the service provided. However, we found that further improvements were needed to ensure that checks and audits were robust enough to identify all areas for improvement and that action was taken in a prompt way.

People, relatives and staff were positive about the overall service. Staff all complimented the registered manager and the improvements made under the new management. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service has improved to good.

### Is the service effective?

Good ●

The service has improved to good.

### Is the service caring?

Good ●

The service has improved to good.

### Is the service responsive?

Requires Improvement ●

The service remains requires improvement.

### Is the service well-led?

Requires Improvement ●

The service remains requires improvement.

# The Sycamores Nursing 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 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 the 20 November 2018 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and two experts by experience. A specialist professional advisor is someone who has a specialist knowledge area. The specialist professional advisor on this inspection was someone who had nursing expertise. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A pharmacist from CQC medicines team was also part of the inspection team, to look at medicine management within the home.

We agreed to return and complete the inspection on 21 November 2018, when the inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke with the clinical commission group (CCG) and the local authority about information they held about the provider. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies. This helped us to plan the inspection.

During our inspection we spoke to 15 people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational

Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine relatives and friends of people living at the home during the inspection.

We spoke to the registered manager and the acting deputy manager, three nurses, one unit manager, three care assistants, the acting cook, two domestic staff, one activities co-ordinator and two agency carers. We also spoke to the provider's regional manager by telephone. We looked at records relating to the management of the service such as, care plans for eight people, MAR (medicine administration records) for nine people, incident and accident records, two staff recruitment files and quality audit records.

# Is the service safe?

## Our findings

At the last inspection in October 2017, we rated this key question as 'Requires Improvement,.' and found a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment because people's medicines were not always available and administered to them as prescribed to meet their health needs. At this inspection we found improvements had been made and the regulation had been met and we now rated this key question as 'Good.'

People we spoke with told us they got their medicines when they needed them. One person told us, "Yes I get my medication at the same time. The nurse keeps them and gives it to me." A member of the CQC medicines team reviewed the management of medicines, including the Medicine Administration Record (MAR) charts for nine people. We also observed three care staff giving medicines to seven people during the day.

Medicine was stored safely. Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for. Some people that take medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given.

We looked at the additional records for people who were using medicinal skin patches showing where the patches were being applied to the body. However, the patches were not being applied and removed in line with the manufacturer's guidance and this could result in unnecessary side effects. We reported this to the registered manager who advised that action would be taken immediately following the inspection.

Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. Staff also confirmed that the provider had a whistleblowing policy in place.

People told us they felt safe with the support of staff. We saw several people supported to transfer from their wheelchairs into armchairs during the inspection, staff did this safely and also talked to the person to explain to them what was happening and offer reassurance. We saw care plans included details of the individual risks to people and these were regularly updated to reflect any changes in people's support needs.

People told us staff were available to keep them safe. One person said, "I just press the bell I don't wait. I am not worried about anything they are very, very good." Throughout the inspection we saw staff respond to people when they requested help and calls bells used by people in their bedrooms were answered promptly. Staff we spoke with told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff commented, "The numbers are the same [as the last inspection] but its better-quality staff now." The registered manager stated that staffing levels were based on a dependency tool which looked at people's individual needs.

Some people told us that a number of agency staff had been used and they felt some of the agency staff were less knowledgeable about their care needs than the permanent staff. The registered manager showed us how they had worked to reduce the number of agency staff used. They had appointed several new members of staff and told us agency staff were now only used to cover staff sickness. When agency staff were used they looked to use the same staff each time to ensure consistency of care.

We looked at recruitment files for two members of staff and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited. Whilst the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS); they needed to strengthen the process further and ensure a full employment history was completed for all staff.

People were protected from harm by the prevention and control of infection. People and relatives, we spoke with told us the home was kept clean. Staff told us there was a good stock of personal protective equipment such as gloves and aprons available to them. We observed staff using gloves and aprons when supporting people with personal care. The Sycamores was awarded a Food Hygiene Rating of 5 (Very Good) by Wolverhampton City Council on 14 September 2017.

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. For example, we saw on one unit following a number of falls the unit manager had introduced a new record to show the location and time of falls so analysis could be made to look for trends and take action to reduce the risk of any further falls.



## Is the service effective?

### Our findings

At the last inspection in October 2017, we rated this key question as 'Requires Improvement,.' and found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment. We found the provider did not ensure people were not deprived of their liberty when this was not lawful. At this inspection we found improvements had been made and the regulation had been met and we now rated this key question as 'Good.'

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Since the last inspection the management team had also put a new system in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed. We saw that where one authorisation had a condition in place this had been actioned and staff had liaised with the relevant responsible person as required.

Staff understood the importance of asking for people's consent before providing support. One person told us, "Yes they ask permission. When they hoist me, they ask first." We saw examples throughout the inspection of staff asking people's consent before providing care and when one person refused support, the staff member respected this. One member of staff told us they felt this has been one of the biggest areas of improvement under the new manager. They said, "Consent has improved, people are much more involved than before."

People we spoke with felt staff had the knowledge to support people with their needs and provide effective care. Staff we spoke with told us that training helped them to do their job. All staff were able to give examples of how training had impacted on the care they provided. Four staff told us of the improvement in moving and handling training, with six staff having attended additional training to enable them to train staff within the home. Staff that were handling and administering medicines had received training and regular competency checks.

People were offered a choice of meals to support their nutritional needs. We saw lunch and where two residents were reluctant to eat their lunch staff rang down for soup for one person and a different meal for

the second. However, we received mixed feedback about the choice of meals provided. One person said, "Breakfast is the best meal, the sandwiches are not very good." We spoke to the registered manager and the acting cook about the meals provided. They both confirmed that menus needed changing to include more choice. To this end they were planning a number of sampling days for people to try different food and agree on new meals for the menu. The provider was also in the process of appointing a new head cook to take forward the new menus.

We saw people were supported with drinks throughout the day. Care records included notes of people's likes and dislikes which had been shared with the kitchen staff. We saw some people were supported with specific diets to meet their health care needs, for example, softened food where they may have difficulty swallowing.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. One person said, "If you need to see them [the GP] they [staff] will get them. " Another person said, "The optician came to see me. The staff sorted it for me."

# Is the service caring?

## Our findings

At the last inspection completed in October 2017, we rated the provider as 'requires improvement' for the key question of 'Is the service caring?' People told us the care they received was inconsistent and depended on which member of staff provided the care and our observations supported this. At this inspection we found improvements had been made and we now rated this key question as 'Good.'

People we spoke with made many comments saying staff were kind. For example, "All lovely girls here. The care I am having is the best I am never bored or lonely;" and, "The staff are very, very good." One person also said, "We had a lovely fete here in the summer even the staff on their day off came to help." Relatives said they felt staff were caring, one relative said, "Yes they are kind and compassionate."

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to them, offer reassurance and offer to walk with them. We saw the person become more settled in response. We also saw two members of staff speaking gently to one person and encouraging them to wear their hearing aid.

People said told us they had developed good relationships with staff. We saw one person enjoying a joke with a member of staff and a second person told us they were happy to see a member of staff. They said, "[Member of staff] is brilliant, they make my day." One relative also commented, "Staff have built a relationship with [family member]. They are on the same page as us [the family], they have the same aims and objectives." Staff also spoke warmly about the people they supported and provided care for and said they enjoyed working at the home.

We noted that peoples' confidentiality was respected. All care plans were stored securely and where personal information was displayed on boards in the nurses' office, blinds had been purchased to cover the boards whilst they were not in use.

People were able to make choices about their care. People told us they chose how and where to spend their day. One person told us, "I choose what I do and when I do it. I stay here (in their bedroom) because that's what I like." Relatives confirmed people were involved in making choices about their care. One relative said, "[Person's name] has choices." Relatives also told us they were involved in reviews of their family members care. One relative said, "I was involved a lot when they initially moved in the, in the planning of their care. I have taken part in care reviews."

People's relatives told us they were able to visit when they chose, and they felt welcomed by staff. One relative said, "All staff are smiling, happy and welcoming." Relatives felt both they their family members were respected by the staff. One relative said, "They are very respectful to both of us."

We saw a schedule of dates for residents and relative's meetings to give feedback on the home was displayed on notice boards. The registered manager said these had not been well attended previously

therefore they had asked for feedback on the best time for future dates in the hope of involving more relatives.

## Is the service responsive?

### Our findings

At the last inspection completed in October 2017, we rated the provider as 'requires improvement' for the key question of 'Is the service responsive?' People told us that care was not always responsive or provided in the way that they would choose, and our observations supported this. At this inspection we found some improvements had been made but further improvements were needed and this key question remains as 'requires improvement.'

We spoke with people and observed how staff supported them with their hobbies and interests. Staff told us that activities had improved under the new management team and some people now enjoyed trips out of the home to the local shops or to the pub. There were some activities within the home where people from all three units could attend. For example, we saw people enjoying a film showing on a large screen on the day of the inspection. One person told us, "I like the activities. Play your cards right and board games." However, people's experience of how they were supported varied dependent on which area of the home they lived. During the inspection we observed that on the unit for people living with dementia, people had limited access to activities. We observed people sat with empty laps (no items to hold or engage with) and saw they received little or no encouragement from staff to engage in activities. One relative told us their family member did not receive the support they had anticipated they would to pursue interests.

Staff also told us that they felt activities could be improved for those people who were nursed in bed and did not go to the communal activities. One member of staff said, "There is not enough time to see the residents especially those in their rooms [for activities]." We asked the registered manager about this. They said they were pleased with the improvements made to date but recognised further improvement was needed, especially for those people living with dementia and those people nursed in bed. They were seeking feedback from people on the activities they would like and shared with us the plans they had to extend the activity programme.

We looked at how people's individual needs were met by the design and decoration of the home. We saw that the home was clean and tidy and people bedrooms were decorated and furnished with their choices and preferences. However, we noted that there were limited orientation and visual prompts for people across the home but particularly in the unit for people living with dementia. We noted there were no signage used to help people recognise different rooms, for example, bedrooms showed people's names with no pictures or familiar objects to aid people in identifying their room. There were no tactile objects for people or areas designed to help people reminisce. The design of the unit for people living with dementia did not meet their needs.

When we spoke to the registered manager, they acknowledged improvement was required on the unit to best respond to the care people needed. They told us they were looking for staff to attend further dementia training and that the provider was planning to change a room on the ground floor into a café which people across all floors could then use. When we spoke with the providers regional manager they also advised that a budget was in place to redecorate some areas of the home.

People's care plans recorded when referrals had been made in response to changes in their health. This was also confirmed by two different relatives we spoke with. One of whom told us, "It was their [staff] observation and action that got [family member's name] seen by the SALT (speech and language team)."

The management team said they were well supported by and worked closely with representatives from the clinical commission group (CCG). They had put in place a number of new processes to ensure timely action was taken when people became unwell. For example, risk boards which displayed the individual risks for people, such as where people may be at risk of falls; or need staff to encourage their fluid intake. Staff told us these boards were working well. The CCG had also supported the home to introduce stop and watch sheets to record any small changes which may indicate that people were becoming unwell. On the day of the inspection we were unable to determine how effective the stop and watch sheets were as they were still new to the home.

Relatives told us staff knew their family members well and the way they liked things done. One relative said, "Yes, they know what they like," and another relative commented, "I feel ok because I feel 100% sure they give them [family member] what they want when I am not here." Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover. For example, if people had a GP or hospital appointment an update was provided.

Most people told us that had not had reason to complain but felt able to speak to staff if needed. One person told us they had previously raised a concern. They said, "Yes, I made a complaint and they sorted it out." One relative also commented, "I just speak to them [staff] and they sort things out." We saw that where written complaints had been received during the last twelve months, these had been investigated, and the supporting documentation showed the progression and conclusion of the complaint.

At the time of the inspection there was no one at the being supported with end of life care. The registered manager told us when this care was required a care plan would be put in place and they would work closely with people's family and GP's to support people get the care they wanted.

Staff spoken with respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care. We spoke to one relative who praised the care given to their family member and said support had been given by carers able to speak to their chosen language. In addition, the relative told us they appreciated that other members of staff had learnt some simple phrases, so they too were able to communicate with their family member. One person told us it was important to them to follow their faith. They spoke about one member of staff and said, "I love her, she is a darling she reads to me," and we later saw the member of staff reading the bible with this person.

## Is the service well-led?

### Our findings

At the last inspection in October 2017, we rated this key question as 'Requires Improvement.,' and found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance because the manager and provider audits were not effective in monitoring the quality and safety of the services provided. At this inspection we found improvements had been made and the regulation had been met. However, further improvement was required and this key question remains as 'requires improvement.'

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as medicines, infection control, equipment and care plans. We found that although audits were in place, some needed to be more robust to ensure areas for improvement were consistently identified and actions taken in a timely way.

For example, we looked at how medicines were managed. We found some improvements could be made that had not been identified in the medicines audits. For example, records were not always clear enough to show how eye drops should be administered and where care staff applied prescribed creams to people's skin, there were gaps in the records of administration therefore we could not be assured people were getting their cream as prescribed. We also found there was no recent evidence of reporting, shared learning or meaningful action plans in response errors, like the gaps in cream administration records. We spoke to the registered manager who told us that they would take action to ensure these were recorded in all future audits.

The inspection found some bed rails (cushioned rails used to keep people safe in bed), were worn and dirty. The registered manager showed us that an infection control audit had been completed but this had not specifically identified the issue with the bed rails. The registered manager immediately took action to replace the worn bed rails and we saw an email to the provider requesting the purchase of new bed rails.

We also found the dining experience could be improved for people. On the first day of our inspection we observed the lunchtime meal in the three dining rooms. On each unit people were seated and waiting whilst other people were brought into to the dining room by staff. This meant some people were left seated in the dining room for over 30 minutes before their meals were served. We observed people looked bored, for although a radio was playing in the background there was minimal interaction as staff were busy helping other people.

When observed the lunchtime meal for people living with dementia, we noted that people made their meal choices with staff each morning staff reading the menu to people to get their meal choices for lunch. We discussed this with the registered manager and discussed the use of picture menus or if staff could provide a visual choice at the time of the meal to provide people with a better communication of choice.

During the inspection we also observed support provided to people across the three communal lounge

areas. Although staff were aware that a member of staff should stay in the lounge to support people, on several occasions throughout the day we found that a member of staff was not available and the call bell for people to call staff was located behind the door making it inaccessible to people. One member of staff said although all staff were clear they felt an improvement could be made if there was a clear allocation of tasks for staff.

Since the last inspection in October 2017, there had been a change in the management team when the existing manager left. A new manager had been appointed and had successfully applied to CQC to become the registered manager.

People told us they enjoyed living at the home. One person said, "People are around me and they care. I could not ask for more." Relatives too complimented the care provided, one relative said, "The care is top class. I genuinely couldn't fault them."

The registered manager told us they had a clear vision of the way they wanted the home to be. They told us when they were first appointed they took action to review the service and prioritise actions. They had taken immediate action where required, for example, moving and handling training and the appointment of permanent staff to reduce the number of agency staff used. They said now the home was more settled they planned further improvements, for example, improvements in the unit for people living with dementia. They advised once the deputy manager was in post and the management team was complete this would give more opportunity to push ahead with their planned programme of improvements. They said, "We are not 100% of the way there but we are heading in the right direction and I am proud of the staff and the improvements we have made." They told us they felt well supported by the provider to make the changes required.

This was confirmed by the regional manager. They told us they visited the home, several days each month to assess and review actions and improvements made. They said, "Every time I visit the home has come further forward. We still recognise there are some improvements to be made but progress is accelerating."

Staff also reported that improvements had been made since the management team had come into post and an open atmosphere was promoted. One member of staff said, "Staff morale is much better. [Registered manager] is supportive with staff. They want to make improvements and involve us. We are not the finished article, but we are moving in the right direction. Staff are happier and I feel hopeful for [registered manager's name] that they'll get us where we need to be."

The registered manager said they kept their knowledge up-to-date by attending training and they felt supported by the provider in making changes. They completed a manager's report giving the provider an update on the home, for example, any incidents and staffing levels. The provider also shared learning and good practice with all managers across the provider group and held registered managers meetings.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.