

Sycamore Care Service Ltd

Sycamore Care Services

Inspection report

Chase Farm Business Centre
Unit 11B, Vicarage Lane West, North Weald Bassett
Epping
Essex
CM16 6AL

Tel: 01992364065

Date of inspection visit:
01 October 2019
03 October 2019
18 October 2019

Date of publication:
26 February 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sycamore Care Services is a domiciliary care service. It provides personal care to people living in their own houses and flats within Cambridgeshire and Wisbech.

The service was supporting nine people at the time of inspection. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Information relating to people's individual risks were not always recorded or provided enough assurance that people were safe. Suitable arrangements were not in place to ensure the proper and safe use of medicines. People were often not informed if staff were running late and call preferences were not always followed. Required recruitment checks on staff were not robust to ensure staff were suitable. Lessons were not learned, and improvements were not made when things went wrong. People were protected by the prevention and control of infection.

Not all staff, including the provider and director's training was up to date. Staff's competence to carry out their role and responsibility had not been assessed. Robust induction arrangements for staff were not in place. There was no evidence to demonstrate staff had received spot check visits. People were supported as needed with meal and drink provision to ensure their nutritional and hydration needs were met, however improvements were required at weekends. People received ongoing healthcare support to ensure positive outcomes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Though people using the service and their relatives said staff were caring and kind, our findings did not suggest a consistent caring service or a service that was always respectful and treated people with dignity. People and their relatives stated they had little input and involvement in the development of the care plan. People were able to maintain their independence where appropriate.

Care plans were not detailed. People and those acting on their behalf knew how to raise a concern or complaint. However, complaints were not recorded to evidence the provider was following their policy and procedure.

The leadership, management and governance arrangements did not provide assurance that the service was well-led, that people were safe, and their care and support needs could be met. Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. There was a lack of understanding of the risks and issues and the potential impact on people using the service. The provider was not familiar with regulatory requirements.

Why we inspected

This was a planned inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We will meet with the provider and request an action plan to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, Local Authority and CCG to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

This service was registered with us on 4 September 2017 and this is the first inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Sycamore Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector. An Expert by Experience made telephone calls to people using the service and their relatives on 3 October 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider, registered manager or representative of the organisation would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and four people's relatives about their experience of the

care provided. We conducted the inspection with a director of the service. Following the inspection, we emailed both permanent members of staff and asked them some questions. A written response was received from one staff member.

We reviewed a range of records. This included five people's care records and four people's medication records. We looked at two staff files in relation to recruitment, training and 'spot checks'. We also looked at personnel files for the registered manager and director. A variety of records relating to the management of the service, including policies and procedures were viewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Although there was no impact for people using the service, not all risks for people were identified and recorded. Where these were in place they primarily related to people's environmental risks. Other risks relating to people's health and wellbeing, for example where a person had a catheter fitted or where bedrails were in place, had not been considered.
- Suitable arrangements were not in place to ensure the proper and safe use of medicines. Where the code 'O' [other] was recorded on the Medication Administration Record [MAR], the rationale for its use was not documented. Therefore, we could not be assured that people using the service always received their medication as prescribed. This was discussed with the director of the service and they were unable to provide a rationale.
- Some entries on the MAR forms were blank and not initialled by staff to confirm the person's medication had been administered or the reason for the omission.
- The MAR form for one person showed they did not receive all of their medication in line with the prescriber's instructions. We discussed this with the director and they suggested the person using the service may at times, refuse their medication. The MAR form provided no evidence to support this rationale.
- The director of the service confirmed both permanent members of staff administered medication to people using the service. However, only one member of staff had evidence of completed medication training. Neither member of staff had had their competency to give medication, assessed.

Risks to people were not assessed for all areas of risk and medication practices required improvement. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment practices were not safe or operated in line with the registered provider's own policies and procedures or with regulatory requirements. The provider's arrangements did not provide assurance these were safe.
- A full employment history was not sought for two members of staff. This meant it was not possible to ascertain either staff member's work history or confirm gaps in their employment history that required exploring. Where a person had been previously employed, the rationale of why that employment ended was not recorded for either member of staff.
- Written references were not received for one staff member before they commenced employment. A recent photograph had not been obtained for either member of staff.
- Neither Disclosure and Barring Service [DBS] certificate related to Sycamore Care Service, and there was no

evidence to show an Adult First Check was completed for one member of staff.

- A written record was not completed or retained to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to enable the registered provider and manager to make an initial assessment as to the applicant's relevant skills, competence and experience for the role and; to narrow down if they were suitable.
- Profiles had not been sought for staff employed via an external employment agency to confirm all required employment checks were satisfactory or evidence of mandatory or specialist training attended.

The registered provider was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were not always notified by staff if they were running late and their comments were variable. People's comments included, "If the carer is running late, they let me know themselves" and, "Sometimes they're [staff] a bit late or early, it's because they get held up elsewhere. However, they do ring and say if they're running late." This contrasted with the care and support provided at the weekend. One relative told us their family member had a regular staff member during the week but received support from different staff at the weekend. The relative told us at weekends, staff did not always arrive on time and they were not informed if the staff member was running late. This related specifically to the manager and director of the organisation.
- Records suggested not all call times were for the benefit of people using the service or in line with people's call time preferences. This was confirmed by relatives following the inspection. An example provided was one person using the service received their lunchtime visit at 12:00 midday but did not receive their teatime visit until 7.00pm. This was followed very closely by their bedtime call at 8.30pm. The relative told us the impact on the person using the service meant they were very hungry when the staff member arrived to provide their teatime visit as this was much latter.
- One person received three visits by staff [breakfast, lunch and tea] each day as part of the care package commissioned. Records suggested there were several occasions whereby the breakfast and lunchtime visits were too close together. For example, one person had their breakfast visit between 10.40 and 11.20 in the morning. However, this was closely followed by their lunchtime visit between 12.00 midday and 12.30. This was not an isolated case and suggested the impact on the person using the service meant they received their breakfast and lunchtime meals too close together and had their breakfast medication administered later than planned.
- Prior to the inspection, concerns were raised, not all staff stayed for the allocated time and entries in the daily journals by staff detailing times of their visit, were not always accurate. No evidence was found to support this.
- Current governance arrangements were not set up to monitor 'late' and 'missed' calls and the provider and director of the organisation confirmed they were reliant on people using the service, relatives or staff telling them if this happened.

We recommend the provider seeks advice and guidance relating to how best to monitor staff lateness and missed calls; and to ensure people's call time preferences are adhered to as much as possible.

Systems and processes to safeguard people from the risk of abuse

- Everyone spoken with told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. One person who uses the service told us they had had an accident recently and found it difficult to stand. The member of staff who supported them, provided good support to ensure their safety.

They told us, "It makes me feel so much better." One relative told us, when asked if their family member felt safe when staff visited, "I would say yes, [family member] has a brilliant carer, I'm sure they feel safe with them." A second relative stated, "We feel confident with [family member] having them [staff]. I would speak to the manager directly with any concerns."

Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care and staff confirmed they had enough supplies of Personal Protective Equipment [PPE].

Learning lessons when things go wrong

- When things go wrong, lessons are not always learned to support improvement and was evident from our findings at this inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had received or had evidence of up-to-date 'practical' manual handling training. This referred to the provider, who was also the registered manager and the director of the organisation. Following our inspection, safeguarding concerns were raised about poor manual handling practices and the impact this had on people using the service. This was being investigated by the Local Authority.
- Training certificates for both permanent members of staff, showed they completed between 11 and 12 training courses within one day. There was no evidence to demonstrate either member of staff's competence to carry out their roles and responsibilities had been assessed, particularly given the number of training courses completed in such a short space of time.
- Evidence of robust induction arrangements for staff were not in place. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not commenced or completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. However, one member of staff told us they received an 'informal' induction, whereby the registered manager discussed their role and told them about the organisation. Additionally, they 'shadowed' the registered manager for two days before working on their own. A record to demonstrate this was not in place.
- The director of the service told us 'spot check' visits were completed with staff. However, there was no documentary evidence to demonstrate staff had received supervision or 'spot check' visits as stated. The latter is where the registered manager or a representative of the organisation, call at a person's home just before, during or after a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. Following the visit to the domiciliary care service office, one member of staff confirmed 'spot checks' were completed. People using the service and their relatives stated they were not aware these had taken place.

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

Supporting people to eat and drink enough to maintain a balanced diet

- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

- People using the service confirmed support with meal provision was provided. One person told us there were occasions whereby they got themselves their breakfast before staff arrived. At other times they stated, "I tell them what I fancy and they [staff] help me get it. At lunchtime they get me a 'ready' meal, there are plenty to choose from. They make me a cup of tea and leave out drinks when they go." A relative told us, "The regular carer does very nice simple meals, they boil eggs and give [family member] a bowl of soup with bread and butter. [Family member] loves the food the [staff member] does for them." However, the relative stated at weekends, when it was the registered manager providing support, "It's horrible because the manager won't do any cooking." The relative confirmed this was discussed with the registered manager and a rationale provided, but this was not satisfactory.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing they relayed these concerns to the registered provider or manager for escalation and action. One person told us staff rearranged their visit times to enable them to attend healthcare appointments. They further stated, "I haven't needed the carer to call a doctor or an ambulance, I know they would if I wasn't well, they would inform my relative too." A relative told us they arranged healthcare appointments for their family member. They confirmed their family member's regular member of staff always noticed and acted on any healthcare concerns. An example was provided whereby the member of staff noted the person using the service was not always eating as well as they should. In conjunction with the person and their family a plan was put in place to fortify their meals.

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

- The domiciliary care service office operated from a permanent property. However, the office is not easily visible as it is located within a small but busy industrial estate. Though there is enough room for the management team to conduct their business, there are no training facilities available for staff and external venues are sourced for training purposes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People told us permanent staff sought their consent prior to providing support and enabled people to make their own decisions and choices.
- People's capacity to make decisions was assessed and recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Though people using the service and their relatives said staff were kind and caring, our findings did not suggest a consistent caring service.
- As already stated within the 'safe' section of this report, where comments were less favourable, people told us they were not always notified if staff were running late and call time preferences were not always adhered to. There were concerns about the overall impact this had on the quality of the service provided and received.
- People using the service and their relatives were positive about the care and support provided, particularly by regular staff. Comments included, "[Staff member] is chatty, because I'm chatty, it's lovely. I've led a full life so there is lots to chat about. I'm fussy about how I coordinate my clothes, [staff member] knows what I'm like, they can do it for me, they won't just take anything out of the wardrobe, they will ask me and know how to coordinate it." They also told us the staff member helped them to feed their cat and to buy their cat food. Another person told us, "[Staff member] is polite, friendly and cheerful. Sometimes they've popped out to the local shop and got me a loaf of bread, it's very caring."
- One relative told us their family member's permanent member of staff provided support was brilliant. They told us, "They've [staff member] has taken the time to get to know [relative] and really cares. They chat to [relative] about things they're interested in, they laugh together. I see [relative's] face light up when they get here, they've even popped back later with a pint of milk if relative is short, they go out of their way to support them [relative]." Comments relating to the registered manager or director were not so positive. Relatives stated they were polite and positive, but not so "friendly, warm and fuzzy."

Supporting people to express their views and be involved in making decisions about their care

- Not all people and their relatives were given the opportunity to provide feedback about the service through the completion of a feedback form.
- Not all people and their relatives stated they had input and involvement in the development of the care plan.

Respecting and promoting people's privacy, dignity and independence

- Following the inspection, one person raised concerns stating the registered manager did not always treat them with dignity or respect.
- People and their relatives told us staff ensured their privacy was maintained and they were given the opportunity to do as much as they could for themselves. One person told us, "I am independent, I do

everything I can, [staff] only step in when I can't. I am so pleased they [staff] don't assume I need support, because it's really important I do things for myself." Another person told us, "They [staff] close the blinds, they [staff] put a towel around me when I'm washed, I'm never left uncovered."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Not all people using the service had a care plan in place detailing, the level of support required, the number of staff required to provide support each visit, the length of time for each visit and call time preferences. Information relating to people's care and support needs was basic. For example, one person's care plan referred to them on occasions being distressed, anxious and exhibited inappropriate behaviours towards staff. No information was recorded detailing how the person's behaviours manifested, known triggers or specific guidance for staff on the delivery of care to be provided to ensure the person's and staff's safety.
- The director told us they were not currently providing care for people who were at the end of their life. However, they advised if a person required end of life care support, the domiciliary care service would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.
- No staff had received end of life care training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was no evidence to demonstrate information by the domiciliary care agency was provided in line with the Accessible Information Standard (AIS), because of a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- The director of the service told us no complaints or concerns had been raised with the management team. This was not accurate as the Care Quality Commission was advised following the inspection, concerns had been raised relating to missed and late visits. This was not logged as a concern or provided evidence of the actions taken by the provider to address the issues or learn from the comments made.
- Guidance on how to make a complaint was given to people when they first started using the service.
- People confirmed they knew who to approach if they had any concerns or complaints. Most people told us they had not had reason to raise a concern or complaint. One person told us, "No, never, I'd tell the carer if I had any concerns." Another person told us, "None whatsoever, I would ring the manager if I had any complaint."
- A compliment was recorded to capture the service's achievements. This was from a visiting healthcare

professional. They stated the person's relative was happy with the level of care and support provided and there was a good relationship between the person using the service and the member of staff providing support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership and overall management of the domiciliary care office did not ensure the service was consistently well-managed and led. People's comments about the management of the service were variable and suggested not all people using the service received positive outcomes.
- Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service.
- Areas which required improvement included, recruitment practices and procedures and ensuring people received their calls in a timely manner and in line with people's call preferences. Staff training, and induction arrangements were not robust. Support plans were not sufficiently detailed. Improvements were required to medicines management. These areas were not picked up by the provider's quality assurance arrangements, despite audits being in place for record keeping and Medication Administration Records.
- Specific information relating to the above is cited within this report and demonstrated the provider's arrangements for identifying and managing the above were not robust and required significant improvement. There was a lack of understanding of the risks and issues as detailed above and the potential impact this had on people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The director demonstrated a basic understanding of the Key Lines of Enquiry [KLOES] for Adult Social Care Services but was not as familiar with regulatory requirements. This meant they were unaware of the potential risks and issues facing the service and the impact on people which could place them at risk of harm and which may not ensure good outcomes.
- Not all people using the service, or their relatives knew who the registered manager was. Relatives commented that communication with the registered manager could be better and this was confirmed by a healthcare professional.
- Lessons were not learned as failings identified had not been addressed by the provider to make the required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were not being held to give staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Although the director stated regular weekly meetings were held between them and the registered manager, a record was not maintained of the discussions held.
- Arrangements were in place for gathering people's views of the service they received through the completion of a feedback form. However, not all people who used the service had been asked to complete a form, despite having used the domiciliary care service for several months.
- Two out of four relatives spoken with told us they would recommend individual members of staff but not the domiciliary care service as a whole.

Effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not assessed for all areas of risk and medication practices required improvement.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvements were required to ensure all staff were appropriately trained, received a robust induction and evidence of spot visits and formal supervision maintained.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements.

The enforcement action we took:

We issued an urgent Notice of Decision and imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

The enforcement action we took:

We issued an urgent Notice of Decision and imposed conditions on the provider's registration.