

# Premier Nursing Homes Limited

# Sycamore Hall

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Sycamore Hall on 9, 18, 19 and 31 July 2017. The first and second days of the inspection were unannounced and we told the provider we would be visiting on days three and four.

The service was last inspected in August 2016 and was rated requires improvement. We found the provider had breached six regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staffing, including supervision and training of staff, person centred care, records not being stored confidentially, safe care and treatment, consent and governance. The provider had also failed to submit statutory notifications which we dealt with separately.

We saw improvements had been made in all areas at this inspection and the provider was no longer in breach of any regulations. Following the last inspection the provider had enlisted various internal resources to support the service to improve systems and process. This had included regional quality support that also provided clinical support for the nursing staff. The provider was still working when we inspected to embed improvements in some areas. Changes made had affected staff morale and had resulted in a turnover of staff. The manager continued to work hard to recruit and support the current staff team whilst encouraging positive change and ensuring staff understood their responsibilities. The provider was committed to making further improvements and we were confident this would happen.

Sycamore Hall is a large purpose built accommodation which can provide personal and nursing care for up to 62 older people, some of who maybe living with dementia. At the time of our visit 52 people lived at Sycamore Hall.

It is a condition of the provider's registration that they have a registered manager in post. At the time of our visit a manager was in post and registered with us. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager is referred to as 'the manager' throughout this report.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Other quality assurance checks were made by the manager, senior team and provider to ensure safety and quality. Those checks had highlighted most of the areas for improvement which we note in this report. Where the systems did not highlight areas for improvement, such as staffing and recruitment the provider listened to our feedback and agreed to make changes.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

Risk assessments had been personalised to each individual and covered areas such as moving and handling, choking, health and distressed behaviour. This enabled staff to have the guidance they needed to help people to remain safe. The way staff recorded details to monitor areas of risk such as fluid intake and food intake was not always robust. We saw improvements by day four of the inspection.

Systems had been put in place since the last inspection to improve the support and training staff received. We saw improvements had been made and senior staff were being supported in their role to continue to develop this area. Staff appraisals were booked to be carried out in 2017.

We saw there were not enough staff on shift during day one and two to meet people's needs appropriately. The nominated individual ensured improvements were made by the end of this inspection. We were confident staffing levels were appropriate on day four and that the provider had a system to manage this better in future.

We saw overall recruitment checks were safe. Staff who commenced induction before a full DBS check was received were not always supported as per their risk assessment. The manager immediately looked at this and understood their responsibilities in the future.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Medicines management had improved since the last inspection. On-going issues were found which the manager and provider were aware of through their effective audits and plans to challenge those issues were in place.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Observation of the staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

People told us they enjoyed the food available. The manager asked for feedback regularly about menus and choices on offer. People were supported to maintain good health and had access to healthcare professionals and services.

We saw people's care plans were person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate people were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a good supply of activities. The team were working to offer more opportunities to people who were cared for in bed due to their illness.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Recruitment was safe overall. The manager did not always verify information contained in references or ensure staff were supervised during induction.

Staffing levels were not appropriate on day one of the inspection. These improved and were safe by day four. The provider now has a system to ensure safe staffing levels.

Arrangements in place to manage medicines safely were monitored effectively by the provider and issues picked up were addressed appropriately.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff training and support had improved. The manager had a system to monitor closely that staff received appropriate support from their delegated line managers.

People were supported to make choices in relation to their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of

people who used the service and care and support was individualised to meet people's needs.

### Is the service responsive?

**Good** ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice. They were supported and encouraged with their hobbies and interests.

The provider had a complaints process which people were aware of. People and relatives told us if they were unhappy they would tell the manager and staff.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

Quality assurance systems were in place to ensure the quality of care was assessed and monitored. We saw where issues were highlighted actions were put in place to make improvements. The system did not highlight concerns with staffing and recruitment, which the provider agreed to alter following the inspection.

The service had a manager who understood the responsibilities of their role. The service had gone through a period of change. This had led to low morale for some staff. The manager was aware and committed to improving this.

People were regularly asked for their views and their suggestions were acted upon.

# Sycamore Hall

## **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 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.

We inspected on 9, 18, 19 and 31 July 2017. This inspection was prompted in part by concerns raised with us by a whistleblower. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. This prompted day one of our inspection to be unannounced and carried out at the weekend in the evening. Two adult social care inspectors attended on day one.

Day two was also unannounced. On day two one adult social care inspector, an expert by experience and a specialist advisor in nursing and governance supported the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We told the provider we would be visiting on day three and four when one adult social inspector visited alone.

Before the inspection we reviewed all of the information we held about the service. This included information we received from local authority safeguarding and statutory notifications since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We reviewed all of the feedback we had received since the last inspection from members of staff, local authority commissioning team, clinical commissioning group and relatives of people who used the service. We used all of this information to plan our inspection.

We did not ask the provider to complete a provider information return (PIR) prior to the inspection. 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.

At the time of our inspection visit there were 52 people who used the service. We spoke with five people and ten of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. We used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit and following the visit we spoke with the manager, nominated individual, regional quality support officer and ten members of staff. The staff we spoke with included, nurses, senior care workers, care workers, activities workers and the chef.

During the inspection we reviewed a range of records. This included 12 people's care records, including care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Everyone we spoke with felt the service was safe. One person told us, "I do feel very safe and staff are very good and look after me." A relative told us, "My family member has been here for a long time now and we have had no problems."

At the last inspection in August 2016 the provider had not ensured staffing levels were appropriate to reduce the likelihood of a task orientated approach from staff and to ensure staff could respond to people's needs in a timely way. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 18.

On day one and two of this inspection we saw that staff were supporting people with very complex physical and emotional needs. We saw there was not enough staff on shift to carry out all of the tasks expected of them such as record keeping, hydration and nutrition support and pressure area care. We found no evidence of harm to anyone as a consequence of this but felt there was a risk to people's wellbeing.

We saw a system where sheets were completed which showed the staff allocated on each shift. They did not outline the minimum staff required on shift. We saw levels of staff fluctuated across the records and staff reported that where levels were at their lowest they felt there was not enough staff on shift.

People and their relatives told us they felt overall there was enough staff on shift, but that on some occasions such as the weekend this was not the case. One relative said, "I think there is enough staff to me, they are very friendly and always speak" and "Yes at the moment there is enough staff but sometimes they get a bit short, but that was a while ago."

We looked at how the provider determined the number of staff required on shift and saw this was driven by financial budget rather than the needs of the people who lived at the service. We discussed this with the nominated individual on day three of the inspection who agreed to use a tool which used people's levels of need to determine how many members of staff were needed on shift.

On day four we saw this had been completed and improved numbers of staff had been implemented by the nominated individual. Staff told us, "The number of staff on shift has now improved" and, "Our workload had increased and it was a struggle but is better now staff numbers have increased and staff are happier." At the end of day four we were confident enough staff were deployed to meet people's needs and that the provider had an effective system to monitor this.

We saw that important information about the support people required was not communicated effectively to the next staff on shift. For example; the amount of fluid a person had received was not discussed. Therefore staff were not aware a person had not received appropriate levels of hydration and this meant they were at



risk of dehydration if not monitored.

We discussed effective handover of information with the manager and nominated individual. A new format which prompted the shift leader to record such details was implemented immediately. We saw by day four this was effective and staff were confidently using the information to direct people's support.

At the inspection in August 2016 the provider had not ensured safeguarding allegations were reported to the local authority or CQC. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 18 of the registration regulations.

We spoke with the manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The manager told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this. The manager discussed how they had increased in confidence to understand when statutory notifications needed to be sent to CQC since the last inspection. Records we saw confirmed incidences had been reported appropriately.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this. One member of staff told us, "I have been trained around abuse and I have never seen any at Sycamore Hall. The whistleblowing policy is available in the staff room if I needed to report any concerns. I feel confident to use it and I have in the past."

At the inspection in August 2016 the provider had not ensured appropriate systems were in place to keep people safe and reduce the likelihood of harm. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 12.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety by appropriate external professionals.

We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Test of the fire alarm were undertaken each week to make sure it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the manager reviewed patterns and trends for

individuals and communicated lessons which could be learnt to senior staff. We found two incidences where incidents had occurred and the records relating to them had not been completed robustly. When we tracked the outcomes with the manager appropriate action had been taken but not recorded. The manager told us they were working with the senior team to improve the standards of records in the service.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. People and their relatives told us they felt medicines were managed well at the service. One person said, "The staff bring my tablets to me every day and make sure I take them" and a relative told us, "The staff are pretty good delivering any medication that my family member needs."

We saw where people were prescribed creams the service used topical medicine administration records (TMARs) which told staff members where the cream was to be used and why. We saw on two records, information was incomplete. We saw staff had not recorded the date they opened tubes of cream or ointment as per the provider's procedure. This meant it was not clear for staff to know when the cream should be destroyed as per the manufacturer's instructions.

We saw refrigerated storage of medicines where required and that a system to monitor the temperature of the clinic rooms and fridges was in place. Records to confirm checks of the temperature of the fridges and clinic rooms were not always completed. Where a temperature was recorded above the required levels the records did not clearly state what action had been taken to rectify this. This meant there was a risk that the quality of the medicines stored could have been compromised.

People had medicines prescribed on an 'as and when required' basis. Guidance for staff on when it would be appropriate to administer such medicines was not always robust. For example; one person was prescribed a medicine for anxiety and guidance did not describe fully when to administer. This meant staff could not provide a consistent approach which was beneficial for the person.

All of these issues we identified had been captured by the provider's medicine audit system. We saw no evidence anyone had been harmed because of the issues above. We saw some issues had been noted multiple times across audits carried out in 2017. We saw evidence this had been addressed by the manager through team meetings and reflective practice. The manager told us the management of medicines had improved and continued to be developed. We confirmed this to be the case.

We checked the storage of controlled drugs (CDs). CD's are medicines which require stricter legal controls to be applied to prevent them; being misused, being obtained illegally or causing harm. We found they were stored appropriately and were checked frequently to ensure they were dealt with correctly by staff.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. The service had a medication policy in place, which staff understood. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. Staff responsible for administering medication had received medication training.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, reference checks and a Disclosure and Barring Service check (DBS) which in most cases was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Where nurses were employed we saw their fitness to practice was checked during recruitment and monthly thereafter with the nursing and midwifery council (NMC).

Employers receive an initial check from the DBS alerting them whether a candidate's name is held on the barring list. On two occasions we saw members of staff had commenced duty following a barring check being received as clear but before the criminal records check had been completed. The provider assessed the situation and made the decision it was safe for the staff member to commence their induction under supervision. The rota record did not clearly define those staff must not work alone until their DBS check had been returned. A local authority colleague who visited prior to the inspection told us they saw one of these staff members working alone.

We discussed this with the deputy and manager and they explained that the senior person on duty had been told not to allow this to happen. They agreed in future that better control measures will be put in place to prevent this occurring.

For one member of staff we saw the provider had received a reference which contained information of concern from a previous employer. The manager had not taken action to verify the contents of this reference. We instructed the manager to do this during the inspection and the reference was verified and the previous employer confirmed in writing before the end of the inspection they had provided a reference which contained untrue information. We discussed with the manager that they must in future verify all references where information is contained within them that calls into question candidate's suitability for the role. They agreed to do this.

People and their relatives told us that they felt the environment was tidy, clean and free from malodour. One person said, "Yes it is very tidy and clean." A relative told us, "I do think it is clean." They went on to say when they had noted an issue they had highlighted it the manager who had responded quickly and appropriately.

We found strong malodours in three bedrooms at the service. The manager explained new flooring was on order to replace the current floor which was causing the issue. The manager has kept us up to date since the inspection of progress with this. The rest of the environment was seen to be clean and tidy. We saw appropriate equipment was available for the disposal of waste and to prevent the spread of infection.

## Is the service effective?

### Our findings

At the inspection in August 2016 the provider had not ensured staff had received appropriate training or support to enable them to carry out their role appropriately. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 18.

We spoke with people who used the service and their relatives who told us staff provided a good standard of care. Relatives said, "They (staff) seem to know exactly what they are doing", "Staff appear well trained" and, "My family member is well cared for so I would say yes, they are (well trained)."

The manager told us staff new to care completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with told us there was a plentiful supply of training. They told us they had received training in health and safety, food hygiene and safeguarding, plus some had completed their NVQ level 2 and higher. Senior staff felt they would benefit from more training around their senior role. One member of staff told us, "I know if we ask for specific training it would be put on for us."

The new regional quality support officer told us they were delegated to support the nursing team and ensure competencies were checked and evidenced. We saw they had produced a matrix for the next 12 months which outlined the support sessions they would be carrying out. These sessions would also be used for nursing staff to reflect on their practice and receive clinical supervision. We saw nurse team meetings had been used for nurse to reflect on their practice prior to this appointment.

We received mixed feedback from staff around the support they received from their supervisor. Records showed this had improved since the last inspection but that some members of staff had not received the amount of support the provider's policy stated they should have. The registered manager explained support could be through one to one meetings, team meetings or practice observations. They said all members of staff delegated to carry out support were being monitored to ensure it happened. The manager had a system in place to monitor progress.

The manager had sent out appraisal documents to staff and meetings were booked in for these to happen. Staff we spoke with felt if they did have any concerns they would approach their line manager before their one to one and this meant they felt supported. One member of staff said, "I feel supported and if I had any problems I would ask and I know it would be addressed."

At the inspection in August 2016 the provider had not ensured records relating to consent or decisions made in people's best interests were recorded robustly. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity where the service had decided an MCA assessment was required. Where relatives had power of attorney to make welfare decisions this was not always clear and so it was not always understood who was authorised to make such decisions. The manager explained this area was being developed within care plan records.

At the time of the inspection three people were authorised to be deprived of their liberty and the service had made appropriate applications to the local authority where necessary for other people and were awaiting an outcome. Staff we spoke with had a good understanding of DoLS.

We received positive feedback from people and their relatives about the food on offer. They told us improvements had been made since the new chef had been recruited. People told us, "The food is quite good and you can choose off the menu, I have soft drinks in my room" and, "I enjoy everything really, the food is good and we get a good choice of meals." Relatives told us, "As far as I am aware you can't help yourself to snacks but someone comes around with a trolley and offers everyone drinks and biscuits on a regular basis." Relatives told us they too had been offered meals and enjoyed the food they had eaten.

Staff told us they felt the options available out of hours when no kitchen staff were available could be better. They felt they should have options to give people who maybe awake during the night. One member of staff said, "Because people are living with dementia their body clock can be altered and we find they are awake and alert at night." We discussed this with the manager and nominated individual and they agreed to discuss this with people and their relatives to understand what they would like to be available out of hours.

We saw the mealtime experience in the dining rooms was a positive one; people were seen chatting and being supported where they needed this in a dignified way. There were lots of people upstairs who required support to eat their meals and we saw staff were patient and delivered support at people's own pace. This led to the mealtimes taking a long time. On day four staff had worked together to understand how they could do this differently and we saw it took a shorter amount of time at breakfast.

People had their weight and their dietary intake monitored where needed. Where people were at risk of dehydration staff monitored their fluid intake. On day one we saw this was not always recorded and a target amount of fluid was not understood by staff. This meant staff did not know when a person may need medical support for their hydration. We told the manager about this and they worked with the teams and GP to assess personalised hydration targets. These were in place when we visited on day four and records were more robust.

People told us they felt they saw healthcare professionals when they needed them and that staff responded well if people needed to see a doctor or other professionals. A relative told us, "The doctors come to the

home, my family member had an infection and the doctor was called straightaway and the home called to inform us." One relative felt the support from the community dentist could be better. We discussed this with the manager and they explained the referral process and how they had accessed services where possible.

All visits from healthcare professionals were recorded in each person's care plan. We saw records about health appointments had been archived and some of the detail lost around the last appointment for say a dentist or optician. We discussed this with the manager and nominated individual, they told us they would review the care plan system so this was better recorded and detail was not lost.

# Is the service caring?

## Our findings

At the inspection in August 2016 the provider had not ensured records containing confidential information were stored securely. This was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 10.

Lockable storage had been purchased by the provider for staff to use in communal areas. On day one and two we saw staff were not locking this storage and therefore information was still not secure. The manager challenged this and we saw on subsequent days the filing cabinets had been moved into the office area which was locked. This meant confidential information was stored securely.

We saw that the levels of staff and lack of organisation on shift had compromised people's dignity at times. For example we saw on day one that a person required some support with personal care and this had not been attended to. We received feedback from relatives that at times they too had arrived to find their relatives required support. We also saw the staffing situation meant staff did not always have time to spend with people as they would like. We discussed this with the nominated individual and the manager following day one. Our explanation regarding staffing in the safe section of this report impacted positively in this area on the subsequent days of inspection. We observed no further concerns.

During the inspection we spent time observing staff and people who used the service. On one day of the inspection there was a calm and relaxed atmosphere. We saw staff were patient and did not rush people and spoke to people gently. Observation of the staff showed they knew the people very well and could anticipate their needs. For example, staff saw two people becoming upset with each other and they intervened before this escalated to either person becoming distressed.

Staff told us how they worked in a way protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. We saw this happening during the inspection. One person told us, "If my door is closed the staff know I need some privacy and they are always respectful. This showed the staff team was committed to delivering a service which had compassion and respect for people.

People we spoke with during the inspection told us they were happy and that the staff were caring. People said, "All the staff know my name and listen to me when I am talking" and, "They (staff) are very kind towards me, it's the way they speak to me" and, "Staff always seem to be caring and I've not seen anyone be unkind, they need a medal, don't they?" Relatives said, "They are very caring towards my family member all the time in everything they do", "I have seen them care for my family member and they are brilliant" and, "My family member said to me 'Can I stay here forever'. They are a lot happier here; things are going on all the time."

The manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion

all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. A member of staff told us, "Caring means our engagement with people, how we talk to people and communicate. I see the best results when we explain what we are doing with people. Some people can take their time to process the answer and we must wait. All of this has improved recently. In Sycamore Hall the carers have fantastic relationships with people and we have laughter."

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. A member of staff told us, "We promote independence as much as possible through little things and choice. Everyone is different and we get to know them and promote their independence." One person told us, "I am independent anyway and I get about the home and the garden."

Nobody at the time of this visit was receiving palliative care. Within peoples care plans we saw their preferences and wishes around end of life support were recorded for if this situation arose. Staff were aware where people who had specific religious requests around their end of life.



# Is the service responsive?

## Our findings

At the inspection in August 2016 the provider had not ensured care plans contained person centred information about how a person preferred their care and support to be delivered, including social support. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 9.

During our visit we reviewed the care records of 12 people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People and their relatives told us they had been involved in making decisions about their care and developing the person centred care plans. It was mostly relatives who were involved with staff. Relatives said, "I have input with regards my family member's care" and, "Yes, I am consulted about my family member's care."

The care plans detailed how people wanted to be supported and they had been reviewed regularly. Person centred means putting the person at the centre to plan their own lives and how they want them to be. We saw specific detail recorded for staff to know and follow. For example, one care plan outlined how proud a person was of their appearance and how it made their day if staff were friendly and said 'How do' if they saw this person in the corridor. We saw records of people's favourite colours for their clothes and their preferences with regards to bathing or showering. Also that a person liked only blankets and not a duvet at night and their window must be open. We saw night staff ensure this happened for the person. Staff worked in this way during our visit, for example, a person who liked the garden was supported to water the flowers, and another person who was known to enjoy sorting items was supported to make sure the peg box was tidy. This meant people had their needs met in a way they had chosen or preferred.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. Staff were responsive to the needs of people who used the service.

People and their relatives told us they were involved in a wide range of activities. People said, "I go to the activities most days and I really enjoy everything like that" and, "I really enjoy the music sessions because I like to sing." Relatives told us, "My family member goes to the activities which he really enjoys" and, "We are aware of the activities on offer and my family member gets involved."

It was apparent that residents were encouraged to pursue their own interests, hobbies and friendships. As examples the staff had thought about people's past jobs and careers to help them design activities personal to them. This had led to areas of the home having an office for a person to do paperwork, another person had a sweeping brush which they enjoyed using to clean up, and a person who had an allotment was supported to garden.

We saw relatives and friends were encouraged to visit and some people enjoyed time with their family in the community. A relative told us pet owners were encouraged to visit with them for the people who lived there to enjoy spending time with the animals.

Activities on offer were varied and included sing a longs, bingo, light exercise, sensory sessions, Holy Communion and music therapy. The environment was filled with activities people could pick up and enjoy such as puzzles and books. A member of staff recognised this improvement and told us, "Activities have improved significantly and we have things in the environment to engage people." We saw the corridors were decorated with different scenes or themes to help people reminisce and engage in conversations with staff. We saw a successful activity had included people sitting near the seaside themed area eating ice cream with juice and sprinkles discussing the seaside.

The activities worker, care workers, nurses and the manager had started to think how they could provide activity or social stimulation to people who were nursed in bed because of their ill health. Staff told us they were committed to ensuring meaningful interaction was documented daily based on people's preferences. This meant the risk of social isolation was reduced for people.

We saw the records of complaints received since the last inspection. The manager investigated all complaints and on occasions complaints had been investigated by the provider. We saw people received a letter of acknowledgement and an outcome letter. On one occasion an outcome letter had not been received by the complainant for many months from the provider. We discussed this with the nominated individual who wrote to the relative to apologise and offer to meet to discuss any unresolved issues.

The manager had supported the home through a period of change both in terms of staffing and working practices. This had meant lots of feedback had been received which had not been dealt with formally as a complaint. We discussed that recording such day to day concerns can support the manager and provider to understand themes or patterns emerging before a formal complaint was necessary. The manager agreed to start to record such day to day concerns and evidencing how they were addressed.

# Is the service well-led?

## Our findings

At the inspection in August 2016 the provider had not ensured quality and safety of the service because quality assurance systems were not effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 17.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems to help providers to assess the safety and quality of their services. We saw the manager and team at the service completed a range of checks to assess if the service was safe and providing good quality care. These included checks on health and safety, medicines and care plans.

The provider had also completed numerous checks on the service including out of hours visits during the night. All of the checks produced actions which were required to be completed to continuously improve the service. The manager and provider had made significant improvements since we last visited and were still embedding processes and change to enable further improvements to happen. The quality assurance systems had highlighted some of the same areas for development we had picked up during inspection. However, the lack of staff on shift and issues with recruitment had not been highlighted or challenged. The provider recognised this and told us they would improve systems to prevent this happening in the future.

People who used the service spoke positively of the manager. People said, "I really like living here and the manager is friendly", "The manager seem very good." Relatives told us, "The staff and manager are very approachable. I think they are honest about the care provided to my family member" and, "The manager is very approachable and friendly, and appears open and honest."

The manager was new in post at our last inspection in August 2016 and they were tasked with affecting great change to improve the service. The manager told us this had been a difficult period for them and that they knew work was still required to embed the changes they had implemented and to keep morale high within the staff team. The manager told us they were proud of the staff team and the work they had achieved. They also said the provider had been supportive during this period.

Most staff we spoke with told us the manager was approachable and supportive. One member of staff said, "I think the service has improved a lot for the residents. They are receiving better care than before. Our interactions, the environment, social stimulation and meal options. The little things added together make a big difference. Staff are more aware of what they should be doing now. The manager I feel is approachable and I feel she has led this positive change.

Other staff felt morale was low in the staff team. One member of staff said, "Morale is low and it affects the atmosphere, I don't feel appreciated." When we further explored why some staff felt this way they explained as an example how they had voiced concerns over many months via team meetings and general

communication about staffing in the service. They felt they had not been listened to. Another example they gave us was the fact that the manager was not able to join the staff meeting for night staff. Records we saw reflected this. This made the night staff team feel their opinions were not listened to.

We discussed staff morale with the manager who was conscious of morale as part of her responsibilities and gave examples of how they had tried to influence positive change. They were aware this was an area which still required development and were committed to continuous improvement.

We saw staff meetings were held regularly and the manager told us all staff were welcome to attend this meeting which the manager chaired during the daytime. We saw topics such as dignity at mealtimes and lessons learnt around record keeping had been discussed to drive improvements in practice. We saw the deputy manager had been awarded a 'Caring hearts award' for their commitment to implementing person centred care planning. This was an internal award to recognise positive performance. Staff who attended this meeting felt they benefitted from attending and were kept up to date on the progress of the service.

A survey to gather staff feedback had been given to staff to complete for the end of July 2017. The manager and provider told us they would use the results to implement more change where required.

The manager told us people who used the service and relatives had an opportunity to meet with them on a regular basis to share their views and ensure the service was run in their best interest. We saw records to confirm regular meetings had occurred. We also saw that a survey of relatives and people's views had been conducted in May 2017. The manager had recorded honestly the feedback received where relatives had communicated they felt change was not happening in the service quickly enough or that they struggled to contact the service via telephone at weekends. We saw the manager had implemented change such as a new answer machine system and where changes to activities had occurred as a result. This demonstrated the manager took the feedback seriously and acted appropriately to resolve the issues.

When we asked people and relatives what the best things were at Sycamore Hall they told us, "The caring attitude of all the staff towards us and my family member" "The staff are really friendly, they are kindness itself" "The home has got that homely feeling, people look after each other." These comments demonstrated that the manager and staff teams' hard work to change how they delivered care and support at Sycamore Hall had impacted positively on people's experience.