

Abbeyfield Society (The) Sycamore House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Sycamore House is registered for 42 beds and provides personal care and accommodation for older people. On the day of our visit 37 people were using the service. This included ten people living in Kenyon Lodge, this is a separate unit within Sycamore House for people living with advanced dementia.

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

Systems and processes had improved since the last inspection, but were not fully effective or embedded. We identified ineffective recording of people's individual care needs. Information recorded was not consistent and therefore confusing to staff. People's care plans and risk assessments did not consistently reflect people's current needs.

Inconsistent management had impacted on the development of the service and staff felt that they were not always listened too or supported.

Plans were not always in place to ensure people's safety. Some personal emergency evacuation plans were not readily available for staff in the event people needed to be evacuated.

Some concerns were raised about staffing levels. The management team were requested to follow up on the concerns received. Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

People received their prescribed medicines safely. Some shortfalls were identified in the management of medicines, but this had a low impact on people.

Risks associated with people's individual care needs had been assessed and were monitored. Improvements had been made to ensure people's hydration needs were met.

Safeguarding concerns were reported to the local authority and CQC. The provider had introduced a more robust system of identifying and analysing incidents.

Infection prevention and control best practice guidance had been implemented by the provider and was being followed by staff. Covid 19 guidance was available to staff and people. Staff were observed wearing personal protective equipment correctly.

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

Rating at last Inspection

The last rating for this service was Requires Improvement (Published on 12 April 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection, to show what they

would do, and by when, to improve. At this inspection, enough improvement had been made to meet the regulation 12 breach, further work was required to meet the regulation 17 breach.

The overall rating for this focused inspection remains as Requires Improvement.

Why we Inspected

We received concerns in relation to the management of the service and care and treatment of people. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We also followed up on previous breaches.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Enforcement

We have identified a breach in regulation in relation to the governance of the service. Please see the action we have told the provider to take at the end of this report

Follow up

We will request an action plan from the provider, to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sycamore House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an assistant inspector completed a site visit, whilst an Expert by Experience, made telephone call to relatives. 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

Sycamore House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, there was not a manager registered with the Care Quality Commission. The provider was legally responsible for how the service is run and for the quality and safety of the care provided. A peripatetic manager was managing the service but was unavailable on the day of the inspection. The provider was in the process of recruiting an interim and registered manager. We will monitor this.

Notice of inspection

The inspection was announced. We gave the provider 10 minutes notice because we needed to check the current Covid-19 status for people and staff in the service.

What we did

Before our inspection, we reviewed our information we held about the service. This included information received from local health and social care organisations and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We reviewed the last inspection report. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we spoke to three people who used the service and the expert by experience spoke with nine relatives by telephone about their experience of the care provided. We also observed staff interacting with people. We spoke with the regional manager, business manager, two senior care workers, two agency senior care workers, four care workers and two cooks. We also spoke with two visiting health care professionals, a district nurse and a community nurse.

We reviewed a range of records. This included in part, eight people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and checks on health and safety.

After the inspection we continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records.



Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the provider had failed to ensure people's prescribed medicines were safely managed, stored and administered. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

- Medicines were managed safely. Relatives did not report any concerns about the support provided with how their family member received their prescribed medicines.
- Staff had access to a medicines policy and procedure and staff responsible for the administration of medicines had completed medicines management and administration training. Procedures for ordering and returning unused medicines followed best practice guidance.
- Staff had the required information about people's individual needs in relation to their prescribed medicines. This included the safe administration of medicines prescribed 'as required' such as for pain relief.
- Some recording errors were identified and these were being addressed.

Assessing risk, safety monitoring and management

At our last inspection we reported in our Effective domain, concerns identified in how people's eating and drinking was monitored and managed. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

- People received enough to eat and drink.
- Staff were aware of people's dietary needs, including any person at risk of choking. People's eating and drinking needs, including preferences had been assessed and guidance made available for care staff.
- People's food and fluid intake was effectively monitored. Concerns about people's weights such as weight loss, was discussed with the GP or dietician and recommendations made were followed.
- Staff had good knowledge of risks associated with people's care and support. However, care plans and risk assessments did not always match this. Improvements in the quality and consistency of guidance for staff about people's care needs were being addressed.

- Relatives reported they were confident that permanent care staff understood, and were aware of, their family member's health conditions and any risks. Relatives confirmed they were informed of any safety issues such as falls or near misses.
- Risks associated with people's skin had been assessed and monitored. Repositioning records viewed confirmed in the main, people received care that met their individual needs.
- Checks were completed on the premises, equipment and environment for health and safety, including fire risks and the risk of legionella. However, issues and we have reported upon them in Well-led of the report.

Staffing and recruitment

- We were not sufficiently assured staffing levels met people's care needs. Some relatives and two visiting professionals expressed some concerns about staffing levels. They were concerned about staff stress levels, staff not having breaks and occasions when it had been difficult to locate staff. Concerns were not expressed about safety.
- Staff also raised concerns about staffing levels and the impact on staff leaving had had on the service. The regional manager confirmed a number of positions were actively being recruited to and agency staff were used to cover any shortfalls.
- People's dependency needs were assessed, and the outcome informed what staffing levels were required. People's dependency needs were assessed in August 2020. The regional manager told us staffing levels were sufficient.
- Whilst we did not identify concerns on the day of the inspection, we were aware two senior staff on duty were supernumerary. This was not related to our inspection. However, we noted they provided care. We therefore, were unable to make an informed judgment if the normal staffing levels were sufficient. We shared the concerns received with the regional manager and asked them to follow this up.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew the importance of identifying and recording safeguarding incidents. Relatives reported their family member was cared for safely. Comments included, "[Name] is happy and settled and they know they are safe and secure. I can't praise the staff enough. I have no worries and feel confident in the staff."
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and access to the provider's policies and procedures. Information was displayed about how to report any safeguarding concerns.
- The management team had systems in place to review, monitor and analyse all incidents. This enabled them to identify any themes and patterns and action was taken to reduce further risks. This included making referrals to external health care professionals for guidance and support. Lessons learnt were discussed with staff to reduce reoccurrence.

Preventing and controlling infection

- People were protected from the risk of infection. Infection control and prevention information, including information and guidance about Covid-19 was available to staff and visitors. Latest government guidance on the action required by care homes in the current pandemic was being followed. Policies, procedures, risk assessments and contingency plans had been kept under review and amended as required.
- Staff were knowledgeable about Covid-19 and the action required to reduce the risks of infection. Staff were seen to wear personal protective equipment.
- Feedback from people, relatives and visiting professionals raised no concerns about infection control practice or cleanliness of the service.
- We saw housekeeping staff completing domestic tasks and following best practice guidance in reducing

the risk of cross contamination. The service was observed to be clean and free from malodour.

Is the service well-led?

Our findings

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of consistency in how the service was being managed and this was found not to be fully effective. This put people at risk of not receiving care and support to meet their individual needs and safety.
- Information in relation to a new admission had not been shared with staff. We saw staff had not used the communication systems in place, to share information about a person who had been admitted for respite care. This had resulted in staff not knowing the person was in the building. Whilst the person had not come to any harm, they were put at risk of potential harm.
- Records were not consistently up to date and placed people at risk of not having their care needs safely met. For example, the staff handover information and white board in the office to share information with staff about people's care needs did not match. This was therefore confusing for staff.
- Care records had not been kept up to date to reflect people's changing needs. Although this had been identified by the management team, it had not yet been addressed and this posed a risk that new or temporary agency staff would not know people's needs.
- A care staff member told us they reviewed care plans and risk assessment during their induction, but this was not repeated. This meant any new information or risk assessments could be missed by staff, which placed people at risk of staff not fully knowing their care needs.
- Audits and checks on health and safety was not fully effective and put people at potential risk of harm. For example, wardrobes in people's bedrooms were not secured to the wall. Items were stored on top of wardrobes causing a safety hazard. No action had been taken despite a person having fallen, due to trying to remove their suitcase from the top of their wardrobe. The provider took immediate action to make improvements.
- A Red Bag kept at the front of the building was used to store personal emergency evacuation plans (PEEPs). This was used to share information with staff and the fire and rescue service in the event people needed to be evacuated from the building. Six PEEPs were missing from the bag, this could have impacted on the safe evacuation of these people. The provider took action when this was raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not consistently receive a positive experience. Relatives gave a mixed response in how well their family member experienced good outcomes. Whilst some felt staff provided care that was individual and person centred, others felt the service was disorganised. The number of managers within the last 12 months was said to have had a negative impact.
- Staff morale at the service was generally low and this had had a negative impact on the service being fully inclusive and empowering. Staff told us they did not feel listened to or valued and felt the frequent changes

in managers had been negative. Staff told us managers had different expectations and ways of working and this had been difficult to adjust to.

Working in partnership with others

- Partnership working was not currently effective. Two visiting health care professionals raised concerns how the changes in leadership of the service, had a negative impact on communication and joint working.

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

- Complaints had not always been recorded to identify actions and outcomes. The system used to record complaints was not fully open and transparent and did not reflect what complaints had been received. This potentially impacted on senior managers having clear oversight of the service.

The provider did not consistently operate effective systems to proactively ensure the quality and safety of peoples' care. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager had left and whilst new managers had been appointed, they had left before submitting their registered manager application. At the time of the inspection, a peripatetic manager was managing the service. The provider had appointed an interim manager who was due to start imminently, whilst a permanent registered manager was appointed.
- Staff had received new and ongoing training and support to understand their roles and responsibilities. This was working progress to further upskill staff.

- Relatives told us in the main, they were informed of changes, issues, and concerns, and complaints were responded to effectively.
- We were aware of a complaint the provider received. The peripatetic manager had investigated and kept the relative fully informed through out the process.
- The provider was meeting their registration regulatory requirements, in informing CQC of notifiable incidents as required by law to enable monitoring of the service. The provider's inspection ratings were displayed as required.

Continuous learning and improving care

- Improvements had been made to systems and processes that monitored quality and safety. However, our inspection identified further time was required for these to be fully embedded to enable improvements to be sustained. The management team advised some staff had been resistant to changes being made, and this had impacted on the desired improvements and outcomes.
- Improvements had been made to the analysis of incidents. This had enabled the management team and senior leaders to have better oversight into any themes and patterns. This enabled any learning to be actioned to reduce further reoccurrence.
- The provider showed a commitment to make the required improvements at the service. They had an improvement plan they were working towards. The provider was investing in the service by developing new positions, specifically to bring about the improvements required.

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

- The provider had an annual quality assurance process they used whereby people and relatives, were invited to share their experience about the service they received. The last survey results dated November

2019, gave favourable responses about the care provided.

- Relative and resident meetings had been put on hold during the Covid-19 pandemic, but communication with relatives continued via other methods to gain feedback such as telephone calls.
- Staff received opportunities to feedback or raise questions and discuss their training and development needs via different methods. This included; daily staff handover meetings, daily flash meetings, staff meetings, supervision meetings and opportunities to meet with Human Resources if they wished to raise a grievance or wanted to use the provider's whistle blowing procedure.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not fully effective in ensuring people received consistent safe care and treatment. This placed people at risk of harm. Records were not accurately complete or kept up to date.</p> <p>Regulation 17 Good Governance (1)</p>