

Allag Care Limited

Sycamore Cottage Residential Home

Inspection report

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Date of inspection visit:
21 August 2019

Date of publication:
10 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Sycamore Cottage is a residential care home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection.

The home accommodates up to 14 people in one adapted building.

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

There was not enough staff employed to meet people's needs in a safe and timely way. Care staffs role was to provide care, maintain the cleanliness of the home and cook. This meant that people sometimes had to wait to have the support they required and did not always receive the level of supervision they required.

There were systems in place to monitor the quality and standard of care but where shortfalls had been identified the action to address them lacked the resource to complete work in a timely way. People could not always be assured they were cared for in a clean and tidy environment and were unable to independently access the garden when they wished to.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough and staff supported people to live healthier lives and access healthcare services.

The service had a welcoming atmosphere where visitors were welcomed and encouraged. The premises were adapted to meet the needs of people using the service.

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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was generally maintained.

Care plans were detailed and supported staff to provide personalised care. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

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 good (published 07 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in regulation to staffing. There was not enough staff employed to provide the care and support people required in a safe and timely way.

Please see the action we have asked the provider to take at the end of this report.

Follow up

We will request an action plan for 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sycamore Cottage Residential Home

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

This inspection was carried out by one inspector and an Expert by Experience. 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 Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who monitor the care and support the people receive. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and three care workers. We spent time observing the experience of people who were unable to talk with us.

We looked at the care records of two people who used the service, staff recruitment files, quality assurance checks, staff training, safeguarding information, maintenance records and accidents and incident information.

After the inspection

We sought confirmation from the provider as to any actions taken in relation to the recruitment of staff and garden maintenance.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Staffing and recruitment

- There were eight people living at the home at the time of the inspection and two people in hospital. Four people required the assistance of two carers and one person had been assessed as requiring 1:1 support for up to eight hours each day.
- On the day of the inspection two care staff were on duty from 7am and a third member of staff started at 10am deployed in the kitchen. Rota's confirmed this was the daily staffing allocation. There were no ancillary staff employed, care staff were expected to provide care, cook and complete domestic and laundry duties.
- People waited for their personal care, putting them at risk of poor skin integrity due to soiled clothing. People who required the assistance of two carers were left in bed until two staff were available. Staff were stretched to provide the 1:1 support one person required to keep them safe.
- People were left unattended in communal areas with no access to a call bell.
- People told us staff were always busy and had little or no time to spend with them to provide the social interaction and stimulation required.. A relative told us, "The staff are good but they are always busy and there is not enough of them."
- The provider had no dependency tool in place to adequately assess the number of staff required to provide safe and timely care to everyone living at the home.

Failing to employ or deploy enough staff to meet people's needs is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us during the inspection they had identified the need to recruit domestic and maintenance staff and that they were implementing changes to the rota.

- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work at Sycamore Cottage

Preventing and controlling infection

- The environment was untidy with some areas only receiving a basic clean. We observed a used urine bag left full on the floor in a bedroom, it took over three hours for staff to be available to deal with it. This was not immediately disposed of in line with good practice guidance to reduce the risk of cross contamination.

- Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow, however, these were not always followed.
- People who required a hoist to assist them to move had their own sling which reduced the risk of cross infection.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home and relatives said they felt people were safe. People looked relaxed around staff.
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow.
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of malnutrition and dehydration and there was specific guidance in place for staff to take to reduce this risk.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment.

Using medicines safely

- People received their medicines safely. Medicines were stored securely, and medicines administration records in use were accurate, and regularly checked for any mistakes.
- Medicines were administered by staff that were trained and people were happy they received their medicine when needed.
- There was detailed information for staff to follow for when people were prescribed medicines to take 'as and when required'.

Learning lessons when things go wrong

- Accident and incidents were recorded and monitored by the provider for any trends.
- Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, a protocol had been put in place for the receipt of acute medicines and all staff had received further training in medicine administration following an error in relation to the administration of medicines.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their choices as to how they wished their care to be delivered discussed prior to coming to live at Sycamore Cottage. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Care plans detailed people's care needs and gave guidance to staff how to meet people's needs. Consideration was given to the characteristics identified under the Equality Act.

Staff support: induction, training, skills and experience

- People continued to be cared for by staff who had the skills and training to meet their diverse needs. Staff training was refreshed to keep staff up to date with best practice. All new staff undertook an induction which involved shadowing more experienced staff before they worked alone.
- Staff had regular supervision and yearly appraisals which enable them to reflect on their performance and look at areas for development.

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

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely. Professionals were involved, where required, to support people and staff.
- Staff supported and encouraged people to eat. Food was prepared for people on specialist diets, such as pureed or mashed food for people with swallowing difficulties.
- There was a choice of meals each day and snacks and drinks were available. People were very complimentary of the food. One person said, "The food is very good." Another person said, "The food is very nice, they [staff] come and ask you what you want."

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

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and dietitian. Records confirmed when health professionals had visited and the guidance they had given which staff had followed.
- People had been referred to an optician who provided a care plan for people in a pictorial form, which helped people understand their requirement for glasses. There was also training provided for staff around eyesight which gave the staff a better understanding around sensory loss.

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

- The home was going through a refurbishment at the time of the inspection. Relatives told us they could see the improvements made.
- Access to the garden was limited by a step up to a ramp which meant people with poor mobility were unable to access the garden independently and relied on staff to be available to assist them. The garden had not been maintained.
- The registered manager told us about the signage they were planning to get to help people stay orientated in the home and we saw that old photos and memorabilia were displayed.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been assessed and where people had been assessed at lacking capacity to make certain decisions we saw that best interest decisions had been made and recorded. Professional, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation and where conditions had been made these were being met.
- Staff sought people's consent and understood the principles of the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be cared for by staff who were kind, caring and knew people well. People were relaxed with staff and interactions were positive, although at times this was task focussed. One person said, "The staff are good, there just isn't enough of them." A relative said, "I have seen the staff interact with [person], they are caring and sweet, they talk slowly, carefully and with good will to [person]." Another relative said, "The staff are very kind and loving."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care.
- Staff respected and understood people's diverse needs. Equality and diversity were promoted with information for both people and staff displayed in the home.

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

- People were offered choices such as where they wished to sit in the dining room or lounge and what food they would like. There was a relaxed atmosphere and people were free to choose where they wished to spend their time and when they wished to get up and go to bed. Although some people did have to wait to get up at times until staff were available to assist them.
- People whose first language was not English had access to staff who shared their language. This ensured people were able to fully express their choices and preferences.
- The registered manager was aware of the need to involve an advocate if someone had difficulties in speaking up for themselves and had no family to represent them and there was information about local advocacy services available to people. There was no one at the time of the inspection being supported by an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their chosen name.
- Bedroom doors were closed so that people were not observed when having personal care and there were privacy screens available for people who shared rooms. However, staff needed to be mindful not to speak about people in communal areas and be vigilant of people who may compromise their own dignity through their clothes not being worn correctly.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. There was information about people's hobbies and interests, their religious beliefs and who was important to them.
- People told us that staff knew them well. One person said, "The staff will do anything for you." Staff we spoke with knew people well and the care they wished to receive. The registered manager demonstrated their knowledge of people when they assisted with an incident when one person became agitated towards another person. The registered manager sat with the person and listened to them and was able to give reassurance to both parties.

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.

- People's communication needs were identified so information about the service could be provided in a way all people could understand. There was also information in pictorial form and easy read about safeguarding and the Mental Capacity Act.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent time watching television and chatting with other people in the home. We saw one person drawing, another doing a word puzzle and a daily newspaper was delivered to one person. One person told us about a game of cards they had played the previous evening with other people in the home which they had greatly enjoyed. Staff told us about playing musical instruments with one person. However, on the day of the inspection the staff did not have the time to spend with people, there were times throughout the day when there was little or no stimulation for people. We saw pictures of events and social activities people had been involved with, but these were not up to date. The provider needed to ensure there was enough staff be able to support and provide the social stimulation people required and use the information they had about people to develop more meaningful activities.
- We read from the information the provider had sent us people were supported to attend church and local faith ministers visited the home.
- Visitors were warmly greeted by staff and people's relationships with their family members were encouraged and promoted. A relative of a person who had recently died continued to visit and we observed

a stimulating conversation between them and several people living in the home reminiscing. One relative told us, "The staff always welcome me when I visit and make us cups of tea so that we can drink them together."

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint or a concern. One relative said, "[Registered manager] is very approachable, if I have any concerns they go to a lot of trouble to sort it out."
- There was a complaints procedure in place and information about how to make a complaint in different languages displayed in the reception area. There had only been two complaints in the last 12 months. The registered manager had responded to both within the timescales laid out in the procedure. As an outcome to one a new protocol was introduced to ensure relatives were contacted when a person was admitted in to hospital.

End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and people had made decisions around whether they wished to be resuscitated.
- At the time of the inspection one person was receiving palliative care. Their care plan contained basic information for the staff to follow. We talked with the registered manager as to how the care plan could be developed further and they agreed to look at this.
- Staff had received training in end of life care and knew what procedures to follow in case of a sudden death.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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

- The systems in place to monitor the quality of care had failed to pick up the impact staffing levels had on people's experience of life in the home. For example, people were expected to wait to get up until two staff were available to support them, people were unable to access the garden until staff were available to support them and there were little or no stimulating activities regularly available to people.
- Action to address shortfalls which had been identified by the registered manager and provider had not been managed in a timely way. A refurbishment of the home was underway however, this had not been sufficiently resourced to be completed in a timely way and was reliant on the goodwill of the registered manager to complete alongside their other duties.
- The garden area had not been maintained and the provider had failed to identify that a step out of the conservatory on to a ramp limited access for people with mobility problems.
- We spoke with the provider and pointed out the concerns we had at the inspection. The provider agreed to get the garden cleared and informed us they were in the process of recruiting a maintenance person. Following the inspection, the registered manager confirmed work was underway in the garden and recruitment of a maintenance person in progress.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and supported. They had regular supervisions and training which ensured they provided the care and support at the standards required.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the previous rating as required.

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

- The registered manager ensured that people were involved with their care and that staff understood the need to treat people as individuals and respect their wishes.
- Staff understood the principles of providing person-centred care, however, did not have the insight that the level of staffing meant that people had to wait for their support because there was not enough of them to provide the support when people wanted it.
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.

- The service had a friendly and open culture, and people told us they found the registered manager very approachable and easy to talk with. One relative said, "[Registered manager] is approachable and a good manager."

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 registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Yearly surveys were carried out and we saw that following feedback from one family the registered manager had redecorated the person's bedroom.
- Staff told us they had staff meetings where they could discuss what was happening in the home and learn from any incidents. They told us the registered manager kept them informed and was proactive in resolving any issues staff had.
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the tissue viability nurse and people's GP's.
- The provider worked with the local authority commissioners to ensure the service developed and people remained safe.

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	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to employ enough staff to provide safe and timely care.