

Tradstir Limited

Sycamore Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sycamore Court is a residential care home providing nursing care and support for up to 40 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia or other mental health needs. 39 people were living at the service on the day of our inspection.

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

People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. People were supported to have 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.

As well as the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. A relative told us, "[My relatives] look incredibly well. I am never concerned they're not well cared for."

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

We observed a kind and caring culture. People and professionals spoke positively about the support staff gave to people. We observed positive interactions between people and staff throughout the inspection. A visiting professional told us, "The staff here are very proactive at recognising when people's needs change and if they need to contact a healthcare professional." A relative added, "I would describe them as kind and compassionate. People think that care work is an easy job, it really isn't, these people are just so special."

People's care plans were personalised and gave staff the information they needed to support people. We saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

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

Rating at last inspection

At the last inspection, the service was rated as Requires Improvement. The overall rating for the service has now improved to Good. This is based on the findings at this inspection.

Why we inspected

We had received concerns in relation to care delivery at the service. As a result, we undertook a focused inspection to review the key questions of safe, caring, responsive and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sycamore Court

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

This inspection was carried out by one inspector and an Expert by Experience (ExE). 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 Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission (CQC). Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager had been employed and was in the process of registering with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the

notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people using the service, two relatives and a visiting health professional. We also spoke with 10 members of staff, including the provider, the director of care, the manager, the deputy manager, a registered nurse, the chef, care staff, ancillary staff and an administrator. Some people living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them.

We reviewed a range of records. This included seven people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training 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 inspection on 22 June 2021, this key question was rated as Good. At this inspection this key question has stayed the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Nursing and care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. People we spoke with did not express any concerns around medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- We observed the support people received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff. One person told us, "They are very good, they always come and see you and get a nurse right away if you don't feel good."
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care. One member of staff told us, "I think the care we give is very safe. The residents are our priority."

Staffing and recruitment

- People told us there were enough staff to meet their needs safely. One person told us, "You don't have to wait long if you need them." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks. One member of staff told us, "People get safe care, I'm sure of that."
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was meeting the requirements of vaccination as a condition of deployment (VCOD).

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 inspection on 11 and 12 September 2019, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. 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; Respecting and promoting people's privacy, dignity and independence

- At the inspection on 11 and 12 September 2019, people were not always treated with kindness and compassion by staff, as their approach was task focussed. People's dignity was not always considered.
- We saw that improvements had been made, and people were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and staff being attentive to people's needs.
- People told us they were well treated and supported. We observed that they enjoyed being in the company of staff.
- People told us staff were caring and attentive. One person told us, "They are lovely, look at them they're wonderful."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. One member of staff said, "Everyone is an individual, we treat people like we'd treat our own family".
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged to carry out day to day tasks for themselves. One person told us, "They knock on the door, they don't just barge in, they respect that this is my own space."

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

- People were encouraged to be involved in their care and to make decisions about how they spent their time. One person told us, "I don't like joining in with the activities and I have lunch in my room. They don't seem to mind that and don't force you to if you don't want to."
- Staff ensured that people, families and professionals were involved in order to guide them on the best way to care for and support people.
- We saw an example where a couple were living together at the service. Through input from the family, the couple now shared a room together, which had greatly improved their wellbeing and happiness.
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.

Is the service responsive?

Our findings

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

At the inspection on 11 and 12 September 2019, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- At the on 11 and 12 September 2019, people were not supported to have access to activities that were meaningful to them.
- We saw that improvements had been made and people engaged with activities which included trips out to local attractions. There was also musical entertainment in the service and specific events planned, such as church services. On the day of our inspection, people and their visitors were enjoying a Christmas party
- People were also supported to engage in hobbies and interests that were important to them, such as reggae music and playing chess. One person told us, "There is plenty to do lots of arts and crafts and even Zumba."

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.

- At the on 11 and 12 September 2019, care plans did not always include information on people's communication methods. Information was not always provided in a way that supported people to understand and make choices, particularly those living with dementia.
- Improvements had been made. Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictures.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. A member of staff told us, "We have various ways we can communicate with people and we take our time to find out the best way."

End of life care and support

- At the on 11 and 12 September 2019, care plans had not been developed for people to give guidance to staff on how to support them at the end of their life.
- We saw that improvements had been made and care plans contained comprehensive information around people's end of life wishes and any input from health professionals. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

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

- Detailed person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs and interests. These included people's choices about what they did during the day and ways of communicating.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care. A relative told us, "[My relative] has dementia, but the staff have been so kind and understanding and do all they can to make sure she's settled. When she gets stressed, I'm so impressed with how the staff can calm her down and distract her"

Improving care quality in response to complaints or concerns;

- The service had a complaints procedure which was given to people, relatives and next of kin. It was displayed around the service for people's reference. A relative told us, "I've never had a reason to make a complaint, I cannot imagine I ever will, they are wonderful to [my relative]."

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 inspection on 22 June 2021, this key question was rated as Good. At this inspection this key question has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "I love working here. We treat the residents and each other very well. This doesn't feel like a job sometimes." This was echoed by the manager who told us, "We put the right people in the right jobs to get the best out of them. This enables them to give the best care to people."
- The culture of the service was positive and inclusive. We saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic.
- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "They go the extra mile. [My relative] always looks lovely when I see him."
- The service liaised with organisations within the local community. For example, local charities, the Local Authority and the Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- People were involved in the running of the service, for example, they gave feedback and made suggestions around activities and food choices. A relative told us, "Residents have regular meetings with the staff and management, they make sure everyone knows what is going on."

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

