

HC-One Limited

The Sycamores

Inspection report

Victoria Street
Newton
Hyde
Cheshire
SK14 4DH

Tel: 01613684297
Website: www.hc-one.co.uk

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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

The Sycamores is a care home providing personal care to older people and people living with dementia. The service accommodates 60 people in one adapted building, over 2 floors. At the time of the inspection 46 people were using the service.

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

Systems for managing and storing medicines were not always safe. Environments was not always safe or suitable for the needs of people living at the home. Activities were not always consistently accessible.

The provider and registered manager were responsive to concerns raised at the time of the inspection. They made some immediate improvements and had plans in place for further improvements.

Staff were trained to recognise potential risks and signs of abuse. Staffing levels were safe. Staff used personal protective equipment (PPE) appropriately when supporting people and infection prevention and control processes were in place.

Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. Menu planning met people's dietary needs and considered individual and cultural preferences. Staff had the skills and knowledge to deliver care effectively. People's needs were assessed and reviewed regularly.

Care plans were personalised and showed the care and support people wanted and needed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately. People told us staff were polite and always asked before providing support.

Managers ensured systems were in place to monitor the running of the service. The provider had procedures in place to receive feedback on how to improve support. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff worked well in partnership with other agencies to deliver effective support.

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.

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

Rating at last inspection

This service was registered with us on 31 August 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to managing and storing medicines safely at this inspection.

We have made recommendations about improvements in governance of controlled drugs, and the safety of the environment to improve the independence of the people receiving support.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

The Sycamores

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 Health and Social Care Act 2008.

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 an inspector, 2 medicines inspectors and 2 Experts 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

The Sycamores is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Sycamores is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 regional managers, the deputy manager, and the activities coordinator. We received feedback from 6 support staff.

We spoke with 7 people receiving support and 9 relatives. We reviewed 6 people's care records and spoke to 2 visiting health professionals.

We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.



Is the service safe?

Our findings

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

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

Using medicines safely

- People's medicines were not always managed safely because medicines were not always kept safely or administered in a safe way.
- Medicines categorised as controlled drugs were not always managed safely. For example, during the inspection it was noted that some medicines were not always signed in and out correctly.
- Thickening agents were not always stored safely. Thickening agents are prescribed where people are at risk of choking and aspiration.
- Medicines were not kept safely during the medicine 'rounds' where staff administered medicines to people.
- Staff did not always follow good infection prevention and control practice when administering medicines.
- The provider carried out an audit of medicines in July 2023. A shortfall in the storage of medicines requiring refrigeration was found, and an action plan was put in place. However, during the inspection we found the minimum and maximum daily temperatures of the medicine fridge were not recorded correctly.

We found no evidence people had been harmed. However, medicines were not always safely managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Guidelines for staff on the administration of medicines to be taken only when required were in place
- Records of the receipt, administration and disposal of medicines allowed all medicines to be accounted for.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from the risk of abuse.
- The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns.
- People told us they felt staff knew how to keep them safe. One person said, "I was unsure if I was ready for a care home; I had a few falls at home. It is a lot safer here; there are people around day and night in this home."

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to identify risks associated with people's care and

support needs and actions were in place to reduce risks occurring.

- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.
- The provider carried out regular health and safety checks, including fire safety, to ensure the building was safe.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- The registered manager looked at people's individual needs to determine how many staff were needed on shift per day to keep people safe. At the time of our inspection, staffing levels and skill mixes matched those required to meet people's needs and keep them safe.
- The provider had robust recruitment processes in place. Recent recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were somewhat 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.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff by the provider to reduce the risk of issues reoccurring and to improve the quality of care provided.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Consideration was given to ensuring the environment was suitable for people living with dementia. However, handrails in corridors were not designed to reduce risk of entrapment.

We recommended the provider consider current guidance on environments designed to promote independence and take action to update the accommodation accordingly.

- Consideration had been given to ensuring the environment on specific units was suitable for people living with dementia. For example, bathrooms considered contrasting colours to support vision and depth perception.

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

- The registered manager ensured assessments had been completed prior to people moving into the service; these helped ensure the environment was suitable and staff could meet people's needs.
- The provider included people, and where appropriate, their relatives when assessments were completed.
- Staff asked people who used the service for important information about their likes, dislikes, and life history so these could be included in care plans.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the skills and training to meet their needs.
- Staff completed an induction period, shadowing other staff and getting to know people before starting to work more independently.
- Staff training and competencies were refreshed at regular intervals. Staff told us they received training to help support people living with specific conditions.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured people's care plans included information about their needs regarding fluids and nutrition.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff ensured people were encouraged to make healthy lifestyle choices.
- Relatives felt people were living healthily. One relative said, "[My relative] has put on weight and is eating

properly since moving to The Sycamores; not like when they were at home when they were not eating and lost a lot of weight."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective support.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- Staff provided support to people to maintain their oral health needs where this was identified as a need; this was recorded in support plans.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity. The assessment covered details of any Lasting Power of Attorney in place.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire.

Is the service caring?

Our findings

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

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- The registered manager was confident in supporting equality and diversity. Staff received equality training and were able to support people's religious and cultural beliefs.
- Staff consistently interacted with people in a person-centred way. For example, staff knew the different communication methods appropriate for each person and called them by their preferred name.
- People told us staff were respectful and promoted independence. One person said, "The staff are so wonderful and there isn't one member of staff who doesn't care."

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

- The provider ensured people, and where appropriate those important to them, took part in making decisions and planning of their care.
- The registered manager took the time to understand people's individual communication styles and develop a rapport with them. Staff gave people the time to listen, process information and respond.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and maintained their privacy.
- The provider ensured they maintained their responsibilities in line with the General Data Protection to maintain peoples' privacy Regulations (GDPR). GDPR is a legal framework which sets guidelines for the collection and processing of personal information of individuals.
- Staff followed people's support plans which described what people could do for themselves.
- Relatives felt they were treated with respect by staff and supported well with their needs. One relative told us, "You see how nice staff are to people; they are good with everyone and spend time talking to residents."

Is the service responsive?

Our findings

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

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

- We received mixed feedback about the provision of activities. People and their relatives, felt activities were not always consistently available to all residents.
- Relatives felt there could be more activities on one of the units. One relative told us, "I am going to raise [activities] at the next family meeting; not enough goes on. A lot more goes on downstairs."
- Other relatives felt there were plenty of activities. One relative said, "They are going to Blackpool and recently went to the park. A singer came in and it was lovely; they got everyone involved."
- People were supported to keep in contact with family and friends by staff. Relatives told us they could visit at any time and were always made to feel welcome.

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

- The provider regularly reviewed care plans and kept information about people's needs up to date.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- People and their relatives felt they had choice around their daily living arrangements, and this was respected by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs, and these were recorded in their care plans. Care plans were regularly reviewed.
- The registered manager told us information could be provided in alternative formats such as other languages, large print, or spoken format, if required.

Improving care quality in response to complaints or concerns

- The provider had processes in place to seek feedback and respond to concerns when raised.
- Complaints were analysed to try to identify learning and improve the service.

- Relatives said they felt confident the provider would act on their concerns.

End of life care and support

- At the time of the inspection no-one was at the end stages of life.
- People's care records identified if they had a 'do not resuscitate' order in place.
- Where people had been willing to discuss their wishes for this stage of life, their care record reflected this; however, information about people's wishes and preferences was limited.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 auditing systems for medicines were not always effective in monitoring the safety of medicines storage. Governance of the controlled drugs register was not always robust in identifying storage and stock concerns.

We recommended the provider consider current guidance on safe medicines management and storage of controlled drugs and take action to update their practice accordingly.

- Managerial lines of accountability were clear, and staff understood their roles and responsibilities. Audits had identified issues identified as part of the inspection and plans were in place to address these issues. For example, improvement of recording of activities and promoting dementia-friendly environments were recognised as areas of service improvement.
- We reviewed the quality systems for safeguarding, complaints, and incidents and found that relevant actions were followed up appropriately, in line with the providers quality audit processes.
- Team meetings were used to discuss issues or concerns and drive improvements in the service. Some staff supervisions were overdue, and the registered manager had plans in place to address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and healthcare professionals.
- The registered manager and staff created an open and positive culture at the service, which was person centred and achieved meaningful outcomes for people.
- Staff worked closely with people and their relatives to understand their cultural beliefs and backgrounds.
- Relatives told us managers and staff were inclusive and approachable. Comments included, "The manager is lovely. She talks to me if she sees me, will come and chat." And, "She is really nice. Any time you have a problem you know where to go."

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; Continuous learning and improving care

- Records showed the registered manager was aware of their regulatory requirements and knew their

responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.

- The provider had clear processes for reviewing concerns and improving support by learning from the issues identified.
- People felt comfortable raising concerns with managers and were confident they would be listened to.
- People and others were supported to access the complaints procedure, and details of investigations and outcomes of complaints made, were shared on a need-to-know basis.

Working in partnership with others

- The provider displayed good partnership working with others to make sure people received the care they needed.
- The registered manager worked well with other healthcare professionals and advice was promptly sought and followed to make sure people's needs were met.
- Staff supported people to maintain links which were important to them such as with family, friends, and church groups.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">● People's medicines were not always managed safely because medicines were not always kept safely or administered in a safe way.