

# Community Integrated Care Sycamore Drive

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Sycamore Drive 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. Sycamore Drive provides care for up to four people with learning or physical disabilities and any associated health needs. The service does not provide nursing care.

Sycamore Drive has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning and physical disabilities using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Staff treated people with respect and great kindness. Relatives and visiting healthcare professionals confirmed this. One relative we spoke with told us, "[Person] is as happy as Larry living here!"

Relatives told us that they thought their loved ones were safe living at Sycamore Drive. Safeguarding issues were logged and analysed with appropriate action taken. Staff were able to talk confidently regarding their understanding of safeguarding and were able to tell us the action they would take regarding any potential safeguarding issues.

The provider had a robust recruitment process which included pre-employment checks. Staff who were new to the service had a period of induction which included shadowing existing staff.

Records showed the provider carried out various health and safety checks. As such the premises were well-maintained and safe. Robust medicines processes were in place. People received their medicines from trained staff.

Pre-assessments of people's physical and care needs were carried out prior to people coming to live at the service. This was to ensure that the service could meet the needs of that person. Staff received regular training which supported them to have the required skills and knowledge to provide appropriate care and support to people.

People were supported and encouraged to eat a healthy and balanced diet. People were involved in

creating menus, going to local shops with staff to buy the ingredients and preparing meals with support from staff.

People had access to a variety of healthcare professionals, including dentists, GPs and consultants. Relatives confirmed their family members attended various healthcare appointments.

People had access to a wide range of activities within the local and extended community. These activities included involvement with a local walking club, craft classes at a local college and Zumba classes in a nearby town.

Care plans were very focussed and person-centred. They included individual personalised goals for people and these goals were reviewed and updated on a regular basis.

Staff spoke highly of the registered manager and told us they felt supported in their role. They told us the registered manager was very open and approachable. One member of staff we spoke with told us "Yes, if ever I have a problem, I go to [registered manager] and they helped me."

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains effective.

### Is the service well-led?

Good ●

The service remains well-led.

# Sycamore Drive

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 21 November 2018 and was announced. This meant the provider knew we were coming to inspect. The provider was given 48 hours' notice of the inspection as the service is a small care home and people living there are often out and about during the day. We therefore needed to be sure that people would be at home.

The inspection team was made up of one inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, CCG and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two relatives. We spoke with the registered manager, two care staff and one visiting healthcare professional. We did not speak with people directly.

During our visit we observed care and support provided by staff within the home. We looked at personal care and support plans for two people. We reviewed two staff files including recruitment, supervision, appraisal and training. We also looked at various records relating to the management of the service. We also spent time looking around the building both inside and outside and we spent time in communal areas .

# Is the service safe?

## Our findings

We asked relatives if they thought their loved ones were safe living at Sycamore. They told us "Oh yes, definitely. [Person] knows all their surroundings and is safe" and "No concerns at all regarding [person's] safety or the safety of the premises." The provider had an effective system in place to manage safeguarding issues. Safeguarding incidents were logged and investigated. Staff were confident in their understanding of both whistleblowing and safeguarding procedures. They were able to explain to us different types of abuse and provided details of the steps they would take to raise any concerns or issues. Staff confirmed they received regular training in safeguarding.

Care plans included various risk assessments to ensure people were kept safe both inside their home and whilst spending time in the community. Risk assessments were reviewed on a regular basis and were updated as and when people's needs changed.

Regular health and safety checks were carried out within the service. This included weekly fire alarm tests, testing of water temperatures and fridge temperatures. In addition to these, more formal checks had been carried out by suitably qualified professionals, including gas safety checks, fire risk assessments and legionella checks.

As part of their pre-admission assessment, people's needs were reviewed in terms of the level of staff support they required. Staffing rotas reviewed confirmed staffing levels were appropriate to meet the needs of people living at the service. This included supporting people whilst out in the community.

The provider continued to have a robust recruitment process to ensure that only suitable people were employed to work at the service. This included obtaining suitable references and an enhanced Disclosure and Barring Certificate (DBS). DBS checks ensure that only suitable people are employed to work with vulnerable people.

Medicines continued to be managed safely by trained staff. A review of people's medicines showed they received their medicines on time. Detailed protocols were in place to support staff to identify why and when people needed their 'as and when required' medicines. Medicine audits were carried out each day to check medicines were administered as needed.

A review of the kitchen area, demonstrated good hygiene with food products stored appropriately. Staff had received training in food hygiene. Protective personal equipment was available for staff to use to support and prevent the risk of infection. The home was clean and tidy and daily cleaning schedules were in place for staff to complete. During the inspection, staff were observed carrying out cleaning tasks and they made use of the available personal protective equipment that was available for use.

Staff were confident in their understanding and responsibility to record any incidents or accidents. Records showed accidents and incidents were logged onto an electronic system and analysed to determine if any lessons could be learnt. This included identifying the need for any changes in current processes, staff

refresher training or purchasing additional equipment to support the change. Any areas for improvement were shared with staff through team meetings or supervision sessions.

## Is the service effective?

### Our findings

The service has a robust pre-assessment process in place. This was to ensure the service could meet both the physical and care needs of people. Part of this assessment involved people visiting the service for a day, which then progressed to staying over a weekend so they could get to know other people. One visiting healthcare professional told us, "I have found the management and staff to have a thorough knowledge of clients, without the need to consult files. There is evidence of ongoing and personalised goal setting, which develops clients within the service and demonstrated effective support."

Staff received regular training to ensure they had the required skills and knowledge to provide effective support to people. This training included safeguarding, fire safety and infection control. Additionally, newly recruited staff were required to undergo an induction programme prior to commencing work within the service. Staff confirmed they received regular training, regular supervision sessions and yearly appraisals regarding their past performance and future development.

People were supported to have a healthy, nutritious and balanced diet. Records showed dietary needs formed part of people's pre-assessment. Where required, ongoing specialist advice had been sought regarding people's specific dietary needs. People were encouraged to become involved in the preparation of their meals.

Records showed people were supported to attend regular healthcare appointments including visits to their GP, dentist and optician. Staff had also supported one person during a recent stay in hospital. This involved staff attending hospital through the day and spending their day with this person to ensure they felt supported and less anxious during their time in hospital. One relative told us how the registered manager had identified a previously unknown issue with their loved one's eyes and how they had been determined in making sure that the person received a full diagnosis of their condition.

The service was bright, airy, decorated to a good standard and had a comfortable atmosphere. People's rooms were comfortable and personalised. People had been involved in choosing their own colour schemes for their rooms. The registered manager informed us people had also been involved in decisions regarding colour schemes, furniture and soft furnishings for other areas of the service. People had also been encouraged to participate in the redecoration of the premises and photographs showed people had enjoyed being involved. People had the opportunity to sit together in communal areas chatting with each other or staff, or they could spend time in their own rooms or outside in the garden (weather permitting). The garden had raised flower beds, seating areas along with bird tables and feeding boxes which people helped to maintain. The registered manager told us that during warmer weather, people engaged in maintaining their garden. This was part of a 'service goal' to encourage people to take ownership of their own home.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. DoLS had been appropriately applied for, mental capacity assessments had been carried out and decisions made in people's best interests were clearly recorded.

## Is the service caring?

### Our findings

Relatives told us staff were very caring and looked after people very well. They told us, "[Person] is as happy as Larry here and doesn't want to come back to the family home. Whenever we are out, they are always keen to get back 'home' to Sycamore Drive!" and "[Person] has never lived anywhere better!"

One healthcare professional told us "The house has a warm and friendly atmosphere and staff treat clients respectfully." This was also evidenced during the inspection when we saw staff providing care and support that was both reassuring and empathetic. We noted people responded to this very positively. We heard one member of staff ask one person, "Would you like a cuppa? Come on we will get a cuppa and then sit down and look at your catalogues." Both the person and member of staff then sat down with their drinks and started to look at the catalogues discussing the content saying what they liked or didn't like and the price of things. This person clearly enjoyed this interaction during which they were very relaxed.

People were supported to maintain relationships which were important to them. Friendships had been formed with people from other services within the providers group of services, and regular 'get togethers' and social outings took place. Plans were in place for everyone to attend a regional Christmas party. People had been involved in the planning of this event and were looking forward to attending and wearing their Christmas jumpers.

Staff received training in equality and diversity and were therefore able to support people with their personal beliefs. People were supported to attend local churches if they wished to do so.

Information regarding advocacy services was available to people, relatives and visitors. Advocates help to ensure people's views and preferences are heard.

People were treated with both dignity and respect. During the inspection we observed staff knocking on people's doors, and awaiting a response before entering. The registered manager also sought permission from people prior to showing us people's individual rooms. Staff told us how important it was to maintain people's dignity.

People's confidential information was held securely in locked cabinets and staff were aware of the importance of maintaining confidentiality.

## Is the service responsive?

### Our findings

Care plans were person-centred and included detailed information regarding what people liked to do, whether that was within the service or outside in the community. Individual 'goals' were set for people and these were reviewed on a regular basis, with new goals being set once previous ones had been achieved. Staff knew the people they cared for well and knew how to support them during any activities. People were supported to attend a variety of local activities which included walking, craft making, and swimming. People also travelled to a nearby town and enjoyed taking part in Zumba classes. The registered manager informed us that those people who attended the local recovery college had been successful in improving their own life skills for example by baking their own cakes. Additionally, people had recently received 'improved confidence' awards for the progress they had made during their attendance at college.

The provider had a 'Path Tree' which was displayed in the service. This 'tree' is a wall mounted picture and people living at the service were involved in its creation. The tree included individual pictorial 'goals' for each person in terms of what they wished to achieve in their life. These were further supported by 'service goals' which had been agreed by people, staff and managers in terms of what they wanted to achieve for the service.

The service was aware of the Accessible Information Standard (AIS). The AIS was introduced in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service had implemented alternative ways of making information available to people such as pictorial images used as part of activity planning, questionnaires and care plans. Photographs of which staff were on duty each day were also available for people to see. The provider had provided easy read booklets to support people with their understanding of healthcare information. People had access to their own computer tablets which allowed them to engage with a variety of computer programmes. The registered manager informed us people really enjoyed using these interactive computer programmes which supported and encouraged people with their communication skills. We observed this happening during the inspection.

The provider had a complaints policy. A review of the complaints log showed that complaints had been processed in line with the providers own policy. Concerns and complaints were reviewed by the registered manager and shared with staff regarding any changes required. Compliments were also recorded. For example, a neighbour thanking the people who lived at the service for their assistance with clearing adjoining pavements of garden moss.

The service was not currently supporting anyone who was receiving end of life care. The registered manager confirmed that plans were in place to introduce end of life documentation into care plans in the near future.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager showed they understood their responsibilities for ensuring the CQC was notified of any important events. For example, any incidents or safeguarding issues within the service, to check the appropriate action had been taken.

Staff and relatives confirmed the registered manager was very caring, supportive and approachable. One member of staff told us, "Oh yes I feel supported, [registered manager] is great." Staff also told us the registered manager operated an open-door policy and would always listen to any concerns or ideas that people had. Staff told us they enjoyed working at Sycamore Drive and had a great sense of pride in the care they provided. The registered manager, along with regional managers and the Chief Executive, attended 'roadshows' every three to four months. These roadshows allowed managers to discuss important topics, share best practice and have input into the strategic plans of what the organisation wished to achieve in the future.

The registered manager completed a number of quality assurance checks on a weekly and monthly basis. Any actions were recorded and followed up for completion. The regional manager also carried out regular quality assurance visits. These quality checks mirrored CQC's own domains of whether the service was safe, effective, caring, responsive and well-led. Questionnaires were given to people to complete and a review of the results showed positive feedback. We spoke to the registered manager regarding results received from relatives' questionnaires and they told us that none were in place. Relatives we spoke with confirmed that they felt involved and told us they had regular conversations with the registered manager regarding the service itself and the care that their loved ones received.

We asked the registered manager what their plans were for the service in the next 12 months. They informed us that they were keen to 'grow' the service and were currently working with an external organisation to drive further improvements. Their aim was to ensure that people continued to receive care that was both person-centred and focussed on delivering the best possible outcomes for people living at Sycamore Drive. The registered manager also informed us plans were in place to change the service type from its current registration of residential care to independent supported living.

The service was integrated into the local and extended community in terms of both recreational and educational terms. One recent activity was a fundraising event in support of MacMillan Cancer fund. People were regular visitors to a local club which was run by the Salvation Army and they also attended Sunderland Recovery College. The college provided recovery focused educational courses to help people improve their understanding and experiences of day to day living.