

WCS Care Group Limited

Sycamores

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sycamores is registered to provide accommodation and personal care for up to 36 people, including people living with dementia. At the time of our inspection visit there were 31 people living at the home. Care and support is provided across 3 floors. On each floor, people have use of a communal lounge and dining area, as well as occasional seating throughout corridors. People's bedrooms are ensuite and there are further communal bathroom facilities located around the home. People can access outside spaces.

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

Known risks relating to people's health and welfare were not always managed safely and ineffective scrutiny of the quality of service, did not always identify issues. The provider's quality assurance systems lacked effective scrutiny.

Where similar issues had been identified at inspections across some of the providers other homes, there was limited evidence lessons had been learnt.

Risks associated with people's health and welfare were not always considered, reviewed, or reflected a person's current needs. Records and actions that were required to be completed, were not always recorded, so we were not confident risks were managed safely. Oversight and scrutiny of those records through effective checks, went unchecked so staff did not always have up to date information to support people safely.

Safe moving and handling practices were not followed. Our observations showed staff did not always support people safely when transferring them in wheelchairs. Staff conversations showed us it was accepted practice for staff throughout the day, to move some people in wheelchairs or commodes. In 4 examples we saw, staff used wheeled appliances without footplates meaning people were put at unnecessary risk of injury.

People did not always receive their medicines safely and in line with national guidance. People's own medicines were stored in their room, yet we found large stocks of medicines that was not necessary to be kept in people's rooms. One person was not administered a medicine and staff had not identified this as an issue. Topical creams were applied, yet most topical creams we saw had no date of opening, so we could not be confident, those creams remained effective.

Communal areas were clean, however people's individual rooms and equipment were not always clean and hygienic.

People told us they received support from staff when required. The provider had sufficiently trained and suitable staff on shift to meet people's needs. When people rung their calls bells for assistance, staff were on hand to support them with limited delay.

People and relatives told us they felt safe living at Sycamores. People said it felt like home and those staff who supported them were kind and considerate. Relatives were able to attend relatives meetings which gave them an opportunity to be involved in how the care and support was provided.

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

The last rating for this service was good (published 02 April 2020).

Why we inspected

We received concerns in relation to the standards of care provided and the quality of records. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamores on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Following our visit, the provider sent us information telling us how they planned to immediately address the issues we raised.

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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

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 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

The inspection visit was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is someone who has experience of this type of service.

Service and service type

Sycamores is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Sycamores is a care home without nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. A new manager had taken up this post from 01 May 2023 and was in the process of registering with us.

Notice of inspection

This inspection visit was unannounced.

Inspection activity started on 24 May 2023 and ended on 30 May 2023.

Following our visit, we requested further information from the provider to help us inform our judgements.

What we did before inspection

We reviewed the information we held about the service, such as feedback from people and their relatives and statutory notifications. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who received a service to get their experiences about the quality of care received. We spoke with 2 care coordinators, 4 members of care staff and a maintenance person. We spoke with the manager, a services manager and a director of quality and compliance. During our visit we spoke with 3 visiting health professionals.

We reviewed a range of records. This included examples of 6 people's care records, samples of medicine records and associated records of people's care. We looked at records that related to the management and quality assurance of the service and risk management, and policies related to safe recruitment practices.

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 changed 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.

Assessing risk, safety monitoring and management

- Risks were not always identified, assessed and well-managed.
- One person was assessed as being at very high risk of skin damage. There was no information in the person's risk management plan about the equipment they needed to mitigate the identified risks. One item of their pressure relieving equipment was on the wrong setting to effectively alleviate pressure on vulnerable areas of their skin. This meant the person was at risk of harm.
- Risk management plans for 1 person were not reflective of their current physical health. This person's mobility care records stated for staff to help the person to stand frequently to alleviate pressure. However, our observations and conversations with staff showed this was not done because the person could not weight bare.
- Some people with diabetes were put at risk of harm because staff did not have important information to help them support people with their blood sugar levels. The risk of a lack of guidance was mitigated to some extent because some staff had received training in diabetes care and knew what signs to look out for.
- Some risk management plans did not contain the detail staff needed to provide safe care. Some people had dementia and on occasions demonstrated distressed behaviours that could cause themselves harm. There was very limited information, to help staff support people during periods of distress or to reduce their levels of anxiety. Staff were able to tell us how to de-escalate people's emotions, but this went unrecorded.
- We observed 4 occasions during our visit when staff did not follow safe practice when transferring people around the home. We saw staff used wheeled equipment without having footplates in place. This placed people at unnecessary risk of injury. We spoke with staff, and they told us they often moved people with no footplates on wheelchairs. We raised our concerns with the manager and director of quality and compliance. They took steps to prevent this practice from continuing as well as reviewing people's plans of care to limit exposure to risks.

Using medicines safely

- People did not always receive their medicines as prescribed. One person was prescribed 2 medications, both to be given 2 times a day. The medicines had been incorrectly recorded as being 'as required' medicines on the electronic medicine administration record (MAR) system. The person had not received either of their medicines for at least 24 days. One of those medicines had not been administered since 23 December 2022.
- Medicines with shortened expiry dates when opened, did not have the date of opening recorded on them. This meant we could not be assured of the continued effectiveness of some medicines. When we discussed this with staff, no one took responsibility or could explain why dates were not included on some medicines.
- Some people were prescribed topical creams to be applied directly to their skin to prevent skin damage.

Gaps in application charts and high stock levels of people's creams meant the provider could not be assured creams were being applied as directed. A healthcare professional described some people as, "Having really dry skin."

- One person was prescribed 'as required' medicine to control symptoms of anxiety. There was limited guidance to inform staff when they should give this medicine in line with national guidance for 'as required' medicines. Guidance is important to ensure these medicines are administered as prescribed and only when necessary.
- Effective and safe management and storage of medicines was required. We checked 1 person's medicines cabinet in their room and found a medicine prescribed 18 February 2020 which was not included on their current MAR. This was because it was no longer prescribed. In the person's bathroom, we also found a prescribed medicine that belonged to someone else.
- We found a person's topical cream with an active ingredient was kept in their bathroom rather than in the locked medicines cabinet in their bedroom. The director of quality and compliance confirmed this was not in accordance with the provider's policies and procedures.
- One person had their medicines crushed so they could continue to have this medicine to maintain their health and wellbeing. There was no advice from the dispenser to confirm this medicine was safe for crushing.

We found no evidence people had been harmed however, the provider failed to robustly assess all necessary risks relating to the health safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the director of quality and compliance sent us an action with timescales telling us how improvements would be addressed.
- Staff had training in medicines before they were able to administer medicines. There were policies and procedures to ensure people received their medicines safely, although from our report, these were not always followed.
- There was an electronic system to inform staff when people required time critical medicines to ensure they received them at the right time intervals.

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

- The provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People told us if they requested staff to help them, staff arrived promptly. During our visit we saw staff swiftly responded to people's requests for help and if people needed assurance or support, staff provided this.
- Staff told us there were enough staff to provide safe and effective care. One staff member explained, "We

do have enough staff at the moment and when we needed extra support for [name of person], then the management organised it."

- The provider had available bank staff who could pick up any shifts not covered by permanent staff.
- The provider had policies and procedures to ensure staff were recruited safely, that included requesting references and criminal record checks. We did not examine recruitment files at this inspection. There was no recruitment concerns identified to us during our planning of this visit and recent inspections at the provider's other locations, showed safe recruitment practices were followed and checked at provider level.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I'm very happy here, all the staff are lovely" and "The staff are really friendly, its safe and I am happy."
- Staff received training in safeguarding adults and understood their responsibilities to report any related concerns.
- The provider had systems in place to safeguard people from abuse and understood their responsibility to follow local safeguarding protocols when required. During our inspection we identified an issue which had placed a person at risk. The provider immediately submitted a safeguarding referral to the local authority.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home was clean and tidy. However, some items of furniture and equipment required further deep cleaning and continence wear was stored on the floor in people's bathrooms which was an infection control risk.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no visiting restrictions and people could have visitors when they wished.

Learning lessons when things go wrong

- We could not be confident, lessons learnt improved the quality of care.
- Similar themes for improvement identified at this inspection had been found at other provider's locations. The director of quality and compliance told us learning from those other CQC inspections to ensure good and safe standards and practices were taken. We saw notes from a 'manager meeting' where some learning points had been discussed, however, actions and timescales from that meeting had not been followed up.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Systems and processes to support good governance needed to be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Systems and processes were established at provider level; however, we found those systems were not operated effectively to ensure compliance with the regulations.
- For example, risks associated with people's care were not always reviewed accurately. We saw no process or system to ensure people's care information and risk information remained relevant and accurate. In Safe, we have referred to examples where certain risks were not considered or maintained and, in some cases, poor staff practices went unchallenged.
- Medicines audits had not identified the concerns we identified in relation to the overall management of medicines. Opportunities to improve the management of medicines had been missed because systems and audits were not robust.
- Where the provider's own quality assurance visits had identified issues, these were not always pulled through into the 'home improvement plan'. This meant there were missed opportunities to improve standards and practices at the home.
- Provider level audits for Sycamores in some areas, scored 100% yet they failed to identify the issues we found. It was clear from the conversations with the director of quality of compliance and quality, more work was needed to address the gaps within their own systems.
- Processes to demonstrate lessons had been learnt from other CQC inspections required improvement. When we were showed some examples of learning points being shared with management, those did not always translate into improved practice. One example the director of quality and compliance showed us was around care planning. We looked at 1 care plan reviewed at the 'learning' meeting, yet it was still not reflective of the person's needs. At an inspection at another of the provider's services in February 2023 we found advice had not been sought from a pharmacist to confirm crushing medicines was safe. We identified the same issue at this inspection.

The provider's systems and processes were not always effective to drive improvements through effective governance and quality assurance. It was clear at this inspection your audits had not identified these issues which demonstrates a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The previous registered manager had recently left the service and a new manager had been in post since 1 May 2023. They were in the process of completing their application to become registered with the CQC.

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

- Staff worked alongside health professionals to promote people's health and wellbeing. People received support from other health professionals. During our visit, health professionals came to see people. Dieticians, GP, district nurses and speech and language therapists made checks on some people's health conditions.
- Relatives were able to see the care and support their family members received each day through the electronic 'Relative's Gateway'.
- A relatives meeting was held in May 2023. Relatives in attendance commended management and staff for caring for their family members. Some relatives asked for additional support and management agreed to follow this up.
- People and relatives felt involved in their care and the new manager has asked people and relatives to become involved in future reviews of their own care and support needs.
- Staff told us they felt confident to seek advice from the management team. Staff meetings were held which gave an opportunity for staff to share any feedback.

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 new manager, service manager and director of compliance and quality responded positively to the concerns we raised on the day. Following our visit, actions had been planned to address some of the immediate risks to people's health and welfare.
- The provider had met the legal requirements to display the service's latest CQC ratings on their website and in the home.
- People and relatives knew who the manager was and was happy to speak with them if they had any concerns. Where people had shared feedback, actions were taken.

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> <p>The provider did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were operated effectively to monitor the service appropriately, including people's safety through good governance.</p>