

Optivo

Sycamore Lodge

Inspection report

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24 July 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Sycamore Lodge on 24 July 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 14 and 16 March 2018 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Sycamore Lodge 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 Lodge accommodates up to 75 older people across five separate units, each of which has separate adapted facilities. The service provides care to people who need nursing care, people living with the experience of dementia and people who are receiving care at the end of their lives. When we carried out this inspection, 65 people were using the service.

The service has a manager who is registered with the Care Quality Commission. 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 provider had acted to address issues we identified at our last inspection. People received their medicines safely and as prescribed. There were systems in place for the prevention and control of infection.

The provider carried out checks to make sure staff were suitable to work with people using the service.

There were arrangements in place to keep people safe from abuse. Staff knew about the provider's policies and procedures and had completed training.

The provider had systems to monitor quality in the service and make improvements. When their audits identified areas for improvement, the provider acted.

The service had a qualified and experienced manager who was supported by a team of experienced senior staff. Staff told us the registered manager and senior staff team were approachable, supportive and

knowledgeable.

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.

The provider had acted to address issues we identified at our last inspection.

People received their medicines safely and as prescribed.

The provider carried out checks to make sure staff were suitable to work with people using the service.

There were arrangements in place to keep people safe from abuse. Staff knew about the provider's policies and procedures and had completed training.

There were systems in place for the prevention and control of infection.

Is the service well-led?

Good ●

The service was well led.

The provider had systems to monitor quality in the service and make improvements. When their audits identified areas for improvement, the provider acted.

The service had a qualified and experienced manager who was supported by a team of experienced senior staff.

Staff told us the registered manager and senior staff team were approachable, supportive and knowledgeable.

Sycamore Lodge

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.

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One inspector carried out the inspection with an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the last inspection report from March 2018, the action plan the provider sent us dated 26 April 2018 and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we spoke with 12 people using the service, the registered manager, deputy manager, six nurses and care staff and a housekeeper. We reviewed staff recruitment records for five members of staff, accident and incident reports, medicines records for 10 people and audits and checks the provider and registered manager carried out to monitor quality in the service and make improvements.

Is the service safe?

Our findings

At our last inspection on 14 and 16 March 2018 we found that the provider had not made suitable arrangements to ensure they managed people's medicines safely. During the inspection, we found several errors in the recording of medication that may have placed people at risk of unsafe care. The provider sent us an action plan dated 26 April 2018 and told us they would improve the recording and management of people's medicines by 24 July 2018.

During our inspection on 24 July 2018 we reviewed the medicines records for 10 people using the service and found the provider had made improvements to make sure people received their medicines safely and as prescribed. The registered manager had also introduced daily checks of people's medicines and the deputy manager carried out a weekly audit. We found this increased monitoring had improved the management of people's medicines and the provider met the regulations.

When we asked people if they had the support they needed with their medicines, their comments included, "Yes, I hope so, they give them to me," "As far as I know, yes, I take quite a few different ones" and "Yes, the nurse does it for me in the morning, they are a great help."

At our last inspection on 14 and 16 March 2018 we found that the provider did not always carry out adequate checks when they employed staff to work in the service. We saw that some staff recruitment records only included one reference and the provider had not checked to make sure information staff provided was correct and accurate. The provider sent us an action plan dated 26 April 2018 and told us they would review their recruitment procedures, carry out a full audit of staff recruitment records and ensure that they obtained missing information they identified because of the audit.

During our inspection on 24 July 2018 we reviewed the staff recruitment records for two nurses and three health care assistants who were working in the service. We saw that each record included an application form, an interview record, a minimum of two references, proof of the person's identity, address and right to work in the United Kingdom and a Disclosure and Barring Service (DBS) check.

The registered manager confirmed that the provider's recruitment manager provided guidance and training for the registered manager and the service's administrator on recruitment checks. The registered manager and administrator had then completed an audit of the recruitment records for all staff working in the service. The provider had also changed their processes to introduce a quarterly audit of the recruitment records of new staff by the registered manager and the training and quality assurance manager.

There were enough staff to meet people's care and support needs. During the inspection we saw that nurses and care staff responded promptly when people asked for help and we did not see anyone having to wait for support when they needed it. When we asked people if they felt there were enough staff they told us, "Yes, I think so," and "Yes there seems to be, you don't wait long." However, other people commented less positively. One person said, "No there aren't enough staff, everyone has to work too fast and too hard." A second person commented, "During the day they can take a long time to come, not all the time but

occasionally."

The staff we spoke with felt there were usually enough staff to care for and support people. They told us, "Yes, most of the time it's OK. We work as a team and it is hard work but there are enough staff" and "Overall, I'd say there are enough staff. If someone is sick and we can't get cover then it is hard but usually it's OK."

People using the service told us they were safe. Their comments included, "I am safe, yes, it's a safe place," "Yes, I feel safe most of the time," "Yes of course I feel safe" and "I've been here a long time. I feel very safe."

The provider had systems in place to keep people safe from abuse. The provider's training matrix showed staff working in the service had completed safeguarding training and the staff we spoke with confirmed this. They could describe the types of abuse that might occur in a care home and tell us what action they would take if they had concerns about a person using the service. Their comments included, "I would tell my manager straight away. If they did nothing I would tell their manager or the Care Quality Commission (CQC)," "Abuse is not tolerated, I would report to my manager and they would deal with it. If nothing happened, I would tell the police or CQC" and "It is important we report any concerns. We are told to tell our manager or their manager or CQC."

Managers, nurses and care staff assessed risks to people using the service and acted to mitigate risks they identified. The deputy manager showed us how the provider had transferred people's care records to a computerised system that all nurses and care staff could access with their own individual login details and password. The system included people's care plans, risk assessments and daily care notes. The deputy manager explained and demonstrated how they could produce reports from the system to monitor the care and support people received. For example, they could collate information on all the people who were at risk of falling or at risk of pressure ulcers and review their care plans, risk assessments and treatment plans. Where they identified risks, the staff acted to develop an action plan to mitigate these. For example, the service provided pressure relieving equipment for people at risk of pressure ulcers and staff were reminded to check people's footwear to help make sure they could mobilise safely.

At our last inspection on 14 and 16 March 2018 we found the provider carried out environmental risk assessments and checked and serviced equipment used in the service. They had also taken steps to protect people in the event of a fire, and an up to date fire risk assessment was in place. Staff told us there were weekly fire alarm tests and we saw these were advertised on each unit.

People were protected from the risk of infection. Nurses and care staff told us they were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitising gels to ensure infection was prevented and controlled. The environment was clean, odour free and we saw no obvious hazards. One of the housekeeping staff told us there was a cleaning schedule they followed and they had access to the equipment and cleaning materials they needed to do their job.

There were hand sanitiser dispensers outside lounges and around hallways in the service and we saw staff using these. The service's fire evacuation plan was displayed outside lounges, with a list of first aiders and health and safety committee members. We also saw information displayed for staff about 'beating the heat', pressure care and information on how to prevent falls. The inspection took place on a very hot day and fans were available in lounges and people's bedrooms, although these were not always switched on. In addition, windows (all with restricting locks) were open to allow air to circulate and staff ensured people had access to hot and cold drinks.

Is the service well-led?

Our findings

At our inspection on 14 and 16 March 2018 we found that the provider's systems for identifying and mitigating risks were not always effective. We found that the arrangements to manage medicines were not always robust enough to protect people against risks associated with medicines. In addition, the provider's quality assurance systems had not identified that they were not always operating effective processes when recruiting staff to make sure they had all the necessary checks to determine their suitability for the roles they had applied for, before they were offered employment at the service.

The provider sent us an action plan dated 26 April 2018 and told us they would act to meet the regulations by 24 July 2018. They said, "All training requirements to address the issues have been identified and implemented. The service has tightened on auditing practices, reporting and action planning in order to ensure compliance. Raising awareness of staff on medication administration and good practices through training. Monitoring staff competencies through assessments, supervisions and audits."

At the inspection on 24 July 2018 we found that the provider had implemented the changes they had planned and this had improved the ways they monitored quality in the service and made improvements. People received their medicines safely and as prescribed and the improved monitoring and audits carried out by the registered manager and staff had helped to ensure the service met the regulations for the management of people's medicines. The provider also ensured that they obtained information before appointing staff to work in the service to ensure they were suitable to work with people using the service. The registered manager, deputy manager and quality and training manager had introduced a system of checks and audits to make sure they obtained the required information before new staff started working with people using the service.

There was a registered manager in post. They told us that, since our inspection on 14 and 16 March 2018, they had carried out a reorganisation of the service's management team and replaced the head of care and head of nursing with a deputy manager. The registered manager had experience working in care homes and was a qualified general and mental health nurse. They also held a qualification in dementia studies.

Nurses and care staff told us the management team was approachable and supportive. One staff member told us, "There have been lots of changes and it's hard to keep up sometimes but things are good now. We have a good manager and senior team." A second member of staff said, "We've had a lot of managers in my time here but we have a good one now, he listens and is really interested in what we think and any ideas we have to improve the home."

The registered manager recognised the importance to keep themselves abreast of changes within the social care sector by attending managers' meetings, conferences and workshops. They also attended managers' forums in other boroughs where they discussed social care changes and updates and liaised with other managers. They also consulted the Care Quality Commission (CQC) website and provider's handbook to keep abreast of developments within the regulatory framework of care services.

The provider's senior managers undertook regular monitoring visits, based on the CQC's key questions. During the visits they checked people's files, medicines, staff files, training records, incidents and accidents and complaints. We saw evidence that where issues were identified, an action plan was developed. We viewed a range of audits and saw that where issues had been identified as needing improvement, the provider, registered manager and staff team had addressed these promptly.

Records showed there were regular staff meetings. Issues discussed included communication, report writing, incident reports and training. These meetings gave staff an opportunity to raise issues and be involved in the development of the service. There were also monthly managers' meetings where any relevant operational matters were discussed. During our inspection on 24 July 2017 we observed a morning handover meeting with the registered manager, deputy managers, nurses and care staff on duty. They discussed people's care needs and ensured they recorded any actions that were needed or agreed. For example, ensuring people had the equipment they needed and referring a person to the GP.