Lakewood Limited

The Sycamores Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected the Sycamores Nursing Home on 19 and 25 March 2015. The inspection was unannounced. At our previous inspection on 2 April 2014 we found that the service was not meeting the law in respect of ensuring people's privacy and dignity was respected. We checked to see if the provider had addressed this breach. We found the provider had not ensured that the actions they had taken were robust enough to ensure that people were consistently respected and their dignity upheld.

The Sycamores is a purpose built home providing personal and nursing care for up to 84 people. The home is in three distinct units on separate floors. Oak, the ground floor unit accommodates people with learning and/or physical disabilities. Ash and Elm, the middle and top floor units accommodate older people, Elm catering for older people living with dementia. People that need nursing care are accommodated on Oak and Ash units.

Summary of findings

The service did not have a registered manager at the time of the inspection. 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 not ensured the service was always safe. We found people were not always protected from the unsafe use of medicines. We found checks to ensure medicine was managed and kept safely were not always in place. In addition staff did not always follow infection control practices that promoted people's safety. Systems for ensuring effective infection control needed improvement. People told us that they felt safe however and the staff were aware of, and knew how to report potential abuse. Where abuse had been identified by the provider this had been reported appropriately.

The provider did not ensure that people's consent was always sought and that safeguards were in place to protect their human rights when they may be restricted.

People told us staff responded quickly when called but we did see some occasions on Elm unit where staff responses were delayed, this mostly at meal times. People said they liked their meals though, and had a choice of foods. We saw the provider offered appropriate foods for people of differing cultural backgrounds.

We found that while people's health care needs were monitored and reviewed there were occasions where the advice from external health care professionals was not followed.

The provider had systems to ensure staff training was monitored but the practice and knowledge of some of the staff indicated that training may not always be effective. Some staff told us that they did not feel well supported by management.

The provider had not ensured that staff always ensured that people were consistently cared for in a way that ensured they were respected. We saw staff did not always explain the care they provided to people. While we saw some staff providing care that was considerate of people's views and respectful this was not consistent. We saw some people were involved in planning their care although we saw others were not asked their choice at the point care was provided. Information on making complaints, to capture people's views, was available but complaints raised were not always responded to so that people would be reassured their views were taken seriously.

The service had been run by various acting or senior managers over the last five years, with the manager only registered with us following this inspection. This had led to the provider not ensuring the service was managed in a way that has provided consistency and promoted strategies to consistently minimise risks to people. Systems for checking the quality of the service were in place but these had not always been effective in identifying and managing risks to people. Most people told us that they liked living at the home and felt well cared for and safe however.

We found breaches in respect of the safe management of medicines, safe care and treatment, consent to care and dignity and respect. This meant that the law about how people should be cared for was not met. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Medicines were not always managed in a way that ensured people received these safely. People's safety was not always promoted through safe infection control practices. People felt staff responded to their needs quickly but we saw some occasions where they did not. Staff were aware of what abuse looked like and how to report abuse, and people told us they felt safe.

Requires improvement

Is the service effective?
The service was not always effective.

People's consent was not consistently sought and safeguards to protect people's legal rights were not always in place. People's health was monitored but the advice of visiting professionals was not always adopted.Staff practices and behaviours did not always demonstrate that they had the knowledge and skills required to provide effective care. People liked their choice of foods although people did not always receive their meals or assistance promptly.

Requires improvement

Is the service caring?
The service was not always caring.

Most people told us that the staff were caring and staff provided care in a way that was kind and respectful, however we saw occasions where people's privacy and dignity were not respected. We saw that staff sought people's views and acknowledged these although this practice was not always consistent.

Requires improvement

Is the service responsive?
The service was not always responsive.

Some people told us they were involved in planning their care and we saw they were asked for their choices when care was provided. This approach was not consistent and we saw staff did not always explain care when provided or respond to people's needs. Most people were happy with how they spent their time. People or their representatives were provided with guidance on how to complain but the provider had not always recorded and responded to complaints that were raised.

Requires improvement

Is the service well-led?
The service was not always well led.

Until recently there had been no registered manager at the Sycamores for over five years. The provider had not ensured the service was managed in a way that ensured there were strategies to consistently minimise risks so that the

Requires improvement

Summary of findings

service ran smoothly. We found quality assurance systems were in place but these were not always effective in identifying risks to people. Staff did not always feel well supported. Most people said they liked living at the home and felt well cared for.

The Sycamores Nursing Home

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.

The inspection took place on 19 and 25 March 2015 and was unannounced. The inspection team consisted of one inspector, one pharmacy inspector, a specialist advisor who was a nurse with specialist knowledge of caring for people's fragile skin, and 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 asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received information from local statutory bodies (for example the local safeguarding authority) that provided information about safeguarding allegations and concerns they had received about the service. We considered this information together with the completed PIR when we planned our inspection.

We spoke with eight people who used the service and three relatives. We also spoke with the manager, the operations manager, two nurses and ten staff which included the cook and maintenance person. We also spoke with a community infection and prevention specialist before and during our inspection. We saw how staff interacted with the people who used the service on a number of occasions during the inspection. We also used the Short Observational Framework for Inspection (SOFI) over lunch time in the dementia care unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at three staff recruitment files and records relating to the management of the service, including quality audits and complaint records. Our pharmacist inspector looked at the management of medicines, including the medicine administration records for 14 people.

Requires improvement

Is the service safe?

Our findings

The people we spoke told us they received their medicines when expected. One person told us "I get my medication on time. I'm happy about my medication". Another person said, "My medication comes on time". The provider had not however consistently followed safe practice in respect of the management of people's medicines. Medicines were not stored correctly so may not have been effective in treating people's health conditions. The records of medicine refrigerator temperatures showed that maximum and minimum temperatures were not measured and recorded on a daily basis. In addition medicines were not always being stored securely for the protection of service users. For example we found a prescribed cream was being kept in a person's room and therefore people who used the service could inappropriately use this product. We also saw on Elm unit medicines were left unsupervised on top of the mobile drug trolley during the morning medicine administration round.

We found that people's medical conditions were not always treated appropriately by the use of their medicines. We looked at records for people who had medicinal skin patches applied to their bodies and we found there was not an accurate record of where the patches were being applied. Staff were not able to demonstrate that the skin patches were being applied safely and whether people received their medicines as they should. Staff we spoke with lacked knowledge about the safe application of these medicinal patches. Where people needed to have their medicines administered directly into their stomach through a tube the provider had not ensured that the necessary safeguards were in place to ensure that these medicines were administered safely.

Staff had not always signed people's medical administration records (MARs) so when we checked people's records we could not establish if people had received their medicines. We spoke with staff and looked at audits of these MARs and found they did not always evidence people had received their medicines as prescribed, for example we found one person had significantly more anti-seizure medication in stock than they should have indicating they may not have taken this when needed. Information available to the staff for the administration of 'as required' medicines were not robust enough to ensure that the medicines were given in a timely and consistent way by staff. For example a person had been prescribed an emergency medicine but there was no written information to inform staff of when and how it should be administered. We asked staff about the person's emergency medicine and they were unclear as to when it should be administered.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

We received concerns about how the prevention of infection was managed prior to our inspection and looked to see how this aspect of the service was managed. Staff working at the service did not always follow safe infection control practices. We saw one person had a runny nose and as a result there was mucus on their hands, body and clothing. They were upset by this and we saw there was a delay in staff helping them. We gained consent to observe a nurse change a dressing to a person's broken skin. We saw that this was carried out in a way that was poorly planned meaning the person's broken area was exposed to contamination for longer than needed. We saw the nurse had not washed their hands or changed their gloves after cleaning up faeces prior to applying the new dressing. This increased the risk of cross infection to the wound. We also saw that dressings were stored in a way that did not promote infection control and we saw that some topical medicine dispensers were contaminated with a faecal like residue. In addition syringes that were disposable had been washed and left to dry on a radiator in a bathroom. A nurse told us staff had been told that these were single use but still they washed and re-used them which was another risk of infection. These issues were raised with the manager on the day who agreed this was not acceptable practice.

An infection and prevention (IPC) specialist from the local CCG (Clinical Commission Group) visited the service at the time of our inspection to follow up on issues they had identified at an earlier visit. They had been concerned due to the breakdown of one of the washing machines and that there were unnecessary items in the laundry that was a possible risk factor when looking to reduce the risk of any outbreaks. The manager had informed us that the repair of the washing machine was in hand but delayed due to unavailable parts, which were still on order some weeks after. The IPC specialist did suggest that action to minimise risks would have been advisable for example possibly

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Is the service safe?

outsourcing some laundry due to the delay in repair of the washing machine. This had not created a noticeable delay in people waiting for clothing, but did create more risk of infection due to the build-up soiled laundry, for example sheets.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Most people we spoke with told us that staff responded quickly when they needed assistance. One person told us, "I have a buzzer for when I need help. There's one on the wall over there and there's one in my bedroom. The staff come quickly when I need help." Another person said "We have a buzzer here. When I press my buzzer they [staff] come very quickly". We saw some occasions where staff did not respond to people's needs in a timely way, for example we saw people were kept waiting for their meals at lunchtime on Elm unit. Some staff told us they were concerned about staffing after 8pm on Elm unit when staffing levels reduced as some people would get up and walk about, with it felt there was a risk of them falling. We saw the provider monitored accidents and these showed no significant trends in respect of frequent falls on Elm unit at night. The manager told show they used people's dependency assessments and a staffing tool to ensure there was sufficient staff available. This staffing tool did not however consider the impact the environment may have on staffing however, and based on what we saw there was a need to look at how staff were deployed at differing times of the day on Elm unit.

We sampled recruitment records and found the provider had systems in place to ensure the safe recruitment of staff. However, in one instance we were unable to locate a reference from an applicants' last employer to confirm their recent working history. The manager did confirm this was located on review. We found all other recruitment checks were in place.

We found that while a 'deep clean' on beds happened monthly there was no check of mattresses where staff unzip and check the cleanliness of the inside of mattresses. Staff confirmed this was not completed but would be commenced. We saw that other checks of the building and other equipment was carried out to ensure the environment was safe. The staff with who monitored these checks confirmed they were completed and showed us recorded confirmation. We also sampled serving certificates for the building and equipment and saw these were carried out at the necessary intervals by competent persons to ensure people's safety.

People felt safe at the service. One person told us, "Oh yes I'm definitely safe living here – no problems what so ever". Another person said, "I am safe. I am well looked after". Staff had a good awareness of what abuse was and how to report it. We spoke with staff and the manager and they were able to give us appropriate examples of what abuse may look like and how they should escalate any concerns they identified. We were made aware of any allegations of abuse prior to our inspection, and were aware that these matters had been brought to the attention of the local authority who take a lead in investigating such concerns. We had been made aware that the provider had worked with the local authority in addressing matters arising from safeguarding alerts.

We found that the provider carried out assessments to identify risks to people due to their health, for example from falls, choking, fragile skin and malnutrition. We found that where equipment was identified as needed to reduce the risk to people this was available, for example where people had fragile skin preventative equipment was seen to be in place.

Requires improvement

Is the service effective?

Our findings

The law in respect of people's legal rights and protection of their freedom was not always applied.

We saw one person was assessed at risk of falls and was supervised constantly. A meeting had been held with all relevant individuals to consider the person's 'best interests' as the person was assessed as not having capacity to make complex decisions. We asked the manager and staff if there were safeguards in place to protect the person's liberty as a result of constant supervision and were told there was not. The manager was aware that an application to the local authority was necessary in order to gain authorisation to restrict someone's freedom in order to protect their well-being .The manager said they would ensure that any deprivation on the person's liberty was in proportion to risk and the person's best interests and an application would be made to the local authority, but had not been at the time we carried out our inspection.

We saw a person offered medicine at lunchtime on Elm unit and they said they did not want it. We saw that the staff continued asking the person to take the medicine a number of times until they decided to take it where it may have been better to come back and ask again later. We did not see that the person's wish to decline the medicine had been fully considered on this occasion. We also saw one person assisted to eat their meal, this in accordance with their care plan. They were unable to verbalise their views and were assessed as lacking capacity, but we saw they moved their head to the side towards the end of the meal to avoid the spoon. The staff continued to feed them despite their indication they had eaten enough and trying to avoid the spoon.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Staff knew people's routine health needs which were kept under review. However, there were occasions where staff had not acted on the advice of health professionals so as to promote people's health. Nurse commissioners advised the provider on how to improve treatment of people's broken skin (pressure ulcers) prior to our inspection. We checked to see if this advice had been followed. We found that advice from a specialist nurse that had visited was not followed, in respect of staff needing to alert them when there was change in one person's pressure ulcer. The recorded progress of people's pressure ulcers was not always recorded, for example, wound assessments were not supported by photographs every time one person's wound was redressed (even though records stated they were).

We looked at the settings on air mattresses that should have reflected people's weights, as recorded on their care records. We found four of the mattresses on Ash unit were set too high which could mean they would be less effective in protecting people's fragile skin. A nurse told us this was to allow people to be supported to sit up for lunch, even though it was not lunch time and some people would have been unable to sit up. Some people at were at risk of pressure ulcers on their heels and used air mattresses, but had pillows positioned under their heels which compromised the protection provided by the air mattress. A nurse we spoke with showed a lack of understanding as to why this was a risk to people's heels, but we did see that the pillows were removed afterwards. People's care records did show that people's pressure ulcers were healing and people were repositioned to relieve the pressure on their skin as needed.

People said staff called in external health professionals when they needed them; one person telling us, "If I'm ill they send for a doctor for me. I see the optician he's coming next month". We spoke with staff who were able to identify when they should contact external health care services, for example if a person was at risk of choking they would request a referral to a speech therapist.

The provider had systems that identified the training staff needed, and we saw that training was provided to staff in appropriate core areas of skill and knowledge. We found that staff practices in some areas showed a lack of knowledge, for example some nurses showed a lack of understanding about effective pressure ulcer management. In addition we saw some infection control practices were not robust which was demonstrated by some staff practices. We also saw some people assisted to stand and transfer between chairs by staff in an unsafe way, for example chairs were too far away and there was not thought given to moving hazards before the transfer. We did see other staff transferred people in a safe way however. Most people said they were happy with how staff cared for them. A visitor told us, "I'm very impressed with

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Is the service effective?

this home and how my friend is cared for". We asked staff their views on the training they received and they received sufficient time and support to complete this, and would be reminded to update their training in core areas when needed. One member of staff who told us they had received an induction that had supported them to get to know their job.

People told us that they liked the meals that were available and they were given a choice of foods. One person told us, "I do like my food. I have a good choice of food here. They bring me a menu to choose from". A second person said, "They bring my meals in on my own tray. It's all at regular times. I have a menu to choose from. We have a choice of two things. I choose my meal about one hour before they bring it to me. The food is good". The manager told us that they had recently employed a cook that could cook Caribbean meals and we heard these were well received by people with comment that, "They've started doing Caribbean food three times a week – it's lovely". A relative said, "My mum likes the food very much. She especially likes the Caribbean food."

In Oak unit people's lunch time was relaxing, with meals served in a timely way, and people received assistance with meals when needed. Meal time on Elm unit was not as well organised and we saw people waited for 35 minutes and they still had not had their food, even though a member of staff from the kitchen, was waiting to serve the meals. We saw some people were served meals, but when not eating their meal staff did not respond or offer assistance for 15 minutes, this as they were busy assisting other people. Some staff told us they sometimes had difficultly assisting people with their meals as many people needed assistance at this time. This showed people had to sometimes wait for the support they would like or need. When people were offered assistance we saw that this was provided in a way that was appropriate with people at risk of choking having received foods that they could swallow easily. People were assisted by staff where appropriate at a slow pace and staff checked they were ready for their food, with the one exception where we were not assured a person's consent was gained.

Requires improvement

Is the service caring?

Our findings

At our previous inspection of the Sycamores on 2 April 2014 we found that the service had not ensured people's dignity was respected. In addition we found people were not always supported to participate in decisions, and there were occasions where they were not treated respectfully and with due consideration. The provider sent us an action plan telling us how they would address these issues and said they would be resolved by the end of June 2014. We found that not all of these issues had been addressed.

We found some people were treated with kindness and respect but this approach was not consistent based on our observations and what people told us. One person on Elm unit told us, "Some of the staff are very nasty. Two of them don't speak to me. They are angry with me. It's in the daytime when this happens". With the person's permission we asked the manager to investigate these concerns at the time of our inspection. The person also told us that other staff were, "Nice to me" and spoke highly of how caring one member of staff was. We also saw a staff member on Elm talk rudely to a person when they requested assistance. We also reported this to the manager who said they would address this with the member of staff. One of the staff told us that there had been occasions where they had challenged other staff when they felt they had not treated people respectfully. We also discussed both of the issues above with the local authority.

We saw a number of occasions where staff on Elm unit focussed on the task they were doing and took time to talk to each other rather than talking to people, for example during lunchtime when people were seen to sit without any discussion on occasions. We also saw that a person was transferred from a wheelchair to a chair with a hoist. The staff on this occasion only spoke with each other and not to the person to explain what they were doing. They did not use a privacy screen and the operations manager who was present asked the staff where the privacy screen was. The staff replied, "We haven't got one. We haven't had one for months". We also heard many staff use terms of address such as 'sweetheart' and 'darling' on Elm unit and on one occasion a member of staff joked about a person putting on weight which did not respect their dignity.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Some people we spoke with told us staff were kind and caring. One person said, "I don't like being looked after but the staff here are kind and caring". Other people said, "The staff here are very nice. They call me by my first name – I like that." and, "The staff are very kind. I've never heard the staff say anything unkind to anyone here". Relatives we spoke with said staff were caring one telling us, "Mum is well cared for. The staff all chat to her. She likes that". We saw on Oak unit that staff spoke respectfully to people and made sure people were comfortable and had what they needed. We also saw that privacy screens were used (in units other than Elm) when needed to preserve people's privacy and staff called people by their preferred names.

We saw some staff did consider people's dignity. We saw some staff talked people through the care that they were providing, considering their choices or responses. We were told by one person how a member of staff was learning some of their first language so they could communicate with them in their preferred way. We spoke with this member of staff and they had a very good understanding of what was important for this person in respect of how their care was provided. Other staff we spoke with were able to tell us of ways they would promote people's dignity and privacy and choices. They were also able to demonstrate that they had a good understanding of people's preferences and knew to look in people's care records to find this information when people could not tell them. We looked in people's records and found people's known preferences were recorded.

We saw some staff demonstrated their knowledge of people, their families and what was important for the individual person, for example some staff were aware of the background and significant life history of some of the people we cared for, which was confirmed by people when we spoke with them. Most people who were able to express their opinions told us they were offered choices by staff, and they were involved in their care and treatment. We did see that some staff took care to ensure people had opportunity to understand that they were offering them

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Is the service caring?

support, and acknowledge their choices, but we also saw occasions where staff did not actively involve people meaning the way staff involved people was inconsistent and did not always take place.

We spoke with relatives who told us that there was open visiting and we saw that people were able to maintain relationships with people that were important to them.

A relative told us that they thought the service recognised the need to respect how the death of a person who lived at the home may impact on those people still living there. They told us that people's funerals were made known to others who lived at the home where this was appropriate and they saw this as a positive step that helped people deal with loss. We saw that the funeral details for one person were displayed within the home.

Requires improvement

Is the service responsive?

Our findings

When people raised complaints or concerns about the care they received their views were not always taken on board, fully investigated with the outcome, or change in practice fed back to people. One person told us, "I've told the staff that I'm not happy [about specific staff] but they've done nothing about it." We checked the service's complaints record and there was no record of the concerns this person had raised or the outcome. A staff member told us that the concerns were raised with the manager at that time. Another member of staff told us of another concern a relative had raised and again we were unable to find a record of this in the service's complaints record. We did note that complaints that were recorded had been responded to with details of investigation and outcome.

While a number of people said they had not had any complaints other people told us that concerns they had raised were dealt with. One person told us, "The staff mess about sometimes and I've complained about that. It was all sorted out. No complaints at the moment. If I did complain and they did nothing about it I would let you [CQC] know". A relative told us, "If I have a complaint I go to the staff and it gets sorted out". Another relative told us, "If I raise any concerns they follow it up". We saw information on the service's complaints procedure was available in people's bedrooms.

We found a number of people were involved in developing their own care, support and treatment plans, but there were occasions where some people's care was not always responsive to their day to day needs. One person said, "Every time they ignore me they don't ask me". We saw one person who was sat in a chair looked uncomfortable and in pain, as their feet were unable to touch the floor and were hanging. Following discussion with the person we suggested to staff that they may be more comfortable with a footstool which was provided. The person was more comfortable with this to rest their legs on. We also spoke with a person who had leg ulcers. Whilst they told us that pain was not a problem at the time there were no pain assessments in place to ensure this would be recognised should it become worse.

In contrast we saw some staff spoke with people respectfully and allowed people time to answer questions about their choices in respect of how they were supported. People we spoke with told us they could make choices one person telling us, "I have made a decision that if I'm ill I don't want to go to hospital. I want to stay here. I don't want to be resuscitated. It's all written down. They are very kind to me here. I spoke to a doctor about it all". Another person told us "They talk to me and ask me what I like". We spoke with relatives who told us that people were able to express their views about their care, and where appropriate they were also kept informed of any changes and developments. A relative told us, "They [the staff] review things every few months". We saw people's needs and preferences were recorded in some detail in their care records. Staff we spoke with were able to find information about people in their care records or give a good verbal account of what the person's needs and preferences were.

We found that people's care needs were reviewed regularly with this resulting in most care records reflecting people's current needs. Staff we spoke with were usually able to account for any gaps in records, and information about people's care that staff shared with us was consistent with people's care records. We did note that there were at times a lot of information in care records, some of this repetitive, and this may impact on the clarity of the information available to staff, and if needed for sharing with people to whom they related. A number of people and relatives we spoke with did confirm that they were involved with the care through verbal discussion with staff or through reviews of their care.

Staff were aware of people's preferences and choices. They understood and recognised people's values, beliefs and cultural diversity, with insight as to how this may influence their decisions and how they want to receive care, treatment and support. Staff told us that there were a number of people living at the home who had a preference for a Caribbean diet and the service had recently recruited a new cook that was able to prepare various Caribbean dishes. We spoke with some people about whether they wished to observe any religions and they told us they did not but church services were available. One person told us, "I'm not a religious person but they [the church] come on Sunday", this also confirmed by a relative we spoke with.

We saw that people had the opportunity to have stimulation and were able to access pastimes that they liked. People told us, "The staff will take me for a walk if I want to go. I sit a lot. I watch TV. They ask me what I want. It's a nice atmosphere". Other people told us, "I do jigsaw puzzles, play dominoes and I like to watch TV", "We go out

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Is the service responsive?

and we have a walk". A relative told us that, "They [staff] do take them out" and their relative was able to participate in pastimes they liked. Some people told us they liked stopping in their room and where this was their choice were able to.

While some people told us they had involvement in their individual care, they said they were not asked for their overall views of the service, for example through attending meetings for people that lived at the home or through satisfaction surveys. A relative told us that there were, "Relatives meetings" and, "Residents are invited to these as well". They told us they had completed survey forms as well although the only recent survey forms staff were able to show us related to people's satisfaction in respect of the food they had . We saw that the last relative's meeting was held in November 2014 and there was a record of this available on notice boards in communal areas around the service.

Requires improvement

Is the service well-led?

Our findings

There was no registered manager in place to oversee the day to day running of the service at the time of our inspection and one had not been in place for a number of years. The manager has now registered with us since our inspection. 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 recruited a manager who had commenced at the service a number of months before our inspection. They told us that they intended to apply to be the registered manager for the service.

The way the service was managed did not always identify risks, and as a result there were not always strategies to minimise these risks so that the service ran smoothly. At our previous inspection of the Sycamores on 2 April 2014 we had found areas where the service needed to improve. We found at this inspection that improvements made had not ensured the issues we had previously raised had been consistently addressed. In addition we had found there were further areas where the service needed to improve at this inspection, this including safe management of medicines and infection control.

The manager recognised a number of areas where improvement was needed and they said that they needed to strengthen the management team to ensure planned improvements would be robust. There were unit managers for each of the three units, the unit manager for Oak unit also having deputy manager responsibilities. We found the deputy manager was also taking responsibility for completing nursing assessments and monitoring clinical issues as well as monthly reviews and writing care plans. We found outcomes for people on Oak unit were positive but we found the awareness and skill of other nurses indicated areas where their clinical skills needed to be improved, in respect of for example management of people's pressure areas and infection prevention.

In discussion with some of the senior staff we found they were resistant to acceptance of their responsibilities, for example a nurse not accepting their responsibility for some poor clinical practice that we saw. We spoke with the manager as to how they were looking to improve the support and leadership for unit managers and nurses and they told us they were trying to recruit a clinical lead who could take responsibility for overseeing all clinical management. They also said they were trying to recruit substantive nurses to cut down on the use of agency staff and improve the consistency of care. They recognised this was important as they did not have the clinical background to support, for example nurses with their clinical practice and training.

We found quality assurance systems were in place but these were not always effective in identifying risks to people. For example, We found that there were medicines audits in place but these had not identified shortfalls that we found. We looked at the service's audits for infection prevention and there were shortfalls we found that were not identified. This included no checks on the condition of people's mattresses within their zip on covers (although the covers were 'deep cleaned' monthly). We found the last audit had identified lifting slings were used for multiple people and cleaned 'when dirty' as there was not enough slings for one to be allocated to each person that used them. No action had been taken to address this however, or people's use of pressure cushions that were not individually named for their use.

We saw reports that the operations manager had competed following their visits to the home had recognised that the manager was having difficulty with their current workload, with insufficient time to complete tasks they were set. We saw that strategies had been discussed between the operations manager and the manager to address these issues and were to be reviewed.

Staff did not always feel well supported. Some staff we spoke with felt able to share their views but others said they would be reluctant to do so saying they would be worried about confidentiality. Staff said they would whistle blow on poor practice then added, "If you Whistle blow you may as well resign". Another member of staff did tell us they were able to raise any issues they had freely and they were well supported. Not all the staff we spoke with were confident in approaching the manager as they said they needed to get to know them, but when asked a staff member on Elm said they did not see the manager on the unit very often. Some staff said they would be confident approaching the deputy or the operations manager who a

Requires improvement

Is the service well-led?

number of staff said they knew. The manager told us that they needed to work on ensuring staff were aware of lines of accountability, for example where there were less important issues staff approached their line manager with the expectation these would be escalated to them when needed.

Some people told us they knew who the manager was, others not so sure. One person said, "[Name of the manager] is the manager – been here three to four months". Another person said the manager, deputy manager and operations manager spoke to them and, "They ask me if I'm alright". Most people we spoke with said they liked living at the home one saying, ""Living here is fine". Relatives we spoke with said that they were satisfied with the care their relations received, one saying, "Mum is well cared for" and another that the service, "Has improved since the new manager, I know that things are dealt with and don't get pushed under the carpet". They said, "Mum's happy".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. The service did not consistently follow safe practice in respect of the management of people's medicines. Medicines were not stored or kept securely. People's medical conditions were not always being treated appropriately by the use of their medicines. The necessary safeguards were not in place to ensure medicines were administered safely through peg feeds Directions for 'as required' medicines were not robust enough to ensure this medicine would be given correctly.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. Safeguards were not always in place to ensure people were protected from the risk of infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

This section is primarily information for the provider

Action we have told the provider to take

Safeguards were not always in place to ensure that people's consent was obtained or where their liberty was deprived this was subject to appropriate safeguards in accordance with the Mental Capacity Act 2005 and the related codes of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. People were not always treated with dignity and respect. People's privacy was not always respected.