Sydenham House Care Home LTD

Sydenham House

Inspection report

High Street
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Gloucestershire
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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

This inspection took place on 7 and 8 June 2018 and was unannounced.

Sydenham House is a residential care home for up to 19 people. 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. Sydenham House is registered to provide care for older adults who may be living with dementia, physical disability and/or sensory impairment. At the time of this inspection 19 people were living there.

This home was registered under a new legal entity on 17 May 2018, when the provider changed from being an individual to a limited company. There has been no change to the ownership or management of the home despite the change in legal entity. At the last inspection on 25 February 2015, under their previous registration, the service was rated Good. This was our first inspection since registration of the new legal entity and at this inspection we found the service was Good.

Accommodation at Sydenham House is provided in one adapted building over three floors, with bedrooms located on each floor. The upper floors were accessed via a passenger lift, suitable for wheelchairs, or via the stairs. Most bedrooms had en-suite facilities and adapted communal bathrooms were available to all. People had access to the lounge, dining area, conservatory and garden. The well-maintained garden was large, flat and enclosed, with outside seating areas. Parking was available to the side of the house.

There was a registered manager in post. 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.

Sydenham House enjoyed a good reputation locally and was recommended by everyone we spoke with. People received safe, personalised care from a well-established staff and management team. There were enough suitable staff to meet people's needs. People's needs were reviewed regularly and risks were managed with the support of health and social care professionals. Staff worked openly with other agencies to safeguard people. The home and specialist equipment were appropriately maintained and people were protected from risks associated with cross infection. There were few incidents, accidents or complaints at Sydenham House, but learning from these and external events was taken forward to improve safety and people's experience of the service.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's privacy was respected and they were treated with dignity and kindness. People were supported to maintain relationships with others who were important to them. They were supported to access preventative and specialist health care and to live as full a life as possible.

People benefitted from a caring staff team who knew them well, could communicate with them and worked flexibly to meet their needs, including social and emotional needs. People's preferences were taken into account and they were listened to. People received good end of life care. Feedback about the service was sought regularly and this was used to improve the service.

The culture at the home was open and nurturing. People and staff were valued and their needs were prioritised by the management team. Staff and managers worked together and collaboratively with external agencies to ensure the provide the best possible experience for people.

Further information is in the detailed findings below.

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.

Staff understood how to respond to safeguarding concerns. People were safeguarded from the risk of being supported by unsuitable staff because required recruitment checks were completed.

People were protected against health and well-being related risks including risk of falls, transmission of infection and risks related to building and equipment maintenance.

There were enough staff to meet people's support needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the skills and knowledge to meet their needs. Staff were suitably trained and supported to carry out their roles.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met and they had appropriate access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and compassionate.

People were treated with respect. People and their close relatives were listened to and were involved in decisions about their care.

Staff communicated with people in ways they could understand.

People's dignity and privacy was maintained and their independence in daily activities was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care and were routinely consulted about the support they received.

Staff knew people well and worked flexibly to help them follow their interests and hobbies. People were enabled to maintain relationships with those who mattered to them.

People were able to raise complaints and these were responded to.

People's end of life wishes were explored with them.

Is the service well-led?

Good

The service was well led.

People benefitted from an inclusive service where they were valued as individuals.

The registered manager worked openly and transparently with others, seeking their feedback to improve the service.

Systems were in place to monitor and improve the service.

Sydenham House

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 comprehensive inspection took place on 7 and 8 June 2018 and was unannounced.

The inspection was carried out by one inspector. Before the inspection, we reviewed information we held about the service including notifications. A notification is a report about important events which the service is required to send us by law. We reviewed information the registered manager had 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 also spoke with commissioners about the service.

Throughout the inspection we observed the support being provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two people who use the service and another four people's close friends or relatives. We spoke with the registered manager, the deputy manager and four other members of the care staff team, the cleaner, the cook and three visiting professionals. We sat in on a staff handover meeting and toured the premises. We checked three people's care records which included pre-admission assessments, care plans, risk assessments and documents relating to assessment of mental capacity and Deprivation of Liberty Safeguards (DoLS).

We sought the views of a further five health and social care professionals and received feedback from all of those we approached. We checked medicines records for three people and observed a staff member administering medicines. We reviewed the processes in place for managing medicines, including the use of 'as required' medicines and medicines with additional storage and recording requirements. We looked at recruitment records for three staff, staff training and supervision records, complaints, accident and incident records, maintenance records and reviewed provider policies and quality assurance systems.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse as staff understood their role in protecting people and knew how to safeguard them. People confirmed they felt safe living at Sydenham House and we observed they were relaxed and at ease when interacting with staff. There had been no recent safeguarding incidents. Comments from people and their relatives included, "The staff are very kind indeed", "It's peace of mind for me. [Person's] safe" and "The longer they are here they feel safer in the environment with the people they have got to know." A health care professional told us, "It's a really safe place to be, I don't have any concerns."

Risk assessments were completed to establish potential risks to people, including risk of falls and malnutrition. Where risks had been identified, care plans described the measures in place to manage and minimise these risks. Risk assessments were reviewed with people, or their close relatives, on a regular basis and in response to changes. Restrictions on people had been minimised where possible. For example, when going out to the village shop, people were accompanied by staff if they were unable to remember the way back, or were unable to cross the road independently. Staff routinely sought the assistance of health care professionals to guide them in managing people's more complex needs. For example, one person saw a diabetes nurse regularly and their specialist advice was included in the person's relevant care plan.

The safety of equipment and the home environment was monitored and maintained. Regular checks protected people against risks associated with fire, legionella and equipment failure. Fire drills included staff knowledge checks and use of equipment. A fire evacuation plan was in place for each person. Records of incidents and accidents were reviewed by the registered manager, to enable them to identify and respond to any new risks and trends. For example, during the inspection they reviewed processes following a needle stick injury to a staff member to ensure risks were managed safely.

People were protected against the employment of unsuitable staff. Safe recruitment and selection processes were followed and staff had been subject to criminal record checks before starting work at the home. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. All staff completed an induction, which involved the required training and working alongside experienced staff to familiarise them with each person's support needs.

There were enough staff to meet people's needs. A health care professional noted people's needs were "lighter" at the time of the inspection and said staff could "struggle at times" when people's needs were greater. Staff told us there were enough staff and said managers and the "cleaner" (who was also trained to give personal care) all helped when needed. One said, "Where we've been here that long we just do it. We don't panic." Care staff were doing the cleaning on weekends, at the time of the inspection; Staff told us they were managing this. The registered manager said they were recruiting to a cleaning vacancy, to cover weekends and holidays. Comments from people and their relatives about staffing levels included, "They [staff] are pretty good. Somebody's always on hand" and "I've only got to ring the bell and they're [staff] here straight away."

People's medicines were managed safely. The systems in place reduced potential risks to people and medicines were ordered, stored and disposed of in line with current guidance and legislation. Regular checks meant appropriate stock levels and storage temperatures were maintained. Few 'as required' medicines were in use and staff understood when these medicines should be given. Staff told us any queries about medicines were taken to the registered manager who emailed the GP for advice.

The home was clean and smelled fresh. People and their relatives confirmed it was kept clean at all times. Staff had completed training in food hygiene and infection control and followed the infection control measures in place. This included use of the national colour coding system for care homes, to reduce the risk of cross-infection. There had been no recent infection outbreaks at the home. Sydenham House had been awarded a food hygiene rating of five (very good) in December 2016. An infection control audit was scheduled to be completed in July 2018.

Good

Is the service effective?

Our findings

People's needs were assessed before a place at Sydenham House was offered to them. Assessments took into account recommendations by health and social care professionals and the wishes of the person and their close relatives or advocate. People's diverse needs and any adjustments needed in the delivery of their care were considered. People's needs were reviewed regularly and in response to any changes. When indicated, technology was used to support people's independence. For example, call bells were located in each bedroom and extension leads were fitted when people became less mobile, to ensure they were in reach.

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 Act 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. When people had capacity to consent, their wishes were evident in care plans. When people lacked capacity to consent to care, this was documented and care plans had been agreed in their best interests. The registered manager planned to improve recording of MCA assessments, using local authority MCA templates.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for authorisation to deprive one person of their liberty had been approved; There were no conditions attached to this authorisation. DoLS applications for a further six people had been submitted to the local authority.

People were cared for by staff who received appropriate training and support to enable them to fulfil their role. Training for all staff included safeguarding, health and safety, first aid and moving and handling. Staff who were new to care completed the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high quality care. Experienced staff completed Qualification and Credit Framework (QCFs) awards in health and social care. Training specific to the needs of people using the service was provided and all staff were completing level two awards in dementia care. A relative told us, "The staff understand dementia."

Staff had regular individual meetings known as 'supervision' and annual performance appraisals. Supervision included observation of staff at work including communication with others, giving medicines and providing personal care. Staff described a supportive learning environment. One staff member received a "learner of the year" award from an external training provider in 2017. The registered manager planned to introduce staff "champions" in dementia, dignity and safeguarding within the home in 2018. Champions act by encouraging others to make a positive difference in the in area they are championing.

People were supported to maintain a healthy weight and had regular opportunities to participate in exercise based activities. This included a weekly exercise class. We saw people participating in this and observed their enthusiasm, concentration and achievement as they followed instructions while exercising a variety of muscle groups. A GP from the local practice visited the home weekly to review people's needs. All health professionals we spoke with spoke highly of the service. One said, "They are very good at referring to us if they've got any concerns." A relative said, "We brought [person] here for respite care. [Person] just thrived down here. We discussed it as a family and decided it was best for [person] to stay here."

The Malnutrition Universal Screening Tool (MUST) was used to assess people's risk of becoming malnourished. The cook had undertaken training in nutrition and knew how to supplement people's diets if needed to increase the calories they received. Staff and relatives told us food and drinks were available to people 24 hours a day. People's weight was monitored monthly to ensure the measures in place were effective. Staff monitored how well people had eaten and additional snacks or larger portions were provided when needed. Nobody living at the home was at risk of choking at the time of the inspection, but the registered manager told us a referral would be made for assessment by a Speech and Language Therapist (SLT) if this was suspected.

Food was freshly prepared using good quality local ingredients, where possible, and support plans emphasised the importance of a healthy diet, fibre and fluid intake. A health care professional said, "They go over and beyond trying not to medicate people. For example, adding extra fibre to gravy." We saw the fridge was full of fresh fruit and vegetables and people had a variety of options at each meal. If a person was out of the home during a mealtime, relatives told us a meal was kept for their return.

People had access to the lounge, dining room, conservatory and garden. The conservatory gave people the option to meet with their families privately without needing to go to their bedroom and was used regularly for parties and activities. Bedrooms were located on all three floors. The upper floors were accessible via stairs or the passenger lift. The garden and outdoor seating area could be accessed by wheelchair or on foot. Signs were used to help orientate people and assist them in maintaining their independence around the home. A programme of refurbishment was ongoing and consideration was given to ensure refurbishments met people's needs. For example, newly refurbished adapted bathrooms were located on each floor. These internal rooms were bright, fresh and modern which helped people to see better while bathing and allowed effective cleaning between users.

Good

Is the service caring?

Our findings

Feedback about staff at Sydenham House was highly positive and included the following comments, "I think they are excellent. They are very good with the people, you can't put that on", "They all care", "Even the lady who does the cleaning is brilliant with them. They are so caring, everyone" and "It gives me faith back that people do care."

People's needs were put first and staff were sensitive to people's emotional needs. For example, a new person was admitted to the home during the inspection. At staff handover, staff were told this person may find communal areas a bit overwhelming, as they were used to living alone. The person was supported in their room on the day of their arrival and when their relatives visited the following morning, refreshments were provided in the conservatory so they could relax and speak in private. On another occasion, a staff member saw a person needed assistance and immediately stood up from eating their lunch to support them. They didn't rush the person and ensured they were seated comfortably with a drink to hand before leaving them to resume their lunch.

When another person left their meal and went to sit alone in the lounge, a staff member responded by kneeling down at eye-level with the person and holding their hand. They brought the person a drink and tissue and spoke softly and kindly throughout. They understood that when this person's visitors left, they sometimes became tearful and needed reassurance, as they had some insight into how their life had changed since the onset of dementia. Once settled, the person was supported to return to the dining room where they finished their lunch. Later that afternoon we saw this person was smiling, happily involved in the afternoon activity. At handover staff communicated about what sort of day people were having, how people had eaten, if they had any pain or had needed more support than normal and if visitors had been in.

A relative said, "There's always a friendly atmosphere. Everyone chats. It's not a 'them and us' place." Other comments included, "They all bond together and there's a really lovely atmosphere." The registered manager told us, "I believe in supporting the staff, they have difficulties of their own. They are worth their weight in gold. If they are happy and stress free, in a good place, then the experience the residents have is far better." Staff felt cared for and one said, "You shouldn't call your boss a friend I suppose, but they [registered manager] are more than a boss. You want to get it right." Another staff member said, "I love the girls I work with. When I was struggling to complete Level 3 [training] all the staff offered to help. They are very supportive."

Information about events and activities in the home was displayed in the home's entrance where a good selection of leaflets about external organisations and services was available. Information about the home was available in each person's room.

People's privacy and dignity was consistently respected and promoted. Staff referred to people by name and were respectful and polite when interacting with them. Personal care was given in private, behind closed doors and when intervening to support people, staff were considerate in their approach. Some people had requested a lock on their bedroom door and these were in place. Staff helped people to present

themselves well, while maintaining their dignity. For example, a protective tabard was brought out with one person's lunch. This was put on them discreetly, with their agreement, just before they were about to eat. A relative told us, "They [people] always look lovely. Always neatly dressed and colour coordinated." People had access to a hairdresser and chiropody services.

Staff interactions with people were unhurried and people went at their own pace. Care plans described what people could do for themselves and what they needed help with. Staff understood that people's needs fluctuated and some days they could do more for themselves than others, any additional needs or improvements were reported on in staff handover. Adapted plates and utensils were provided for one person, to enable them to eat independently. A relative described their impression of the home and why they chose Sydenham House. They said, "Here we saw the people interacting with the staff. These old people in here, they have still got dignity. They matter."

Good

Is the service responsive?

Our findings

People's daily routine, life histories, including childhood memories, education and work, the relationships and things that were important to them were captured in a personalised 'My Life' book. This information helped staff to plan people's care and meet their emotional and social needs, including spending time in activities that were meaningful to them. For example, one person had formerly been a 'bell-ringer'; We heard the activities coordinator speaking to them about a new local bell-ringing group that they hoped to visit. Staff said, "We work to their [people's] needs, not what we need" and "I love all the activities they have here. They are meaningful to them." A relative said, "They have loads of singsongs and different groups come in. They all seem to enjoy it. One gentleman was helping to do the flowers. [The activity coordinator] is brilliant, nothing is too much trouble."

People had access to a wide variety of activities, both in the home and within the local community. For example, we saw people had been out on 'forest drives' and picnics, visiting popular places they would have previously enjoyed with family or friends. Other trips were to the sea-side, garden centres and coffee shops. People had access to local newspapers and were supported to read these. During the inspection, the third day of an 'intergenerational project' was in progress, with primary school children and a community performing art group. A visiting teacher said, "People have been very responsive. They seem to light up. When there is a shy child the elder will step up and engage them and it works the other way around. They work together so well, They have a sense of wanting to help each other. They obviously really enjoy it." Staff told us some of the children had been back to visit people in their own time.

People's support plans noted when they were able to make decisions about their care and any support they might need with this, including how to communicate effectively with them. A staff member told us how they assisted one person who was, "very visually impaired." Some days the person could see better than others, so they adapted their approach accordingly. When serving their meal, they told the person what was on the plate and where on the plate it was, using a clock face for reference. When letters or postcards arrived for this person, staff read these to them and assisted them to respond. This included making arrangements to attend hospital appointments.

Comments from relatives included, "They always discuss everything with me. Any question you ask, the staff had no hesitation in answering" and "They are most accommodating. They didn't hide anything; any question we asked were answered." Staff knew people well. A relative told us staff explained a person's behaviour to them, when the person couldn't communicate their needs verbally due to advanced dementia. They added, "You've got to read them, you've got to know." A social care professional told us, "Staff at the home always greet you with a smile, are approachable and have a good knowledge of the service users in their care. I find that the care plans are informative and person centred and when I have requested additional information this has been provided in a timely manner."

The registered manager was responsive to all people's needs at the home and aimed to strike the right balance between helping to orientate people with dementia and providing a home-like environment. People were encouraged to bring personal items with them when they moved in and to make their room

their own. A relative said, "[person's] got his knick knacks and is comfortable It's like home, as much as you can make it home. They [people living at the home] are contented."

Two complaints had been logged in the two and a half years since our last inspection. In the same period many cards of thanks had been received. Records demonstrated complaints had been fully investigated and resolved. People, their relatives and staff told us they could approach the registered manager if they had any concerns. One person said, "[Registered manager's name's] got a bubbly personality. If you weren't satisfied she would deal with it." Another said, "I would be able to speak to staff, I wouldn't have a problem."

One of the two 'complaints' logged was feedback from staff that a tea-time meal had not "gone down well" with people. In response, a survey was undertaken to ensure the menu still met people's preferences. The menu did meet people's preferences and the incident was related to a spate of coughs and colds at the home. The registered manager said, "If there are any issues I will usually put out a questionnaire, I usually get a truer picture." Questionnaire results were pinned up on the noticeboard for people and their relatives.

People's wishes and preferences for the end of their lives had been discussed with them and the people who were close to them. Where people had expressed their wishes, information including their religious or spiritual beliefs was recorded. Staff worked closely with the GP and community nurses to ensure people had a dignified and comfortable death. This included clear identification of people for whom a 'do not attempt cardiopulmonary resuscitation' decision had been made and support in provision of specialist medicines to control unwanted symptoms. During supervision staff had expressed their sadness and the difficulty they experienced when people passed away. One said, "You get attached to them and they are like family." A staff member told us about their approach to end of life care saying, "I'm like their personal maid… [they can have] anything they want." Staff were due to complete specific training in end of life care during 2018.

Good

Is the service well-led?

Our findings

The feedback we received about Sydenham House, the registered manager and their staff was overwhelmingly positive. Comments from people and their relatives included, "This home, you can't fault it, you really can't. Nothing's too much for them. I haven't seen anything at all to worry about. I'm really pleased", "Its reputation goes before it. Nobody has a bad word to say about it", "[Registered manager's name] is easy to talk to" and "The staff are brilliant. They've been here such a long time". A social care professional said, "Sydenham House is a lovely care home; I personally would be happy to live there".

The registered manager was known to all and told us, "I love my job. It isn't a job it's my life. I can have a massive impact on their lives. It's people looking after people" and "If you have good social care and well-being, happy residents and staff. They [people] have things to do, things on their mind. Why should their life stop because they have come into care?" Staff told us they would recommend the home to their relatives and as a place to work. One said, "Supporting the residents is always encouraged by [registered manager's name] and we are always told to go the extra mile". The culture at the home was open. A relative told us in relation to managing incidents, "They [staff] let you know straight away if it's serious". Staff meeting records demonstrated staff were encouraged to reflect on their approach. For example, the registered manager had led a staff meeting exploring what dignity meant to staff and finding ways they could promote it.

The registered manager registered with CQC to manage Sydenham House in May 2018 when the legal entity providing the service changed from an individual to a limited company. 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 had managed Sydenham House for around 30 years. They worked openly with external agencies including CQC.

The registered manager was able to observe and respond to events as they happened. They told us, "We evaluate continually, to see what we can do better". They planned to introduce a new home-wide audit in 2018. Staff meetings were held every three to four months. Staff told us, "If we have a problem we just go and speak to her. She will do a shift if needed" and "I can approach [registered manager's name] she listens and has always been very good to me". A relative said, "Whoever you speak to, they are all singing from the same hymn sheet. It's peace of mind for me." A "resident's council" was in place, chaired by the activities coordinator and the registered manager had prepared a written response to the council's feedback about the home. The registered managers response explained the action taken and planned by them.

A minimum of four surveys were undertaken each year to gather feedback from people. These covered entertainment, decoration, warmth and cleanliness of bedrooms and how people were feeling, for example, whether they felt valued.

The registered manager kept up to date through reference to online resources, such as the Skills for Care website, completing relevant training and meetings with other providers and registered managers. They

belonged to the Gloucestershire Care Providers Association and the Federation of Small Businesses. They attended manager's forum meetings and had good relationships with the Gloucestershire Care Home Support Team and other health care professionals, whom they approached for specialist support or advice. The registered manager had been pro-active in reviewing staff knowledge and the arrangements in place for management of fire at the home following the Grenfell Tower fire. They regularly participated in community based projects and staff raised around a thousand pounds, annually, through cake sales and other events, for the home's chosen charity. The charity was chosen each year by people and staff.