# S L W Limited

# Sycamore Care Centre

## Inspection report

Nookside
Sunderland
SR4 8PQ
Tel: 0191 525 0181
Website: sycamorecarecentre.co.uk

Date of inspection visit: 07 10 2014 and 09 10 2014
Date of publication: 11/05/2015

## 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 |

## Overall summary

This inspection took place on 07 October 2014 and was unannounced. We visited again on 09 October 2014 and the provider knew we would re-visit on that date.

Sycamore Care Centre is a 113 bed care home. The service provides personal and nursing care to older people with mental health and general care needs. The service is set in its own ground and is a detached converted building with extensions to the rear and side. It is placed in a mainly residential area but has access to amenities and services.

The home has a registered manager in place.

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

We saw records that showed staff had been trained in recognising and responding to suspicions of abuse. Staff could articulate their understanding well.

# Summary of findings

People's needs were assessed and good plans were in place showing their needs. We saw that staff knew what those needs were and were effective in meeting people's needs.

People were encouraged to live healthy lifestyles within the home. Special provisions were made for those people who had special dietary requirements such as limitations due to diabetes, specially prepared food because of difficulties swallowing, or supplements to help them sustain or gain weight.

Day to day people were given choices about the things they wanted and the things they needed. Records and observations showed that staff supported people to make choices for themselves where they could. When people were not able to make choices for themselves, the home was careful to ensure their rights were protected by ensuring other important people such as family or health care professionals were involved in decisions made for them. We saw assessments of peoples mental capacity were undertaken and where required they involved peoples families, GPs, other health professionals and the local authority.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. The registered manager understood the home's responsibilities under the Mental Capacity Act 2005 (MCA) and we saw records in the care files that showed the home had followed this requirement and received confirmation that it was appropriate from the authority

We examined the medication records and observed the processes for giving medication and saw that the staff used safe methods to ensure people received the medicines they should when they needed them.

The home smelled and looked clean and the home had effective systems in place to manage infection controls.

We saw records relating to staff training. They were comprehensive and showed clearly what training staff had undertaken and what needed renewing. We staff putting some of that training into effect. For example we saw several instances where staff used hoists to move people. The seemed capable and confident in using the equipment.

We saw that people were consulted about their care We saw records showing how they had been involved what they said and what they wanted from the home. We saw staff putting that information into practice such as preferences about the food they ate. We saw in day to day interactions that staff were courteous and always asked people before performing a task for them.

We saw good records showing where people were at risk from dehydration and malnourishment. We saw that the home monitored those high risk areas. In one case we saw that the person was not always achieving their required daily fluid intake. We asked staff about that and they said they were seeking guidance from a dietician to look at ways of improving the situation.

We saw good assessments and care plans in relation to people's health needs. There were corresponding day to day records that showed how staff were helping people meet those needs by seeking guidance from other health care professionals, the local authority or main stream services such opticians and dentists.

People living there and their families spoke highly of the care given by the nurses and care staff.

People felt the home was well run and staff checked that people and their relatives felt this way through group meetings and surveys of people living in the home, their families and other professionals involved with the home.

Staff received the support and guidance they needed to meet people's needs. Records showed that staff had suitable training to care for the people who lived there.

People thought that staff were active in getting the support people needed. We were told, "The nurses here are tenacious to pursue care and get results. They persist until they get answers for us."

When talking about the changes that staff within the home had made on one person's life a relative said, "My [relative] is now like a different person I have my [relative] back."

Apart from leaving some medicine records on top of medicine trolleys unattended we staff were careful to protect people's privacy and dignity. We saw that they were careful to ensure people were covered

# Summary of findings

appropriately, we saw them shutting doors behind them when they delivered personal care. We saw them speaking quietly so they could not be overheard when asking a personal question.

One relative told us, "The staff are really good at ringing us to tell us things that have happened and ask our opinion about things," Another said, "I get phone calls all of the time. I was fully involved in the decision to get a DoLS (Deprivation of Liberty Safeguards) authorisation in place for my relative and fully agreed with it."

We saw records of various surveys the home undertook to gain the opinions of people who lived there, their relatives and the staff who worked in the home. These showed various suggestions about changes and we saw that the manager included these in plans to develop the service.

We saw good evidence that people's plans and assessments were changed over time as their needs changed. Relatives felt they participated in the care planning processes. One relative told us, "The nurses here are tenacious to pursue care and get results. They persist until they get answers for us."

We examined training records and saw that staff had received training relative to the roles they undertook. We looked at the records for staffing and saw that the home had sufficient staff with the right training to provide the care needed. There were two people who provided a range of activities for people who lived in the home. We saw group activities such as ball games to improve suppleness and coordination, we saw games being played and we saw individuals getting personal attention in one to one situations.

Staff felt they were well managed and had access to the registered manager when they needed it. The spoke about supervisions (one to one personal guidance about their roles) and training and they felt they had sufficient training to do their jobs well.

The registered manager and the provider had systems in place to check how the home was performing. They gathered information from people who lived there their relatives and the staff. The results of those surveys were readily available in each area of the centre. The manager had systems that gathered information about care plans and if they had been reviewed following changes in need. We saw evidence of that updating process in both paper and electronic records.

The manager informed us the home had a system in place [the daily report] where they gathered information daily from each unit. That information was passed around all of the senior management team who shared any queries or concerns amongst the staff team. This included actions that needed to be taken within a given time frames.

The daily report and reports from staff who worked nights formed part of the agenda for the homes Monday morning head of department/ senior staff meetings. The provider had systems in place that checked that day to day management tasks were being undertaken There were systems to check that staff had supervision, training and annual reviews of their work. There were systems to capture information about falls, complaints and other incidents that were then included in plans of Monday morning senior meetings.

# 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?**

Good

The home was safe. Risks associated with people's needs were assessed and plans were in place to reduce the effects of those risks. Records and observations showed that staff put those plans in to practice.

There were enough staff to meet people's needs and there was no evidence that people had to wait to get their needs met.

We saw that staff used acceptable methods to use hoists and lifting aids when needed and that they were trained in their use, and were familiar with the equipment.

**Is the service effective?**

Good

The service was effective. Staff had training relevant to the needs of people who lived there.

Records showed that staff worked with external professionals to ensure people's needs were effectively assessed and care plans were suitable for people's needs.

One external professional told us, "The home is well presented and the staff are lovely always willing to help people."

**Is the service caring?**

Good

The service was caring. All of the relatives and people we spoke to said, the staff were caring and attentive. We saw evidence of this during formal and informal observations.

We received comments such as, "The staff are lovely", "The staff are really good", "The care is very good", and "They do a good job here" when we asked people and their relatives about the care provided.

Staff were professional, courteous and friendly. They were attentive and made sure people had the opportunity to express their choices about day to day issues such as the things they wanted to do, the meals they wanted.

**Is the service responsive?**

Good

The service was responsive. We saw evidence and received many comments about how people and their relative's felt they were included in the care people needed.

One relative told us, "The staff are really good at ringing us to tell us things that have happened and ask our opinion about things," Another said, "I get phone calls all of the time. I was fully involved in the decision to get a DoLS (Deprivation of Liberty Safeguards) authorisation in place for my relative and fully agreed with it."

There was a wide range of activities on offer by the two members of staff employed to deliver them. These were aimed at groups of people or for individual one to one attention.

**Is the service well-led?**

Good

The service was well led. The registered manager had good systems in place to manage and monitor the care provided in such a large home.

# Summary of findings

Staff had clear understanding of their roles and the expectations the provider placed on them in those roles.

Staff felt, and records showed that staff received support and guidance about their work.

# Sycamore Care Centre

**Detailed findings**

## Background to this inspection

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

This inspection took place on 07 October 2014 and was unannounced. We visited again on 09 October 2014 and the provider knew we would re-visit on that date. The inspection was carried out by one adult social care inspector and a specialist advisor who had experience of care for people suffering with dementia.

During this inspection we carried out observations using 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) as, part of this inspection. 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 reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We also contacted the local authority safeguarding team, commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG).

Healthwatch is a statutory body set up to champion the views and experiences of local people about their health and social care services. For each local authority with social services responsibility there is one Healthwatch. We also reviewed information from the local authority safeguarding and commissioning teams.

During the inspection we spoke with six people living at the home, three of their relatives, eight staff and the registered manager of the home.

We reviewed 11 sets of records relating to peoples care. This included their care plans, any associated risk assessments review documentation and the daily records taken that reflected the care they received.

We examined other records within the home such as staff files relating to their support, training and recruitment, and other records held by the manager relating to the things she did to manage and monitor the work done in the home.

Good

# Is the service safe?

## Our findings

People said they felt safe. A relative told us that, "My [relative] is safer here than at home. I come here every day and know when I leave she will be kept safe."

The home had policies and procedures in place to guide staff about how keep people safe, this included assessing risks and how to deal with and report any concerns and suspicions of abuse. One member of staff told us, "I have had training in safeguarding and I know what to do if I think someone has been or is being abused".

When we asked staff about how they knew what risks were associated with peoples care they told us that it was all stored on "Care Sys" (an electronic care record system). We examined the records of 11 people who lived there and we saw comprehensive records that showed what risks were associated with peoples care needs and living within the home.

Although the records did not show any signatures of people living in the home because it was electronic, there were records within the system that recorded when people had participated in their own plans and risk assessment and what they had agreed to.The manager later informed us that the records are electronic but as part of the care planning and review process people can sign agreement with their plans on a printed final page which is stored on their individual hard copy file.

We saw staff using various items of equipment such as hoists etc. We saw that they were confident and competent whilst using them and it was clear they were used to using them when needed.

CQC gathers information from a variety of sources. It was clear that the home managed risk appropriately. There were no significant risks expressed by the local authority, the local safeguarding teams or health watch during the period prior to or leading up to the inspection. However we did receive a series of concerns from a relative. These were passed on to the local safeguarding team who investigated the concerns. At the time when this report was written the home was working with the local authority to address those concerns.

All the medicine administration records on Maple and Hawthorne Units were found to be in good order, well organised in a folder with all medicines correctly signed for with no omissions noted. Where medicines were not administered, correct codes were used to indicate reason for medicine not being administered. We found that all medicines relating to Dementia and mental health were prescribed within British National Formulary (BNF) limits and NICE guidelines.

A medicine round was observed on Hawthorne which was carried out correctly and professionally and with a caring manner by the Senior Care Assistant. The medicine trolley was correctly stored in the clinic room with the medicine folder locked in the room. On other units it was observed that where the medicines trolley was secured in an open environment, the medicine administration folders were left on top of the trolley. This meant people's confidential and sensitive information was accessible to anyone. It may be more preferable and safe for these folders if they are secured in the medication trolley or in the unit office.

The medicine records on Hawthorne indicated that regular audits were conducted and there was a medicine error tracking tool in place should any error be reported. PRN (when necessary medication) was prescribed and used appropriately in both Maple and Hawthorne units, and no evidence was found of deliberate use of medication as a method of behaviour control.

All three nursing staff spoken to were qualified to administer medicines. All three were NVQ trained in medicine administration and handling and two held a Diploma in medicine administration and health and social care, with the third member of staff looking forward to commencing her Diploma in the near future.

We saw systems in place, and records showed the home was careful to make sure the environment people lived in was safe. We saw that appropriate tests of services were carried out to ensure service systems such as water supplies, electrical systems heating systems, were safe and to ensure that water systems were free from legionella and that water outlet temperatures were checked to prevent injury to people.

The home looked and smelled clean. There were people who cleaned the areas with appropriate materials and worked to a schedule to ensure infection risk was kept low. We saw staff using protective equipment such as gloves and aprons when needed. There were sufficient hand washing facilities in place and we saw staff using those facilities.

# Is the service effective?

## Our findings

As part of the inspection we examined the training records. We saw that the home had attained high levels of training across all staff. Basic training was up to date, with more specialised training for key people in evidence. The records showed that areas such as awareness of dementia, infection control, challenging behaviour, mental capacity and Deprivation of Liberty Safeguards, nutrition, hydration, death, dying and bereavement, safeguarding adults and adult abuse, and moving and handling training showed well over 90% of staff had undertaken training.

More specialised training in specific areas such as medicines, catheter care, tube feeding was in evidence for those staff that needed it. We noticed that staff had access to NVQ training, levels two and three and many had undertaken it. The home operated an electronic record system relating to training. This helped them analyse data and indicate what areas needed to be addressed, both for individuals and the organisation as a whole.

We examined eight staff files. We saw that people received supervision (one to one guidance about their work) and annual appraisals as they should. Staff commented, "I get regular supervisions and can approach the senior in charge or the manager if I need advice." Another person told us, "I get supervision and guidance from the senior in charge of [the unit] every month." When we talked to the administration staff we were told that they monitored supervision needs through their records and prompted seniors and the manager when people were due to receive it. This showed that the seniors and manager had support in ensuring they met with requirements.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. The manager understood the home's responsibilities under the Mental Capacity Act 2005 (MCA) and following a recent court ruling regarding DoLS in care settings. Appropriate applications had been made to the authority for consideration under the deprivation of liberty safeguard requirements for care homes. We saw records in the care files we examined that showed the home had followed this requirement and received confirmation that it was appropriate from the authority.

The records showed that best interest meetings had been held when needed and that they involved appropriate others including families, social workers, GPs and staff from the home. One relative told us, "Relatives participate in a lot of things; we were involved in all of the processes around DoLS and supportive of the decisions made."

Staff we spoke with had received training in MCA and DoLS and could articulate the principles behind them.

Staff within the home were attentive to people's health needs. We saw good assessments and plans of health care needs. The service had a comprehensive, appropriate diet to meet the specific needs of people with a number of choices available. Staff were observed showing people plates of food so they see it first before making a choice. There was also a choice of drinks on offer and staff ensured people were taking fluid appropriately. We noted that refills were given and that appropriate cups were used for each person. Only those people who required two handled beakers did so, everyone else used cups, mugs or glasses to drink from.

One relative told us, "When my [relative] came here they were severely depressed. They did not want to go on living so wouldn't take their medication." The relative went on to say, "The staff carefully encouraged [my relative] to start to engage with everyone in the home and encouraged [my relative] to take the medication they needed." We saw record's that showed staff had spent a lot of time initially allowing the person to vent their feelings; staff had offered companionship and encouraged the person to socialise to reduce their feelings of isolation. Reviewed documents showed improvement over time to the point where the person had a particular group of friends they spent time with, their food intake had improved and they joined some group activities. Their relative said, "My [relative] is now like a different person I have my [relative] back."

We spoke to the chef and they showed the systems used to ensure food was prepared as people needed it to be. They showed us that for some people where swallowing was a risk, the home had engaged with the speech and language therapy team (SALT) to undertake an assessment of people's ability.

They had copies of the assessments in a file which were used to determine how food needed to be prepared to reduce the risk of choking when swallowing. We saw some people needed thickeners in their drinks, whilst other's

# Is the service effective?

needed food to be finely chopped or pureed. This information was transferred onto the daily menu sheets and food was prepared in accordance with those needs. The chef and their assistants actually served up the food in order to ensure people received the food specially prepared for them.

This time was used to understand people's preference's so meals could be made that met their needs but were also appealing to them. Several people who used the service confirmed that the chef did give them special attention to ensure their needs were met.

During the inspection we did not observe any person showing signs of dehydration and observed a number of beverage breaks for people throughout the day where staff were ensuring people were taking fluids. However when we examined the records relating to fluid balance and intake we saw several people were not achieving their goal of 1,500mls of fluid in a 24 hour period. This was discussed with the unit manager who explained why this may have been the case for several people. They went on to say they would look further into it for those people mentioned.

# Is the service caring?

## Our findings

People and relative's spoke highly of the care they or their relative received. One person told us, "I am quite content here, the carers are really nice, everyone's nice". They went on to say, "The carers are very good, they are pleasant and helpful, they are very good. They carefully try to reduce my embarrassment when receiving [personal care]". Another person told us, "This is a fabulous place, can't praise them enough I want for nothing."

We observed staff in many interactions, and at all times we saw that they checked with people that they had their permission to do something. Such as "are you ready for your medicine", or "do you need a hand with cutting up that meal". We observed this behaviour to be consistent throughout all units irrespective of people's needs, abilities to decide things for themselves or communicate well.

We spoke to a relative about the standard of care their relative received within the centre. They stated that, "The care is very good, [my relative] has a lot of different needs, and the home liaises very well with the district nurses and tell me what the state of play is."

We saw all staff to be very professional and having a patient and caring attitude that treated people as individuals with dignity and respect. In addition overall the service was well structured, maintained and fully equipped with modern equipment throughout, specifically the bathrooms were appropriately equipped with hoists and staff were observed to be operating them correctly on several occasions. One person told us, "Everything's good, they treat me well".

Staffing levels were good on all units. We examined rotas and spoke to people about this. There was little evidence of people waiting to have their needs met and there were no buzzers going unanswered by the staff at the time of the inspection. An impromptu demonstration of the emergency alarm buzzer system showed that staff were all well drilled and responsive to the alarm call and attended the 'emergency' as per procedure. One person told us, "Whenever I press my buzzer staff come to see me quickly, I never seem to have to wait long."

The environment was very clean and tidy, well decorated and homely looking. There was a full complement of staff and all designations of staff were visible in all the units carrying out their duties at the time of the inspection.

The dining areas were nicely laid out and tables set with good quality dining services and table cloths in those units where it was appropriate. In other units brightly coloured dishes were used and table surfaces were clean and tidy. We sat with two people after they had their lunch they told us, "The food is lovely," and, "It's all very fresh." One person commented, "The cook is lovely and listens to what you say and what you like and tries to make sure you get it."

During this inspection we saw staff acting in kindly and supportive ways, offering to help people, asking people if they had enough, smiling at people whilst they engaged with them. We saw them being especially attentive when one person started coughing. They spoke reassuringly to the person to calm them, ask them if a drink would help and generally reassure them that they would be okay. Of the 21 specific interactions we observed all had a positive effect on people by either meeting a physical need, checking out if someone needed anything, or just being pleasant resulting in a smile in that person.

All bedrooms were individually set out and made as homely as possible with personal possessions and photographs. Where appropriate people's doors were labelled individually with photographs or other identifying features that enabled the person to find their room with minimum difficulty.

The people we spoke with were quick to praise the staff, one person remarked about one nurse, "if you have a flag, fly it for this lady".

# Is the service responsive?

## Our findings

Care plans and assessments were good. They were thorough and set out people's needs in a comprehensive way. As part of the inspection prior to our visit we examined a Provider Information Return (PIR). There was strong mention of "personal goal setting" throughout the homes PIR return. The care plans were comprehensive but there was no direct mention of personal goal setting within them. We asked two staff and the manager about this and none of them could articulate how the goal setting they spoke of manifested within the records or applied to peoples care. However this lack of mention of personal goal setting did not detract from the good quality of the needs assessments and care plans or the care people received.

We saw good evidence that people's plans and assessments were changed over time as their needs changed. Relatives felt they participated in the care planning processes. One relative told us, "The nurses here are tenacious to pursue care and get results. They persist until they get answers for us."

Throughout the home there were flyers advertising the forthcoming group meetings with people who lived there and their relatives. However the manager of the service conceded that they were not always well attended, but each unit now had a designated Dementia Champion with a total of 16 staff trained as dementia champions. There was little evidence however from the staff that we spoke to that the Dementia Friends initiative was having a great effect. Although the records showed that all staff had been trained in dementia awareness, this meant that the benefits of having Dementia Champions did not lead to increased awareness of the illness.

During the inspection there was evidence of clinical reviews taking place which meant that people's medical health was being reassessed at regular intervals.

We saw that the home had two people who provided activities across all of the units, for both groups and individual sessions. One person told us, "There's always lots going on, I have recently done some painting which I am pleased with." We saw in one care record in the life story section that a person used to enjoy knitting when much younger. We asked the senior nurse about this and we were taken to a lounge where we saw the person with her knitting gear to hand. When we spoke further on this we were told that this had led to a little initiative where there was a little group of people who regularly got together to form a knitting group. This was confirmed in discussion with another person later.

In accordance with the published activities programme, activities such as physical exercise and discussion groups led by staff and activities co-ordinators were taking place across the home in the various units. T.V.'s and radio programmes and DVD's were playing across the various units, some of which were age appropriate and were being watched and listened to by some of the service users.

The centre had several ways in which people and their relatives could feedback issues that affect the care provided by the home. We saw evidence of annual surveys and the results of those were on public display in several areas around each unit. We saw records of group meetings with people who lived there and their relatives. The manager spoke of these and said they were helpful in determining the care they provided. They mentioned that attendance was sporadic and sometimes, "They were poorly attended "but the provider was working on this to encourage greater participation.

# Is the service well-led?

## Our findings

Surveys were undertaken to gather information from people using the services and their relatives. These were detailed surveys and covered a wide range of topics. The majority of areas scored highly at 90% plus as satisfied or very satisfied with services and staff with 97% of people saying they would recommend the home to others. The only area that scored lower than that was how people felt about the complaints procedure where 80% of people felt satisfied or very satisfied with it. Relatively speaking that was still a high score with very few people showing dissatisfaction with the procedure.

Staff we spoke with told us that they felt well trained to do their jobs and had sufficient support and guidance to be effective. In our discussions with staff we were told that they enjoyed working in the home. A number of staff were experienced and had worked in other services previously but freely stated that Sycamore Care Centre was the best they had worked in. All staff spoken to had worked in the service a number of years and were happy in their work.

This was a large home with nine separate units across a large site. We spoke to registered manager about how the service was monitored.

We saw that the registered manager had a comprehensive system to audit and monitor the care provided within the home. This ranged from Monday morning senior staff meetings where day to day issues were discussed, and monthly statistical analysis (data taken from “care sys” the electronic recording system linked across the site etc.).

The manager explained that they relied upon data being gathered by the unit managers and the company secretary to give them the information needed to assess the quality of services being provided. They mentioned that a lot of day to day monitoring was gained through the electronic system via the daily reporting system and that this was discussed with the individual unit managers, through the Monday morning head of department/ senior staff meetings, formally through supervision and informally through regular contact.

There were records that showed that information was gathered about accidents, injuries, complaints, and significant notifiable events. We saw there were systems that monitored individual people when they had a fall. We were told that these were used to determine if there were any indications of increased frequency in falls so referrals could be made to the local authority falls team so the home could gain advice from them about supporting people.

All of those systems of information gathering and analysis had corresponding action plans which showed how the home would act on the information they gathered. We saw records in care plans that supported what we were told.

We saw evidence in the care records of those systems for monitoring when people had falls were working along with similar systems to monitor people’s tissue viability (risks of skin abrasions or pressure sores) and that the home had sought help from tissue viability nurses from the NHS. This showed that the home monitored falls and tissue viability in order determine if there were improvements or deterioration in people’s health. These systems were good because not only did they show the home gathered useful data, but they also used the information to proactively intervene on a personal level to improve someone’s care.

The home had received visit’s from the local authority as part of their monitoring role as commissioners of services. Feedback to CQC stated that there were no concerns found during recent (to the time of inspection) audits of the home.

The provider also had systems to check how well the home performed which gathered data about functions within the home such as how many people received supervision (one to one guidance about their role) or annual appraisals of their performance. We saw monitoring systems in relation to medicines and the management of people’s medicines. There were systems that gathered staffing levels.