

Embrace All Limited Sydmar Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 November 2014. Breaches of legal requirements were found. We served enforcement warning notices on the provider in respect of three breaches that had the greatest impact on people, in the areas of care and welfare of people, meeting nutritional needs, and management of medicines. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to all the breaches.

We undertook this unannounced focused inspection on 22 January and 02 February 2015 to check that the provider had followed their plan in respect of the warning notices and to confirm that they now met legal requirements in those areas. This report only covers our

findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sydmar Lodge on our website at www.cqc.org.uk

Sydmar Lodge provides accommodation for up to 57 people who require support with their personal care. Its services focus mainly on providing support for older people and people living with dementia. There were 37 people using the service at the time of our visit of 02 February 2015.

At our focused inspection of 22 January and 02 February 2015, we found that the provider had followed their plan in relation to the warning notices, however, we identified one area of further concern during our visit, in respect of accurate and up-to-date record keeping.

Summary of findings

We found that people were being better protected against the risks associated with the unsafe use and management of medicines. Systems had been improved to ensure that people were offered their medicines as prescribed.

We found that, where people needed support with eating and drinking, they were better protected from the risks of malnutrition and dehydration. The monitoring of people's weight was taking place regularly, and action was taken to address health concerns arising from this. A new catering provider was operating at the service. This enabled care staff to have more time to support people with eating and drinking where this was needed.

A number of care plans had been reviewed and updated to ensure that they reflected the individual needs and preferences of people, and we saw that this process was being kept under review to ensure completion for everyone. There was also less use of agency staff due to the provider's ongoing recruitment at the service, meaning people were more likely to receive safe and consistent care from staff who knew their needs and preferences well.

A new call-bell system had been installed. It enabled better monitoring of staff response times. There had also been further reviews of staffing levels so that more staff were working with people, which enabled a better quality of service. We found that people were no longer having to wait for support when they requested it. People and staff feedback positively about this.

There continued to be no registered manager in post. A registered manager is a person who has registered with

the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However, a new manager had been appointed since our last inspection, whom we met during this inspection. They had submitted their application to become the registered manager. The provider had kept us informed of changes to the management of the service.

We identified one area of further concern during our visits. We found that some care delivery records were not consistently accurate and kept up-to-date. For example, although charts were in place for three people assessed as in need of repositioning during the night due to high risks of developing pressure sores, these had not been consistently filled out to demonstrate that people had been offered the appropriate support. Records of people's food and fluid intake, and of having creams and ointments applied, were also inconsistently filled out. This compromised the accuracy of the records, which failed to protect people from the risks of inappropriate or unsafe care.

Overall, we found that the provider had addressed the three breaches of regulations that had resulted in us sending warning notices, but there was one further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to records. You can see what action we told the provider to take at the back of the full version of the report.

We will undertake another unannounced inspection to check on all outstanding legal breaches identified for this service.

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?

We found that action had been taken to address the most significant concerns from our previous inspection that had direct impact on people.

People were no longer telling us that they sometimes had to wait for staff support. A new call-bell system had been installed that enabled better monitoring of staff response times. There had also been further reviews of staffing levels so that more staff were working with people, which enabled a better quality of service.

People were being better protected against the risks associated with the unsafe use and management of medicines. Systems had been improved to ensure that people were offered their medicines as prescribed. However, although medicine administration records were kept up-to-date, records of applying creams and ointments were not. Inaccurate records put people at risk of unsafe and inappropriate care.

We could not improve the rating for 'Is the service safe?' from inadequate because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Inadequate



Is the service effective?

We found that action had been taken to address the most significant concerns from our previous inspection that had direct impact on people.

Where people needed support from staff with eating and drinking to meet their needs, improvements had been made to reduce the risk of malnutrition and dehydration. People's weights were being effectively monitored. New catering arrangements meant that care staff were now able to pay sufficient attention to those with greater support needs.

However, records of food and fluid intake in line with people's assessed needs were not always made. Inaccurate records put people at risk of unsafe and inappropriate care.

We could not improve the rating for 'Is the service effective?' from inadequate because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Inadequate



Is the service responsive?

We found that action had been taken to address the most significant concerns from our previous inspection that had direct impact on people.

Care plans had been reviewed, to ensure that people identified to be at risk of pressure sores had care plans in place that addressed those needs.

Requires improvement



Summary of findings

However, records of supporting people to reposition in line with the care plans were not always made. Inaccurate records put people at risk of unsafe and inappropriate care.

We could not improve the rating for 'Is the service responsive?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Is the service well-led?

There was a new manager at the service who had applied for registration with us. The provider had kept us informed of changes to the management of the service, which addressed a concern arising from the previous inspection.

We could not improve the rating for 'Is the service well-led?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Requires improvement



Sydmar Lodge

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection of Sydmar Lodge on 22 January and 02 February 2015. This inspection was done to check that the provider had addressed the legal requirements that they were in breach of after our 18 November 2014 inspection and which were of greatest impact on people. The inspection team comprised of three inspectors, one of whom was a pharmacist inspector. The team inspected the service against four of the five questions we ask about services: Is the service safe, effective, responsive and well-led? This was because the service was not meeting some relevant legal requirements in those areas.

We used a number of different methods to help us understand the experiences of people living in the service. We spent time observing care in the communal areas such as the lounge and dining area and met some people in their rooms. 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 used the information we gathered to track that the care people experienced matched what was planned in their records.

The management team told us that there were 37 people using the service at the time of our second visit. We spoke with 17 people using the service and five people's relatives. We interviewed members of the management team and six staff members. We looked at seven people's care records, duty rosters, and various records used for the purpose of managing the service.

Is the service safe?

Our findings

At our previous inspection of 18 November 2014, we found occasions when people had not been given their medicines as prescribed. This may have had an impact on people's health and welfare. We found occasions when there were not as many care staff working as the provider planned for, and we saw that people sometimes had to wait to when requesting staff support. We also found that two people's call-bells were not set up to call for staff assistance. This affected the delivery of care and support to people. This meant the provider was in breach of regulations 9 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, we looked at the actions taken by the provider in respect of the breaches of regulations 9 and 13. We found that the provider had addressed these breaches. However, we also found that the provider was now in breach of regulation 20.

People said that they could use their call-bell effectively to summon staff support and that they no longer had to wait. One person told us, "One night I had a fall and they came running as soon as I rang my bell." Another person said, "You wait one to five minutes when you ring the call-bell, which is fine. There's enough staff." Relatives we spoke with told us about there now being extra staff to support people and an improved call-bell system.

We saw that a new call-bell system had been installed since our last inspection. It now recorded the time taken to respond to activations, so that checks of how quickly staff responded could be made. At this inspection, we did not see or hear of anyone having to wait for long when they used the call-bell, or when they asked for staff support directly. We also found all call-bells to be working, and that people now had the option of wearing a call-pendant rather than relying on a call-bell that was wired to a socket.

We analysed the response rates for call-bells for the first and last seven days of January 2015. At the start of the month, 83% of call-bell activations were answered within five minutes, and 67% within three minutes. This figure had improved to 90% and 76% at the end of the month. This helped assure us that people received support when they needed it.

The management team told us that care staffing levels had been raised to eight staff in the morning, seven in the

afternoon and four at night. This was based on using a new staffing tool that measured the dependency of each person to clarify the number of care staff needed per shift.

Additionally, care staff responsibilities at mealtimes had been reduced meaning they had more time to provide people with support when needed. Care staff feedback positively about this, for example, "This has had a great impact as we can focus on care. We can assist with eating and drinking rather than serving food." Another staff member said that the increased staffing numbers had "really boosted staff morale as there is less stress."

We checked the roster, staff attendance records, and records of agency staff used across January. We found ten occasions when there had been less staff working than the provider's planned staffing levels, which indicated that the frequency of this occurring had reduced since the last inspection, in addition to there being more staff now rostered to provide care to people. There was additionally written guidance for staff to follow in the event of a staff member failing to turn up for work, for which we saw evidence of use in practice, and we saw the manager question staff who arrived late for work.

Two people told us that there continued to be a lot of agency staff working at the service. "You don't get the same contact with them," one person said. They told us of a recent experience they had had when an agency staff member had not provided the support they wanted one evening, which had left them feeling unsafe. We saw that a record of their concerns had been made, and the manager told us that action was being taken to investigate the matter.

On the day of our visit, there was one agency staff member present. They showed us a document provided by the service which identified the key points of each person's current support needs, which helped them provide safe and appropriate care. The January agency staff records showed that 15 different agency staff members had covered 78 care shifts in the last month. This improved on our findings at the previous inspection, and so was aiming to provide consistent agency staff who better knew people's needs. The management team told us they had recruited to all staff vacancies and were confident that the service would not be relying on agency staff use for much longer. We saw that one new staff member was working supernumerary as part of their induction, to get to know

Is the service safe?

how the service operated. The above evidence helped assure us that the provider was taking action to minimise the use of agency staff in support of ensuring that people received consistent and safe care.

We checked the service's arrangements and management of people's looked-after medicines. We found that all prescribed medicines were available and being administered to people except for one person whose eye drops for the treatment of glaucoma had not been reordered. We also found that another eye-drop prescribed for the same treatment was being administered twice a day instead of the prescribed frequency of three times. The service arranged for the missing eye-drops to be acquired promptly, and begun a process of investigating how these errors had occurred.

We checked the medicines administration records (MAR) against stock for 36 separately-packaged medicines. We found a small discrepancy between the remaining stock, administration records, and the stock recorded at the start of the MAR, in four cases. People may not have received these four medicines as prescribed, or records may not have been accurately kept, however, this improved on our findings of nine out of 18 cases at the previous inspection. The management team told us that they were checking stock weekly, and no discrepancies had been identified at the last stock check. They planned to implement daily checks of boxed medicines in response to our findings.

The MAR were completed clearly and were up-to-date. Where people were prescribed variable doses of medicines, the actual dose given was recorded. There was evidence of daily audit that medicines had been signed for and given as prescribed. We also found that where anyone had an allergy status recorded, it corresponded with allergies recorded in their care records.

All medicines, including controlled drugs, were stored safely. Medicines requiring refrigeration were kept in a locked medicines refrigerator. The temperature of the medicines room and the fridge were recorded daily. This showed that medicines were kept at the correct temperature. A controlled drugs register was available and in use. Checks of the register and available stock identified no concerns, and records indicated that administration of controlled drugs was always witnessed.

We saw people receiving their medicines safely. Staff followed an appropriate process to do this, including making sure the medicines were offered to the right person. We noted that daily audits of MAR had helped identify and take action where MAR recording had been inaccurate. However, when we checked records of topical medicines such as creams for the treatment of eczema for four people, we found that these were not always on the MAR and when that was the case, administration records were not kept up-to-date on the separate documents used. For example, one person's cream was recorded as being applied five times in the last 21 days at night, and not at all in the morning, on a topical medicines chart with directions for twice a day application. An ointment for application for two weeks in the morning during January had been recorded as administered once. We noted that the handover sheet given to agency staff stipulated for the completion of topical medicines charts. Feedback and observations indicated that applications had taken place, but records of this had not been accurately kept, which put people at risk of inappropriate or unsafe care.

Our findings for the topical medicines records above contributed to a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

Our findings

At our previous inspection of 18 November 2014, we found that where some people needed support from staff with eating and drinking enough to meet their needs, they were at risk of malnutrition and dehydration. The monitoring of people's weight had not taken place in line with the provider's expectations, and whilst we saw some people enjoying lunch, sufficient attention was not paid to those with greater support needs. This meant the provider was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, we looked at the actions taken by the provider in respect of the breach of regulation 14. We found that the provider had addressed this breach. However, we also found that the provider was now in breach of regulation 20..

Most people we spoke with made positive comments about the food and drink provided. Comments included, "The food is very good and there is plenty of it", "The food is always hot, they are trying very hard" and "The menu's all Kosher."

The provider had outsourced the catering arrangements to a separate company in-between our inspections. Feedback from catering staff indicated knowledge of people's individual nutritional needs. We saw that for the two people that the management team identified as having the highest nutritional needs, specific written guidance on their needs were available for kitchen staff to refer to. There was also written evidence of consultation with some people using the service on what their meal preferences were and the quality of the catering arrangements, including changes to the menu as a result of feedback. However, feedback from catering staff and one person using the service confirmed that consultation had not yet occurred for everyone. There was also a lack of written information for kitchen staff on everyone's key nutritional needs and preferences. The management team told us of further work being undertaken in these respects.

Our observation of the food served during breakfast and lunch was that it was freshly prepared and well presented. There was a choice offered to individuals at the table, and there was written menus available at each table. The management team told us that pictorial representations of the food would be developed when the new menus had

been established, to help people understand the choices when unable to read the menus. People were provided with support with their meals where needed, and if someone did not eat, staff offered alternatives. We also saw that there were beakers and jugs of water available in each of the eight rooms we went into.

We saw at lunch one person using only a fork in one hand to move food from the plate to their mouth. A staff member sat with them, and a plate-guard was on their plate to help scoop the food up. However, it had been placed the wrong way around and so was not being used effectively. This sometimes resulted in the person pushing food onto their lap. We informed the management team of this, so that they could prevent a reoccurrence. We noted that other equipment to help people eat and drink where needed, such as spouted cups, were also available.

Some people's care plans indicated that they needed to wear dentures. We saw one such person going to breakfast with their dentures in place, however, another person did not have them at lunch. The management team showed us a dental appointment record for the person, to have new dentures provided. They added that this person was having their food and fluid intake monitored, and that their risks in relation to this had reduced recently.

There was a Malnutrition Universal Screening Tool [MUST] in use in the files of each person we checked on. These made recommendations for frequency of weighing, and we saw records indicating that this was taking place. Food and fluid monitoring charts had been set up for seven people assessed as at risk or malnutrition or dehydration. There were also records of input from health professionals for two people who had lost a concerning amount of weight since our last inspection. One person was prescribed a food supplement to help with their nutrition. We saw that this was being administered as prescribed according to the medicines administration chart. This all helped assure us the service was monitoring and taking action to address the risks of malnutrition for people.

We looked at fluid and food charts for four of the seven people that required it. We found there were inconsistencies in some of the recordings. On one chart there was no record made of fluid intake after 12:30pm on the previous day. We also saw how an entry made on the day of our inspection was recorded as having had a 'cup of tea', when in fact we were sat with this person when their cup was removed and it was still half full, meaning the

Is the service effective?

amount recorded as drunk was inaccurate. None of the fluid charts we looked at had the amount of fluids totalled up, and there was no record of assessing whether this amount was meeting the person's individual hydration needs. This put people at risk of unsafe or inappropriate care.

We noted that the handover sheet given to agency staff stipulated for the completion of food and fluid charts. We asked staff how they kept an accurate record of people's food intake. We found that catering staff monitored intake at breakfast without keeping a record, and passed this on verbally to care staff for recording during the morning. When we checked five people's food and fluid charts at

2:45pm, we found three were up-to-date although one of these had not been completed the previous day. One chart had no record since 10:50am, and the other had not been completed at all that day. It additionally had no entries on four of the previous six days. Whilst we saw people receiving food and drink throughout the day, the system of documenting this and keeping it under review, for people identified as at significant risk of malnutrition and dehydration, was not always protecting people against the risks of inappropriate or unsafe care.

The above evidence contributes to a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service responsive?

Our findings

At our previous inspection of 18 November 2014, we found instances where people's care plans did not reflect their changed needs, particular in respect of pressure care management. This put them at risk of receiving inappropriate or unsafe care. This meant the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, we looked at the actions taken by the provider in respect of the breach of regulation 9. We found that the provider had addressed this breach. However, we also found that the provider was now in breach of regulation 20..

The management team showed us a care plans audit they had undertaken to ensure that all care plans were up-to-date and reflected people's current needs. The plan indicated that approximately half of people's files had been audited, with the remainder to be completed shortly.

We checked seven people's care files. People were assessed monthly, or more frequently if relevant, for risk of developing pressure sores. If the person was judged to be at high risk then a support plan was put in place and kept under review. People with poor skin integrity were provided with an air mattress. We saw how these mattresses were at the correct setting for the person's weight. People were also seen to have pressure cushions to sit on where appropriate. We also spoke with a community healthcare professional who fed back positively about how the service worked with them to manage risks of people developing pressure sores.

The service had implemented a daily check of people's skin integrity where they were at risk of pressure sores. These were usually completed daily, although amongst the four

we checked, one person's had not been completed for the previous three days. They audited any concerns with specific areas of the person's skin, along with checks that included for pressure care equipment, position changing, application of creams and checks for hydration. The forms prompted for a record of the action taken if any criteria were not met, however, this was not usually completed. The management team explained that staff were sometimes recording the criteria as unmet when they meant not applicable. This meant the forms were not always being completed accurately, which did not always protect people against the risks of unsafe or inappropriate care.

The management team told us that repositioning charts were being used for three people in response to outcomes of their pressure care risk assessments. When we checked these, we found that there were gaps in the recording of repositioning each person. Across the previous week, two days were not recorded for two people, and four days for the third person, which failed to confirm that people had been supported to reposition on those occasions. The care plan for one person stated 'position change to be assisted by two staff every two hours and to be documented by both staff.' However, there were not always two signatures on this record, which made it difficult to confirm that the person was repositioned safely by two members of staff. We also saw one chart being filled in at the end of the night shift rather than when the repositioning took place, which risked recording inaccuracies. The recording of repositioning was not always protecting people against the risks of unsafe or inappropriate care.

The above evidence contributes to a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service well-led?

Our findings

At our previous inspection of 18 November 2014, we found that the provider had not kept us informed of changes to the management of the service. This did not assure us that when there were significant changes to the service, the quality and safety of the service would be maintained. This meant the provider was in breach of regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, we looked at the actions taken by the provider in respect of the breach of regulation 15. We found that the provider had addressed this breach.

In-between this inspection and the previous, the newly-appointed manager of the service resigned from that role. The provider kept us informed of this, explained how the service was being managed pending appointment of a new manager, and told us when a new manager was both appointed and started at the service. The new manager was present on the second day of our inspection, and had applied for registration with us promptly. This addressed the breach arising from the lack of notification at the previous inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>18 November 2014:</p> <p>The registered person failed to protect service users against the risks of inappropriate or unsafe care, by means of the effective operation of systems designed to assess and monitor service quality, and identify, assess and manage risks. Regulation 10(1)(a)(b)(2)(b)(i)(e)</p> <p>22 January and 02 February 2015:</p> <p>We did not assess this regulation on this occasion.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>18 November 2014:</p> <p>The registered person failed to have suitable arrangements in place, in relation to the care provided for service users in accordance with the Mental Capacity Act 2005, for obtaining, and acting in accordance with, the consent of service users or others lawfully able to consent on their behalf, or where applicable, establishing, and acting in accordance with, the best interests of the service user. Regulation 18(1)(a)(b)(2).</p> <p>22 January and 02 February 2015:</p> <p>We did not assess this regulation on this occasion.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>18 November 2014:</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person failed to have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users and persons acting on their behalf. Regulation 19(1)(2)(a)(b)(3)

22 January and 02 February 2015:

We did not assess this regulation on this occasion.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

18 November 2014:

The registered person failed to have suitable arrangements in place to ensure that staff were appropriately supervised to deliver care to service users safely and to an appropriate standard. Regulation 23(1)(a).

22 January and 02 February 2015:

We did not assess this regulation on this occasion.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

22 January and 02 February 2015:

The registered person failed to ensure that service users are protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care provided to each service user. Regulation 20(1)(a).