Crystal Care Homes Ltd

Sycamore Rise Residential Care Home

Inspection report

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Sycamore Rise Residential Care Home
Colne
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on the 24 and 25 September 2018 and the first day was unannounced.

At the last inspection on 15 and 16 February 2016 the service was rated as 'Good' across all domains. At this inspection we found that although the service remained 'Good' overall, in the domain of "Well-Led' we have judged that it requires improvement because there had been insufficient provider input following the building of an extension to the home and increase in the number of people who used the home.

Since the last inspection in February 2016, the registered provider had built an extension to the home and the CQC was kept informed of this development. As a consequence the allowance for the maximum number of people who could reside at the home had increased from 25 to 32.

Sycamore Rise Residential Care Home is a 'care home' in Colne in the county of Lancashire. 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.

The home is registered to provide accommodation and support for up to 32 people and cares for older people, including those living with dementia. At the time of our inspection 28 people were using the service.

There was a registered manager in place who had been registered since 1 October 2010. 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.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

People were receiving their medicines as prescribed by health care professionals.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs.

There was a range of activities available for people to enjoy but relatives felt that since the home had been

extended, staff did not have enough time to engage with people meaningfully. We have made a recommendation around this in the 'Responsive' section of this report.

People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

We found that people were not being deprived of their liberty inappropriately and, where appropriate, DoLS applications were being made. The registered manager and staff were aware of the need to seek consent in line with the MCA.

Proper assessments were being made around ways of protecting people and action had been taken to support people with sufficient numbers of well-trained staff.

People were supported to maintain a balanced diet and had access to a range of healthcare professionals when required. People received appropriate end of life care and support.

The registered manager conducted regular checks to make sure people were receiving appropriate care and support. The registered manager took into account the views of people using the service, their relatives and staff through meetings and surveys. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the registered manager but further support and input was required from the provider.

We had concerns about the provision of checks to ensure that the service operated effectively and found that the provider was not completing any audits and was leaving responsibility for all checks with the registered manager. This has resulted in making a formal recommendation around this issue that you can see in the 'Well-Led' section of the report.

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 remains good.

Is the service effective?

Good

The service remains good

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service remains good

Is the service well-led?

Requires Improvement

The service has deteriorated to requires improvement.

Although the registered manager carried out checks at the home to make sure people were receiving appropriate care and support, essential audits and checks were not being evaluated at provider level to drive improvements.

There were other appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

Sycamore Rise Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting 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 unannounced inspection was carried out on the 24 and 25 September 2018. The inspection was conducted by an adult social care inspector.

We used information the provider 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 looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people, spoke with five people who used the service. We also spoke with four members of staff, the provider's representative, the registered manager, two relatives and health care professionals visiting the home. We looked at four people's care records and four staff recruitment files and five staff training files. We also looked at records relating to the management of the service including audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

Good

Is the service safe?

Our findings

People told us that they felt safe and well treated. One person said, "I feel safe and staff are very good with me." A relative said, "My relative gets good care and support." A health care professional said, "The staff and manager are experienced and I am satisfied that people are safe and secure."

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. A member of staff said, "I think that we are all aware of the different types of abuse that can happen in a care home and we are encouraged to report any concern."

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals and people told us that they received their medicine on time. Medicines were stored in a designated medication room which only staff responsible for administering medicines had access to. The medication room temperatures and medicines fridge temperatures were recorded and we noted that they fell within safe ranges.

We observed medicines being administered to people on the second day of the inspection and saw that their permission was sought before medicine was administered and that people were gently encouraged to take their medicine. We also looked at the medicine administration records (MAR) for four people using the service and found these records were up to date and accurate. These records included a photograph of the person, known allergies and details of staff members authorised to administer medicines.

People's care files included a wide range of risk assessments in areas including falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People had individualised risk assessments on behaviours that may challenge and their medical conditions. This provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of falling, there were plans in place to support them. We also saw records confirming staff had been monitoring their safety on a regular basis and the use of technical devices to aid early detection of risk. The registered manager said, "We try to be proactive and when people are at high risk they are referred to health care professionals."

At the inspection in February 2016 concern was raised around the recording of some people's food and fluid intake where monitoring was required. We saw an improvement in this area at this inspection in September 2018. Where monitoring was required, we noted that people's weight was regularly assessed, charts were properly recorded and there were no gaps. The registered manager said that they had spoken to staff around this issue since the last inspection and minutes from staff meetings supported this.

Where there were issues or concerns about people being at risk of malnutrition, people were also referred to

health care professionals. We saw examples of how the MUST risk assessment tool was completed in order to identify people's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished.

We saw there were documented systems in place to ensure that the service employed sufficient numbers of qualified and experienced staff. People using the service and staff told us there were enough staff around to meet their needs and during the inspection we observed a good staff presence. Staff were attentive to people's needs and when people required assistance they responded quickly to provide support to people. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. One person said, "There are always enough staff around."

Recruitment checks were carried out before staff started working at the home. We looked at the personnel files of four members of staff that worked at the home. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their employment history. Three of the four files included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained for staff to ensure their suitability for their roles. One of the files did not demonstrate that full enquiry had been made with previous employers in a health and social care setting and this matter was resolved during the inspection.

There were arrangements in place to deal with foreseeable emergencies. People had personal emergency evacuation plans (PEEPs) which highlighted the level of support they required to evacuate the building safely. Records confirmed that staff received regular training on fire safety.

We saw a full file of evidence that supported that during August to October 2017 the home had been checked by external contractors in relation to safety and fitness for purpose. The registered provider had instigated many of these checks. For example, Lancashire Fire Service had attended the premises to check that the newly built extension was safe from a fire safety point of view and a detailed building inspection had taken place that supported that the environment was safe. In addition, we saw records confirming that the fire alarm was tested on a weekly basis and the conduct of monthly fire drills.

Records of accidents and incidents were maintained that contained information about each incident and any action that had been taken. These records also showed, where appropriate, discussion with staff around any lessons learned from the incidents. We considered and cross-referenced people's care plan and risk assessments with any significant incident and noted that the records supported that additional observations were made when people had had a fall for example and there were records when people had been referred to health care professionals.

We saw that the home was clean and tidy and that clinical waste was being disposed of in approved bins that were clearly marked for staff to identify.

Good

Is the service effective?

Our findings

One person using the service told us, "I know the staff well and they know me and my likes and dislikes." A relative said, "The staff know what they are doing. Even the new staff seem well trained and supported."

The registered manager said that staff who were new to care completed an induction in line with the 'Care Certificate' when they started work and they were up to date with the provider's mandatory training. The Care Certificate is a nationally recognised qualification and aims to equip staff who are new to health and social care with the knowledge and skills that they need to provide safe, compassionate care. One member of staff told us they were shadowed by experienced staff as part of their induction before they were permitted to work alone.

Staff also told us, and records confirmed, that they received a supervision session with the registered manager every month and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service and that they felt well supported by the registered manager. One member of staff told us, "We have regular formal supervisions but I can approach the manager or senior staff whenever there is a situation I'm uncertain about."

We looked at staff training records that confirmed that staff who had previously worked in care were required to complete an induction when they started work. This included training the provider considered mandatory and training relevant to the needs of people using the service. Mandatory training included safeguarding adults, health and safety, moving and handling, infection control, first aid awareness and fire safety. One member of staff told us the registered manager and provider had supported them to access specialised training and had been flexible with their shifts. Another staff member told us they had been supported to gain additional training in end of life care.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that the home had made applications to the local authority to deprive people of their liberty. At the time of our inspection the local authority was processing these applications. We saw that three applications had been made since the inspection in February 2016. We were satisfied that the home had raised these applications appropriately and in a timely manner. The registered manager said, "We consider mental capacity and work with the person, their family and the GP."

People told us that staff asked for their consent before they provided care and we observed this to be the case throughout the inspection. For example, staff checked that people consented to the support they offered in helping them mobilise or with personal care. One person said, "They always ask me before they do anything and are very helpful."

Care files contained a section that dealt with mental capacity to guide staff that included personal capabilities and issues and where the person may require assistance. These assessments were not always sufficiently detailed when people had fluctuating capacity. They often relayed information to a question as a 'yes' or 'no' response when a description of the person's understanding and abilities was required. The registered manager told us that all staff were aware of people's abilities but accepted that staff unfamiliar with the service may not be completely assisted by some of the assessments. During the inspection the registered manager showed us a revised assessment they had completed that explained to staff a person's understanding around issues including taking medicines and continence. This document was an improvement and the registered manager said that all people with some degree of variation or fluctuation of mental capacity would be reviewed in line with this new assessment approach.

People and their relatives told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with complex conditions. They spoke highly about the care and support at the home. One person said, "They know how to look after me. My condition has improved since coming here." A health care professional said, "They monitor conditions properly and always act on my advice and instruction."

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences, and how they could be supported by staff to eat a nutritious and healthy diet.

We observed a mealtime during the inspection and saw that people received plenty to eat and drink. The atmosphere was relaxed and staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed an unhurried manner. We saw that one person was supported to cut their food. Most people ate together and appeared to enjoy the mealtime but people were also able to eat alone if they preferred. One person said, "The food is good here. Home made."

The cook told us they spoke with people about their meal preferences. They were aware of people's dietary requirements and received notifications from staff that included any changes to their condition. They said, "I regularly meet with residents and we talk about new dishes and their likes and dislikes. I also have daily meetings with staff about any changes in people's conditions. This helps me keep up to date and to support residents properly."

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. We noted that records and advice to staff about the process of referring matters to external professionals was documented in the care records and on the people's care plans.

Feedback about the service from healthcare professionals was positive. One healthcare professional told us, "They strike a good balance between getting me involved and sorting issue out themselves."

Good

Is the service caring?

Our findings

People said that staff were caring. One person told us, "I really like my carers and they are very good with me." Another said, "We are well looked after by really caring staff." A visiting health care professional told us, "When I visit the home I am always impressed with the manager's and staff care and support."

People were involved in their care and support plans and where this was not possible it was noted that relatives were also involved. One relative said, "I was involved in the care plan because my relative requested as sometimes they can forget things. The home is very inclusive and welcomes relative input."

All of the care files we looked at included a section on personal histories. This recorded the person's preferred name, hobbies and interests and the jobs they used to do.

When looking at the care plans we saw that end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place. The plans also showed that the home, were appropriate, worked alongside healthcare professionals and people's relatives.

During the inspection we noted that staff knew people well and understood their needs. We saw examples of good care and saw that people were treated with understanding, compassion and dignity. Staff actively listened to people and encouraged them to communicate their needs. For example we observed a member of staff assisting a person to walk to their room. The approach was careful and considered with the member of staff reassuring and encouraging the person. We also saw staff responding to people's needs in a calm effective manner supporting them with everyday tasks and responding to requests for drinks and snacks.

We saw staff knocking on doors and calling people by their preferred name and requesting permission to support people. One person said, "Staff always knock and ask before they do anything. They are very helpful." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said that they explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat.

If people could not express their view it was noted that the service ensured that the person's relative was involved. On the occasions when relatives or other supporters were unavailable, it was noted that people using the service had access to professional advocates. Leaflets about the advocacy service were available to people in the home.

People were provided with appropriate information about the home in the form of a service user guide. This guide ensured people were aware of the standard of care to expect, access to health care professionals, complaint's procedure and the services and facilities provided at the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines

records were locked away and this meant that only authorised staff accessed people's records.

Good

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People's relatives told us, and care records confirmed, that the service carried out initial assessments of people's needs before they were accepted to stay at the service. Assessments covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included.

People's care files were well-organised, easy to read and accessible to staff. Assessments were individualised and also included requirements for, moving and handling, mobility, nutrition, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and end of life care. The registered manager told us that care plans were developed using the assessment information and kept under regular review. They contained information about people's medical and physical needs. For example, one person's care plan included information about how a person's susceptibility to falls had increased because of a change in their condition. This meant that the service provided individualised care that was up to date.

Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests. There was a section in the plans referred to as a 'mini care plan' that contained a summary of the person's care and support needs, their personal history and likes and dislikes. We noted that the registered manager was in the process of placing this 'easy read' document in people's rooms so that care staff could quickly access essential information.

Records we saw showed that people and their relatives were also involved in an annual review of care planning. Views from people and relatives were recorded and confirmed their agreement to the care plan. We also noted daily notes that recorded the care and support delivered to people. A member of staff said that the notes were used at hand over meetings where staff shared any immediate changes to people's needs. They said that these meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs.

On both days of the inspection we observed that some people participated in sing-a-longs in the main lounge. They were participating enthusiastically and were supported and encouraged by staff. We also saw records that supported that other activities took place in the home including arts and crafts, quizzes, table games and chair based exercises.

Although people we spoke with did not raise any issues around the provision of activities, both of the relatives we spoke with said that they didn't feel that there was always enough going on at the home. One relative said, "I can't fault the level of care and support and the dedication of the staff. However, sometimes there are significant periods of time where there is nothing going on. I don't think that staff have the time to engage fully in an activity programme."

The registered manager said that now that the home had been extended with the associated increase in

accommodation of people, there may be scope to employ a dedicated member of staff to deal with activities and would discuss this with the registered provider.

We recommend that the provider make improvements in the provision of activities in the home, consider the employment of a dedicated member of staff and take steps to ensure that a range of activities are provided for people of all levels of capacity and capability.

The provider had an accessible information policy covering the requirements of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with this standard, the provider had ensured that most policies relevant to people who used the service such as the complaints' policy, had been provided in accessible way. This was often through a person's relative.

The provider had a complaint's procedure in place that was included in the service user guide. It told people how to complain, who to contact and what would happen. People said they knew about the complaint's procedure and told us they would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "I know what to do if something is wrong. I know the staff and manager well and I would mention it to them and it would be sorted out."

The registered manager showed us a complaint's file. This included a copy of the procedure and forms for recording and responding to complaints. The records showed that the service had received one complaint since the last inspection. The issue related to a concern that a person's relative had around another person who lived in the home. Although the issue was of a relatively minor nature and the relative had not raised the matter as a formal complaint, the registered manager had adopted the formal complaint's process to deal with the issue. It was noted that the concern had been investigated and responded to appropriately. It had been dealt with in a timely fashion and the relative had been kept abreast of developments during the investigation.

Requires Improvement

Is the service well-led?

Our findings

The service operated in an open and transparent manner and there was a positive culture within the service. The registered manager also had a good knowledge of all the people living at the home and the staff they employed. However, there was a lack of provider involvement in the management of the service.

The registered manager said that the provider supported them but that she was responsible for checking most areas involved in the running of the home. Two of the staff members we spoke with said that they felt that the registered manager needed more support from someone senior in the organisation. They also said the registered manager worked too hard and requirement of additional support had become particularly relevant after the home's extension had been completed with additional accommodation.

The registered manager was completing audits but we noted that the provider hadn't completed any that were documented and available to us at the inspection. On occasions this had led to the registered manager auditing and checking her own work. For example, we saw the provider had not completed provider checks of the registered manager's supervisory processes with staff and the registered manager was responsible for all aspects of recruiting and disciplining of staff. Although the registered manager said that she could speak with the provider when issues arose, it was noted that there was an absence of any documented provider input in any of those processes. There was also an absence of provider input in meetings with the registered manager and staff when important issues were being discussed such as staff changes of shifts, significant injuries and regulatory notifications and cover for long term absenteeism.

The registered manager was completing audits included checks on care records relating to the support needs of people, staff training and staff completion of medicine's records. Where appropriate, it was noted that remedial action was taken and that this included the referral of people to health care professionals and speaking with staff when issues had been established. The registered manager said, "My checks help me to quickly act to resolve issue so we can protect and support people." The registered manager was also completing maintenance checks including monitoring the home's water temperatures and cleanliness together with the suitability of fire safety equipment.

Staff told us they liked working at the home and praised the support they received from the registered manager but felt that the service would benefit from increased provider presence and input on matters such as activities and maintenance around the home. We saw minutes from a recent staff meeting that showed that staff were able to raise issues with the registered manager. Matters discussed at the meeting included staff involvement in home, supervision and an incident involving a resident and lessons learned from the incident.

Now that the home has been extended with a commensurate increase in accommodation, we recommend that the registered provider implement a formal process of support for the registered manager and oversight of the service. This could also include taking some responsibility from the registered manager in areas such as checks around recruitment, environmental safety, application of MCA and DoLS and regulatory notifications.

There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One staff member told us, "I am happy with the support and feel comfortable in raising any issue with the manager privately or in a team meeting."

The registered manager took into account the views of people using the service about the quality of care provided at the home through resident meetings and annual surveys. We saw the minutes from a residents' and relatives' meeting on 17 July 2018 when care planning was discussed and people raised their meal preferences and suggestions for alternative activities. The registered manager said, "I get feedback from residents on a daily because I make sure I meet with them all on my rounds but formal surveys are useful in seeing what I need to do to improve the service on a long term basis."