

North Yorkshire County Council

Sycamore Hall

Inspection report

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Ratings

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

Overall summary

We carried out this unannounced inspection on 08 and 15 October 2015.

The registration of Sycamore Hall covers two distinct services provided by North Yorkshire County Council. One is the personal care and support provided within the extra care housing scheme at Sycamore Hall. The other is the START (Short Term Assessment and Re-ablement Team) service, which provides focused, short term domiciliary support, to help people regain maximum independence after illness or hospital admission. Both services are carried on and managed from the registered

Sycamore Hall location, under the Regulated Activity 'personal care'. At the time of our inspection 26 people received a personal care service at Sycamore Hall and 17 people received a personal care service from the START team.

The service had a registered manager, who had been registered with us in respect of this service since 08 January 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 told us they received a safe and reliable service. Staff knew how to report any concerns about people's welfare and had confidence that senior staff would taking appropriate action.

Health and safety policies and procedures were in place. People had individual risk assessments in place, to help ensure staff were aware of the risks relevant to people's individual care.

Staff were recruited safely. The service had staff vacancies, but the service was safely covering these with the existing staff team and had staff management plans in place.

Staff had been trained on how to administer medicines safely and had their competency checked. The records we saw showed that people received their medicines, although more detailed information and recording around medicines would be beneficial.

Staff were provided with relevant training and support. The registered manager and senior staff monitored staff performance through supervision and appraisal systems.

The service was following the principles of the Mental Capacity Act 2005.

If people needed support with eating and drinking this was assessed and included in their care plan. People confirmed they were given choices about their food and drink and where they ate their meals.

People told us that they were cared for by staff who treated them with dignity and respect. Staff were able to explain how they protected people's privacy and dignity.

People had their care needs assessed, planned and reviewed appropriately, although the recording of reviews could be more detailed and robust. The staff we spoke with were able to describe people's needs and people who used the service told us that staff were kind and caring in their approach.

Information about the complaints process was made available in people's care records. People we spoke with told us that they would feel able to raise any issues or concerns, although some people were unfamiliar with the formal complaints process.

People we spoke with told us that the staff, including senior staff, were approachable. There were regular checks and audits taking place and the registered manager monitored the services performance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report abuse. The service had health and safety policies and procedures, and risk assessments had been completed to identify risks and help support people safely.

Staff had been recruited safely and there were enough staff to keep people safe.

Staff had been trained to administer medicines and people received their medicines in accordance with their prescriptions.

Good



Is the service effective?

The service was effective.

Staff were provided with training relevant to their roles and felt supported. Staff supervision and monitoring systems were in place.

The service followed the principles of the Mental Capacity Act 2005.

If people needed assistance with meals or eating and drinking information about this was included in their care plan and part of their agreed care package.

The service appropriately sought advice and support from relevant health and social care professionals.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and treated people with dignity and respect.

Staff were able to explain how they maintained people's privacy and dignity while assisting with care.

Care records and our discussions with other health and social care professionals showed that the service supported with positive risk taking and management, to help maintain people's independence and autonomy.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed, planned and reviewed. People had individual care plans, which included information about their individual needs and preferences.

The staff we spoke with were able to tell us about the individual needs of the people they supported and how they monitored and responded to any changes.

A complaints procedure was in place and records showed that complaints were appropriately investigated and responded to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a registered manager and local management structure to support the day to day running of the service.

People felt the staff team worked well together and tried really hard to support local people in the community well and for as long as possible.

Systems were in place to monitor the quality of the service, through regular audits, checks and monitoring.

Good



Sycamore Hall

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 checked 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 08 and 15 October 2015 and was unannounced. This meant that the registered provider and registered manager did not know we would be visiting on the first day of the inspection. However, they did know we would be visiting on the second day of the inspection, so that we could be sure that the people and information we needed would be available. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all of the information we held about the service. We looked at the notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us.

The provider had completed and returned a provider information return (PIR) in September 2014. 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. The registered provider had not been asked to provide an updated PIR at the time of this visit.

The registration of Sycamore Hall covers two distinct services provided by North Yorkshire County Council. One is the personal care and support provided within the extra care housing scheme at Sycamore Hall. The other service is the START (Short Term Assessment and Re-ablement Team) service, which provides focused, short term domiciliary support to people living in their own homes in the community. At the time of our inspection 26 people received a personal care service at Sycamore Hall and 17 people received a personal care service from the START team. During our inspection we visited and spoke with five people who lived at Sycamore Hall and spoke with three people who used the START service over the telephone.

During the visit, we also spoke with five staff members, including the registered manager, two service managers and two care staff.

During the inspection we reviewed a range of records. We looked at four people's care records including assessment, care planning and medication records. We also looked at three staff files, including staff recruitment and training records, and records relating to the management of the service, including policies and procedures, audits and meeting records.

Following our inspection visit we contacted 3 health and social care professionals who worked with the service for feedback on their experiences.

Is the service safe?

Our findings

People who used the service told us that they received a safe service. People said that they felt safe and cared for. For example, one person described their care as “Perfectly safe.” A health and social care professional told us that service was safe and that care staff would “Go that extra mile to support people.”

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place and provided guidance and information to staff. Staff knew how to recognise the signs and symptoms of abuse and how to report concerns about people’s welfare or safety. Staff also told us they had received training on safeguarding adults and the training records we saw confirmed this. Information on making safeguarding alerts, including contact details and telephone numbers, had been made available to staff. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing policies and procedures were in place. Staff we spoke with were aware of how to raise concerns and told us that they felt that the management team would listen and respond appropriately to any concerns raised.

We looked at the arrangements that were in place for risk assessment and safety. The service had in place policies and procedures relating to health and safety, the majority of which had been reviewed and updated in May 2015. These provided guidance to staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and identified risks that were relevant to the person and their care. Staff we spoke with were aware of their responsibility to identify and report any new risks, so that action could be taken to keep people safe. We also saw evidence in care records of regular visual safety checks being carried out on people’s manual handling equipment before staff used it.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. There was a reporting and recording system for accidents and incidents. Staff explained what was done to address accidents and showed us an example of how an occupational therapist had been involved to review equipment, after a carer reported an

incident with a hoist. Serious incidents went to the registered manager for review, but there was no formal accident analysis being undertaken at the time of our inspection. A reporting and monitoring system was in place for missed and late calls. The registered manager showed us the records relating to this. It showed there had been few missed or late calls and where these had occurred they had been investigated and actions taken to minimise the risk of reoccurrence.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for three staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children and vulnerable adults.

We looked at the arrangements that were in place to ensure safe staffing levels. People who used the service told us that they received a reliable service. One person told us “They’ve never missed a call. A few times they’ve been late, but always explained why and it’s not happened that often anyway and didn’t matter to me. They are usually on time.” One person who lived at Sycamore Hall had a call bell and when we asked if staff responded to it the person told us that “Oh yes, they come pretty quickly.” Another person said “Sometimes they are very hard pushed [for time], but they never moan and when they had a little slack the other day they took me out for coffee which was lovely.”

We spoke to the registered manager and other staff about staffing levels and the organisation of staff. The service had staff vacancies at the time of our visit and the registered provider was not recruiting permanent staff due to the need for a future restructure being identified. This meant that staff cover for the vacancies was being provided by the existing staff team, through a mixture of increasing some staff members contracted hours and some staff working extra shifts. Staff told us that staffing needs varied across the START (Short Term Assessment and Re-ablement Team)

Is the service safe?

service and Sycamore Hall service and could be challenging at times, due to the vacancies, sickness, the services rural location and fluctuating demand for the START service. For example, one staff member commented to us “It can be difficult at times, but not unsafe, we do work as a team.” Another said “We can manage, but it does get more pressured with sickness.”

The registered manager explained that Sycamore Hall was covered by four carers in the morning, three carers in the afternoon and evening, and two staff overnight. START staff provided care in the local community, depending on the demand for the START service at the time. In between START calls the START staff came to Sycamore Hall and provided additional staffing support. START is a short term service with fluctuating demand, so the registered manager explained how they would prioritise staffing at Sycamore Hall and take on less new START work if this was necessary to ensure safe staffing levels. We looked at rotas for Sycamore Hall and the START service. These showed that the staffing levels described by the registered manager were being provided and that any staff absences had been covered. During our visit we also observed that the START staff came into Sycamore Hall to provide additional cover in between their START calls.

We looked at the arrangements that were in place to ensure the safe administration of medicines. The service will assist people with their medication if this is needed as part of their personal care package. One person we spoke with had received assistance with their medicines. They told us “They were very good with my medication and wouldn’t give anything not prescribed by the doctor. They were very professional with it.” The service had policies and procedures in place relating to medicines. Staff we spoke

with had received training on the safe management of medicines and training records we saw confirmed this. We also saw evidence of competency checks, carried out to ensure that staff were administering medicines safely and competently. Medicine audits were completed monthly by the service manager and checked by the registered manager.

The care records we looked at included a medication screening assessment tool to assess and record the help people needed with their medicines. Medication administration records (MARs) were used to record when staff had administered medicines. The records we looked at showed that people had received their medication in accordance with their prescriptions. However, we found that some of the information about medicines included in care plans was basic and would benefit from being more detailed. For example, we saw that where people were prescribed medicines ‘when required’ or in variable doses there was not a lot of information to guide staff on how these decisions should be made or if people had capacity to make their own decisions about what medicines they needed and when. Some instructions relating to creams and when they needed to be applied were also a little vague and unclear. We also found that staff were not always consistently recording how much medicine had been administered where a variable dose was prescribed and the hand written prescription details written on MARs did not always meet best practice guidelines [such as The Royal Pharmaceutical Society of Great Britain: The Handling of Medicines in Social Care]. Overall we found that people received their medicines correctly and safely, although more detailed information and recording around medicines would be beneficial.

Is the service effective?

Our findings

People who lived at Sycamore Hall told us that they were happy with their care and received an effective service. One person said “The carers are good. I would say reliable.” Another person told us “I can’t grumble really, they [the staff] do very well.” People using the START (Short Term Assessment and Re-ablement Team) service were also positive about the service they had received. One person said “I think its wonderful dear, no complaints whatsoever.” Another told us “They seem very responsible and helpful.” We also found that the people we spoke with who used the START service were aware of the service’s short term re-ablement purpose. One person said told us “These people are lovely. Enablers who want you to get better and move on.”

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Staff told us that they were up to date with their training and provided with regular training courses and updates. One staff member told us “We are on courses all the time.” The staff records we looked at included evidence of their induction training. This included an in-depth corporate induction programme and local induction checklist. We also saw that recently recruited staff had commenced a Care Certificate training workbook. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. The registered manager showed us how training was monitored using an online system. This enabled managers to check what training staff had completed and what training was due easily. Staff records we looked at showed that staff had completed training that was relevant to their role and were up to date with required training and updates.

We looked at the arrangements that were in place to ensure that staff were adequately supported, through effective support, supervision and appraisal systems. Staff we spoke with told us that they received regular appraisals and supervisions from their line manager. They also said that they felt supported and could go to any of the senior staff at any time. The staff records we looked at included regular supervisions meetings, including probationary review meetings for new staff. We also saw evidence that management had taken action where there were concerns

about a staff members performance. For example, following a medication incident we saw that a staff member had undertaken additional medication competency checks to provide support and ensure that they were competent to safely assist people with their medicines.

We looked to see if appropriate arrangements were in place to ensure that people’s legal rights were protected by proper implementation of the Mental Capacity Act 2005 (MCA). The MCA protects people who lack capacity to make a decision for themselves, by requiring that best interest decision making guidelines are followed. The registered manager and staff we spoke with were aware of the MCA and able to describe its key principles and how this related to people they looked after. Training records showed that staff had received training on the MCA. A health and social care professional told us “They understand the Mental Capacity Act and best interests and work appropriately with professionals and other supporters.”

We looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. The service provided people with help and assistance with meal preparation and eating and drinking where this was part of their agreed plan of care. People who lived at Sycamore Hall told us that staff would assist them by either preparing meals in their flats or assisting them to use the restaurant facilities, according to their wishes and preferences. People told us staff asked what people wanted to eat and drink and catered to their preferences where possible. Where assistance with meals was provided, information was in people’s care plans to guide staff regarding this.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. The care records we looked at included notes of the contact the service had with other professionals. We saw example’s where the service had assisted people by involving the doctor, district nurses, occupational therapist, mental health team and other relevant professionals. One health and social care professional told us the service’s level of joint working with other professionals was “Exceptional.” They also told us that the service’s staff “Work hard to support people in the local community, they do this appropriately and well, with appropriate support from other agencies.”

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. People who lived at Sycamore Hall or used the START (Short Term Assessment and Re-ablement Team) service unanimously told us that staff treated them well and were kind and caring in their approach. One person who used the service told us “They are a very good bunch really, a very good crowd [the care staff].” Another person told us “They are very obliging and helpful, always very polite” and “I’ve never met anyone here who has been rude or nasty.” Another comment made to us was “We have lots of fun, it’s lovely and they do a good job.”

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. One person told us how staff knocked before coming into their flat, explained what was happening and put them at ease. Comments made to us by people using the service included “I think they like to do it [provide care] with respect.” People we spoke with told us that staff were professional and did not gossip while providing care, which also helped to maintain people’s privacy.

Staff we spoke with were aware of the importance of protecting and maintaining people’s privacy and dignity. They could describe how they gave people choices about

how they wanted their care delivered and how they actively protected people’s privacy. For example, asking if people wanted staff there with them or waiting close by, and how they made sure curtains were drawn and kept people covered while assisting with personal care. One staff member told us “You treat people as you would want to be treated.”

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives. People who used the service told us how staff gave them choices, such as asking what they wanted to wear, where they wanted to eat and when they wanted to go to bed. One person living at Sycamore Hall told us “I can do what I want when I want, which is good.” The care records we looked at showed that people had been involved in their assessments and care plans included individual information about people’s preferences.

We looked at the arrangements in place to support people with positive risk taking and to maintain independence. The service supported a small number of people with mental health needs, enabling them to remain within their local community for as long as possible. Care records and our discussions with other health and social care professionals showed that the service supported these people well, with positive risk taking and management, to help maintain people’s independence and autonomy.

Is the service responsive?

Our findings

People living at Sycamore Hall were positive about their care and felt they received a responsive service. One person said “Very friendly, they are wanting to help.” Another person said “They ask me when I would like to go to bed and so on, and they do what I ask.” People using the START (Short Term Assessment and Re-ablement Team) service were also positive about their service and its responsiveness. One person told us “Extremely professional, they’ll do anything I ask them too.” Another said “They always ask if there was anything else they can do before they go.”

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the individual person. People we spoke with confirmed that their needs had been assessed before a service was provided. One person told us “We were consulted on everything and always felt you could ask them.” Each person also had their own assessment record, care plan and care records.

The staff we spoke with were able to tell us about the individual needs of the people they supported. This information reflected what we saw in people’s care records and what people told us about their care and support. People told us that staff knew their needs and preferences. For example, one person said “I don’t have to tell them, they know what to get.” Another person said “The care staff, it didn’t seem to matter what you asked them, they seemed to know about it.”

We also saw that the service used telecare equipment to support people and enable them to maintain independence. Telecare includes equipment such as call alarms and sensors that can help to alert staff when people need help or may be at risk and need support.

Staff were able to tell us about the assessment and care planning process and confirmed that arrangements were in place to ensure that people’s needs were appropriately assessed and planned. We looked at 4 people’s care records, including records kept on the computer, in the office and in people’s own homes. These showed that each person had their care needs assessed and planned. There

was individual information and detail about people’s strengths and preferences and the care that had been agreed. Risk assessments had also been completed and identified any risks that were relevant to the person and their care.

Three of the people we spoke with told us that they had been involved in reviews of their care. Other people we spoke with were not sure about this. We spoke with the registered manager and service manager and staff about care reviews and how they ensured that people’s care plans remained up to date and relevant. The registered manager told us that they aimed to complete annual reviews for people living at Sycamore Hall, but that this was not always possible. However, they prioritised changes in need or risk, to ensure that reviews were completed if someone’s circumstances changed. People using the short term START service received regular reviews until their service ended. A member of care staff told us how they were always looking out for changes or risks during care visits and that if they identified anything it was their responsibility to report it to management so that action could be taken. They said “Every time you go in you are assessing all the time.” The records we looked at had been reviewed and updated. However, we saw that the majority of the risk assessments were recorded on old photocopied risk assessment tools. Reviews had been completed, but were just a date and signature with the word “reviewed” written on any available blank space on the original form. This was not a robust way to carry out and record reviews and didn’t evidence that reviews had been completed thoroughly.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service’s attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information available in people’s care files. People we spoke to told us that they knew who the service manager’s and senior staff were and would feel able to raise any concerns or issues that arose. Some people we spoke with were not aware of the formal complaints procedure, but did say they’d be able to ask about it if needed. No one we spoke with had made any formal complaints about the service, but people felt that any small issues or requests had been handled

Is the service responsive?

appropriately at the time they occurred. The registered manager was able to show us the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider.

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with us since January 2014 and was the registered manager for a number of other services provided by North Yorkshire County Council. This meant that they were not based at Sycamore Hall and shared their time between the services they were responsible for. The day to day management of the Sycamore Hall service was undertaken by a care service manager who was based at the service.

The registered manager was able to tell us about the management support and development initiatives that were in place to support them and the service. For example, a quarterly manager forum was led by registered provider's nominated person, regular registered manager network meetings and an online 'share point' available for registered managers across North Yorkshire County Council to share good practise and service developments. The registered manager showed us examples and records of these initiatives during our visit.

We looked at the culture of the service, including if it was open, transparent and accountable. During our inspection we observed the interactions between the registered manager, staff team at Sycamore Hall and people using the service. The team worked well together and had detailed, inclusive discussions about the service, its management and future. Feedback we received about the registered manager and service manager was that they were both approachable and supportive. People felt the team worked well and tried really hard to support local people in the community well and for as long as possible.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services and make any necessary improvements. The service had an up to date development plan. This included changes that were being implemented as a result of a recent CQC visit to another

service. This showed that the registered manager was responding and taking action in response to the inspection feedback, to improve all of the services they were responsible for.

The registered manager showed us their quality monitoring file. This included monthly monitoring reports that had been completed and evidence of the registered manager following things through and carrying out checks on progress. The registered manager was able to describe the monthly checks they carried out, such as random checks of records to ensure that staff were completing the required actions and keeping good quality records. The quality file also included evidence of the actions taken in response to complaints and safeguarding alerts, accident and incident monitoring, and the monitoring of any missed or late calls. We saw that there was a clear record of identified learning points and the actions taken as a result. Notifications had been made to CQC about appropriate events, with copies kept in the quality file for monitoring purposes. We saw that a monthly medication audit was completed by the service manager, and a random sample of medication records were also checked as part of the registered managers monthly monitoring. There were annual medicine competency checks completed on staff, to ensure they were competent and safely administering medicines.

We asked the registered manager how they gathered feedback from people who used the service and other stake holders. There had been no recent quality surveys, but the registered manager confirmed that as part of the final START (Short Term Assessment and Re-ablement Team) review process people were asked about their satisfaction and experience of the service. This included asking people to rate the service and any poor ratings were brought to the registered manager's attention for further action. However, there did not appear to be a formal way of gathering the views and experiences of people using the Sycamore Hall service, other than through individual reviews.

We looked at the standard of records kept by the service. The service was in the process of moving towards electronic records, with many records already available on the computer system. Overall the records we saw were up to date and fit for purpose. However, we did identify some areas for improvement, such as information and records regarding medicines and how reviews of risk assessments and other paperwork were evidenced and recorded.