

SLW Limited

Sycamore Care Centre

Inspection report

Sycamore Lodge
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sycamore Care Centre is a care home that provides personal and nursing care for up to 113 people, some of whom are living with dementia. Care is provided across 9 units situated within 4 different buildings. At the time of the inspection there were 107 people living in the home.

People's experience of using this service and what we found

People felt very safe living in the home and with the support they received from staff. People and relatives spoke highly of the staff and said they were kind and caring. Relatives told us, "The staff are well trained. They're very good with my [family member]. They know how to speak to people. I couldn't fault the staff, they're marvellous" and, "It is safe here, the girls are great with [family member]. She is well supported and well looked after."

Staff safeguarded people from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks. Medicines were safely managed. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19. Relatives told us, "Yes it's clean, they clean the carpet every day. It's very safe, clean and tidy" and, "The home is immaculately clean."

People's needs were assessed before they moved into the home and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were well supported and cared for. Staff treated people with respect and supported them in a dignified manner and in line with their wishes. One relative told us, "The staff know my [family member] really well. They treat her with respect and do encourage her. They are very kind people."

People received person-centred care and care plans detailed how they wished to be supported. Staff knew how to effectively communicate with people and communication methods were detailed in care records. People and relatives knew how to raise concerns and any complaints received were fully investigated and actioned. People were supported with their social needs and enjoyed a range of activities.

The home was well managed. People and relatives were complimentary about the home and the care people received. The provider had an effective quality assurance process in place which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys, meetings and reviews.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 23 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sycamore Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of 2 inspectors and 3 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sycamore Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Sycamore Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people and 26 relatives about their experience of the care provided. We spoke with 18 members of staff including the nominated individual, registered manager, 2 deputy managers, 4 senior care workers, 4 care assistants, the chef, 2 kitchen assistants, 2 activities workers and the administrator. We also received written feedback from 2 staff members. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including 6 people's care records, medicines records and quality audits. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe. People and relatives told us, "It is comfortable here and it is safe. They [staff] make sure you're safe when you are going out" and, "My [family member] is safe and well looked after. They've not had any accidents. The staff are great."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training.
- Safeguarding alerts were raised with the local authority in a timely way, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way.
- The registered manager monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People and relatives told us, "I think there's enough staff, it's quite good, there's people about" and, "Yes there's enough staff, they are all friendly and always on the move."
- The registered manager and deputy manager determined staffing levels in line with people's individual support needs.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.
- Staff profiles were usually received for agency staff prior to them supporting people. However, 2 agency staff on duty on day 1 of inspection did not have profiles in the agency staff file and they hadn't received an induction into the service. The provider took immediate action to mitigate risk of a recurrence.

Using medicines safely

- Staff safely administered and managed people's medicines.
- Staff had received medicines training and regularly had their competence assessed.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received support. This meant the registered manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people. Staff told us they received regular face to face and online training. One staff member said, "There are excellent online training programmes which include infection control. Nurses attend face to face training to update their clinical skills."
- Staff completed a comprehensive induction at the start of their employment. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported in their roles through regular supervisions, observations and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged and supported people to maintain a balanced diet. Relatives told us, "[Family member] was emaciated when he first went into the home and he looks fine now. He has a good appetite. It's a good variety" and, "We think the food is really nice. [Family member] always clears her plate. The staff take notice of what we have told them too. They've noted all of the food that she doesn't like, and they make sure that she gets something else."
- Care records detailed any specific dietary needs people had and what support they required from staff. The chef told us how they catered for people who required specific diets such as pureed, to ensure they had similar choices to others. A relative told us about their family member being coeliac (requiring a gluten free diet) and said, "They always make sure there's something she can have. She's eating well."
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans and followed by staff.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. Staff assisted people to access support from health care professionals such as GPs, speech and language therapists and tissue viability nurses, when required.

- Care records documented engagement people had with health care professionals and recommendations were incorporated into care plans and followed by staff.

Adapting service, design, decoration to meet people's needs

- The home was appropriately decorated, adapted and designed to meet people's needs.
- People personalised their rooms with things important to them such as family photos and pictures.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people in line with MCA and best practice guidance.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff had received MCA training and sought consent from people prior to providing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt respected, listened to and very well cared for. People and relatives described staff as "caring," "friendly" and "chatty." Relatives told us, "The vast majority of the staff are amazing. He's supported emotionally. The staff are caring and patient. They think about what his needs are" and, "My [family member] is very, very well looked after; absolutely. The staff that work there are all very nice people, I can't praise them enough."
- Equality, diversity and human rights policies were in place to make sure the person was treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff enjoyed their roles and spoke very fondly about people, interacting with them in a warm and friendly manner. One staff member said, "I love working here. We have stressful days sometimes but it's worth it to know we're making such a positive difference to residents' lives and making them comfortable and happy."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about their care. A relative told us, "We have meetings every six months where we go through [family member's] care plan."
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- Staff knew people's choices and preferences in relation to their care and these were detailed in their care plans. A relative told us, "The staff know [family member] well and listen to her."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their wishes and choices. Comments from people and relatives included, "They remind me to comb my hair and I choose my clothes" and, "[Family member]'s treated with respect, the way they come in and ask you to leave while they [support her to change]. She's always covered up, never on show. She's treated very well."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with.
- People's personal information was stored securely. Care records were held electronically on password protected systems and paper files were stored in lockable cabinets. All records could only be accessed by authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs and preferences. Care plans instructed staff how to support people in line with their needs and wishes.
- Staff regularly reviewed care plans to ensure they reflected people's needs.

Meeting people's communication needs since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Alternative ways of communicating with people were detailed in care plans.
- People could access information in different formats such as large print, if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed and took part in a range of activities in the home. Comments from people and relatives included, "I was dancing in the Lodge this morning, I loved it. This place is so good to me, especially the entertainment staff, they are lovely" and, "They have a weekly schedule of activities. They made a pizza once and she added cheese and tomato to the base. She likes to play dominoes or bingo. They have a wellbeing chat, or a personal 1:1 chat."
- The home had dedicated activities staff including an activities manager who was very passionate about their role and tailored activities to what people wanted to do.
- People were supported to maintain and develop relationships, and to follow their own interests and social activities.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and actioned. All complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.
- People and their relatives knew how to raise concerns and felt they were dealt with appropriately. Comments included, "I will speak to the staff on the unit and so most of the time I can sort it out myself. Other times I will email [registered manager] and she responds quickly" and, "If I had a complaint, I would feel quite confident to complain. I would speak to the nurse and it would be resolved. If not I would escalate it; I'm sure it wouldn't come to that."

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.
- The provider had worked through the pathway and training for the home to become accredited in the Gold Standards Framework (GSF) which staff applied when supporting people with end of life care. GSF is a practical systematic, evidence-based end of life care service improvement programme.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted a positive culture in the home.
- The home was well-managed. Comments from people and relatives included, "I would recommend the place" and, "I'm really happy with it, nothing has seemed untoward to me. It is well managed, everything runs ok, there never seems any panic."
- Staff told us they enjoyed working in the home and felt management were approachable. One staff member said, "I enjoy working at Sycamore Care Centre as, despite some of the challenges at times, there is great teamwork. My manager is very supportive and always interested in what I have to say. I feel very supported in my role."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager acted on the duty of candour. Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.
- The registered manager and staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via regular communication, meetings, surveys and reviews. A staff member said, "I feel very comfortable in making suggestions and expressing ideas in service improvement and my manager will always look at these and give me feedback."
- The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, tissue viability nurses, speech and language therapists and dieticians.