

Sycamore Cottage Rest Home Limited

Sycamore Cottage Rest Home Limited

Inspection report

Skippetts Lane West
Basingstoke
Hampshire
RG21 3HP

Tel: 01256478952

Date of inspection visit:
07 June 2017
08 June 2017

Date of publication:
20 July 2017

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 7 and 8 June 2017. This was a focused inspection completed to check the provider's progress in meeting the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014) following our last inspection on 2 and 3 March 2017.

We found people's safety was being compromised in a number of areas. Risks to people in relation to the use of medicines, equipment, malnutrition, behaviour and the environment had not always been assessed and risk management plans in place were not sufficient to enable staff to keep people safe.

People's care records did not include all the information staff would need to provide safe care and when people received care this was not always recorded. Staff and the interim home manager could therefore not judge from people's records whether people had received their care as planned.

Medicines were not managed safely or administered and recorded appropriately to ensure people received their medicines as prescribed.

These circumstances were a breach of Regulation 12 (Safe care and treatment) of the HSCA 2014. The provider was served with a warning notice in relation to safe care and treatment which they were required to meet by 5 May 2017. We told the provider they needed to take action to meet all their legal requirements and we received a report setting out the action they would take to meet the regulation.

At this inspection, we found that the provider had followed their plan and the legal requirements in relation to providing people with safe treatment and care had been met.

This report only covers our findings in relation to this legal requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Sycamore Cottage' on our website at www.cqc.org.uk. Other regulations which need to be considered to judge whether a service is safe were not considered during this inspection.

Sycamore Cottage Rest Home Limited (to be referred to as Sycamore Cottage throughout this report) provides care for up to 20 people living with differing stages of dementia. There were 15 people living at the home on the days of our latest inspection. Accommodation was provided over two floors of a converted residential dwelling, with a stair lift that provided access to the second floor.

The registered manager had left the home in November 2016 and Sycamore Cottage did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The deputy manager had fulfilled the role of interim

manager since November 2016. At this inspection the home had a manager who had been appointed from 1 May 2017. The new manager was being supported by an external management consultant and the deputy manager. The manager had commenced the process to become the registered manager with the CQC.

The provider had taken action to fully review and reorganise the processes and procedures to ensure the safe management of people's prescribed medicines. The manager had completed competency assessments of most staff trained to administer medicines. Competency assessments for two remaining members of staff were scheduled to be completed immediately following the inspection.

People were protected from the risks of avoidable harm associated with the use of moving and positioning equipment fully serviced by qualified engineers. Staff had recently completed moving and positioning training with focus on how to use specific equipment to meet people's individual needs.

People were protected from the risk associated with their skin breaking down by staff who provided care in accordance with people's pressure area management plans.

The manager had identified people who displayed behaviour which may challenge others and had updated guidance in their support plans documenting how staff could manage these behaviours safely. Consistent sensitive interventions by staff, in accordance with the guidance within people's support plans, kept people safe when they displayed behaviour which may challenge others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve the safe care and treatment of people.

The provider had reviewed and reorganised the processes and procedures to ensure the safe management of people's prescribed medicines.

Staff had recently completed moving and positioning training with focus on how to use specific equipment to meet people's individual needs.

The manager had updated care plans to ensure staff were provided with detailed information and guidance about how to support people safely to meet their needs.

The provider is now meeting the legal requirement in relation to safe treatment and care.

We will review our rating for safe at the next comprehensive inspection.

Inadequate 

Sycamore Cottage Rest Home Limited

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.

We undertook this unannounced, focused inspection at Sycamore Cottage on 7 and 8 June 2017. This inspection was carried out to check that improvements to meet legal requirements in relation to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014) had been completed by the provider, following our comprehensive inspection on 2 and 3 March 2017. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. Before the inspection, we did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during our inspection.

During our inspection we spoke with ten people living in the home and four of their relatives. We also spoke with the manager, the deputy manager, a supporting consultant manager, the cook, and nine care staff. We also spoke with a visiting health and social care professional.

We reviewed records relating to six people's care and support, such as their care plans, risk assessments and the medicines administration records for 15 people. We also reviewed training records for all staff and other records relevant to the management of the service.

Is the service safe?

Our findings

At the last inspection on 2 and 3 March 2017 we found the provider had not ensured people's medicines were managed safely, people were not receiving their medicines as prescribed and appropriate action had not been taken to minimise the risks associated with these medicines. The provider had failed to ensure that equipment used in the home for providing care or treatment to people was safe and used in an appropriate way and the premises were safe. The provider had also placed people at risk of not receiving safe care and treatment in accordance with their needs and had not ensured people were protected from the risk of malnutrition. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and medicines were appropriately handled by staff. People's medicines were administered safely by staff who had completed the provider's required medicines training. Staff had their competence to administer medicines reassessed by the manager in May 2017. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

The manager had fully reviewed and reorganised the home's medicines management system. There were now effective processes in place to ensure people received effective pain relief when required; the site of pain relief patch application was recorded to protect people's skin; people had their antibiotics as prescribed to prevent the risk associated with infections and people were protected from the risks of exceeding the maximum daily dose of 'As required (PRN) medicines'. PRN are medicines which people take only when needed, for example; headache tablets.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented and we observed staff administer medicines in accordance with guidance. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they endeavoured to administer them later if initially declined.

Where people were prescribed medicines there was evidence within their care plans that regular reviews were completed to ensure continued administration was still required to meet their needs.

Where people took medicines 'As required' there was guidance for staff about their use, this included information such as how much of this medicine could be administered, the times when its use was appropriate and how much could be administered in a 24 hour time period, this information was required to keep people safe. People also had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Medicines were stored in a secure locked trolley which was no longer next to a direct heat source. The provider was considering plans to utilise other rooms to accommodate office functions and medicines storage. In the interim they were

looking at the most efficient method to cool the room where the medicines were kept i.e. air conditioning units. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. Staff administering medicines completed a stock check of each medicine after it had been administered and completed a full stock check after each administration round. Any unwanted or damaged medicines were disposed of safely. The management team completed weekly medicines audit. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

All controlled drugs were now stored appropriately and accurately recorded in a controlled drugs register. Controlled drugs are prescribed medicines which by law require more security to protect people from the risks associated with them. This ensured the risk of unauthorised people having access to them was mitigated.

People had risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records had been correctly signed by staff to record when their medicine had been administered and the dose. The person administering medicine wore a highly visible red tabard to indicate this and to reduce interruptions whilst they were doing so. This enabled this person to focus on their task minimising the potential for errors to be made.

Staff protected people from harm by identifying risks associated with their support and managed these effectively. Records documented the type of risk a person could experience, such as behaviours which may challenge others, together with early warning signs which could indicate the risk to the person was increasing and the ways in which escalation towards a crisis could be avoided or managed.

The manager had identified people who displayed behaviour which may challenge others and had updated their support plans appropriately. Positive behaviour support plans contained guidance for staff to follow to keep people and others safe. We observed consistent sensitive interventions by staff, in accordance with the guidance within people's support plans, which kept people and others safe when they displayed behaviour which may challenge others.

Staff were able to describe how they cared for people safely in accordance with their risk assessments, which we observed in practice, whilst supporting people. Risks to people's health and safety were clearly understood and managed so people were protected from avoidable harm.

People were protected from the risks of avoidable harm associated with the use of moving and positioning equipment which had been fully serviced by qualified engineers in March and April 2017. Staff had recently completed moving and positioning training with focus on how to use specific equipment to meet people's individual needs, for example; how to support people to use the stair lift and bath hoists safely. People were protected from the risk associated with their skin breaking down by staff who provided care in accordance with people's pressure area management plans and guidance from relevant healthcare professionals.

The provider had assessed the risk to people from the environment to ensure they would remain safe within the home, for example; appointments had been made for fire doors at the top of stairs to be fitted with key codes linked to the fire alarm system, to protect people from the risk of falling.

Since our last inspection people's needs and risk assessments had been updated to ensure people's needs and risk assessments were effectively recorded and to provide staff with the necessary information to meet people's needs safely. The manager had begun to review the updated records to ensure these plans and risk assessments were even more person centred. Person centred is a way of describing care which is wholly

focused on a person's individual needs and wishes.

People were protected from the risk of malnutrition. People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time. People were supported to consume sufficient nutritious food and drink to meet their needs.

During dinner time we observed that people chose to eat together in the communal dining area. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, for example supporting people to cut up their meals.

People were encouraged and supported to eat snacks and drinks in accordance with their eating and drinking plans, for example; people were offered ice creams and cookies. If staff identified concerns for people's well-being they were referred to the dietician and speech and language therapist.

Where people had been identified to be at risk of malnutrition and poor appetite staff created plans to ensure the effective recording, monitoring and analysis of their intake was completed to manage this risk to their health.

People and relatives told us they felt safe at Sycamore Cottage, and were supported by caring and compassionate staff. People told us they received safe care and treatment, which was corroborated by their relatives.

Each person had an individual evacuation plan. People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals such as paramedics or accident and emergency staff. This ensured health professionals would have information required, such as people's prescribed medicines, known allergies, their means of communication, and the support they required, in order to treat them safely. During our inspection we observed an incident which required the attendance of paramedics. Staff were able to provide all of the essential information required by the paramedics to treat the person effectively. People were kept safe as staff had access to relevant information which they could act upon and provide in an emergency.

Accidents and incidents were recorded and reported to the Care Quality Commission where required, which were analysed by the manager to identify any themes or trends. The manager ensured all incidents were reflected upon during shift handovers and staff meetings to ensure necessary learning was shared as soon as possible. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

At this inspection we found improvement had been made in relation to the provision of safe care and treatment to people, however these improvements had not had time to become embedded in working practices. The provider was unable to demonstrate that the improvements made were sustainable. Other areas which had been found inadequate at our last inspection under safe had not been considered during this inspection. We will review our rating for safe at the next comprehensive inspection.