

Tradstir Limited

Sycamore Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sycamore Court is a residential care home providing nursing care and support for 29 people. The service can support up to 40 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia or other mental health needs.

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

At the last inspection in September 2019, we identified seven breaches of regulations. These were in relation to Regulation 9 (Person Centred Care), Regulation 10 (Dignity and Respect), Regulation 11 (Need for consent), Regulation 12 (Safe Care and Treatment), Regulation 15 (Premises and equipment), Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, the provider sent us an action plan. This included information about the steps they had taken to make improvements at the service. However, due to COVID-19 and the subsequent lockdown on visitors, their priorities had to change. The provider and staff worked hard to ensure the appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. The impact of COVID-19 meant that some improvements will need further time to be fully introduced and embedded into every day practice.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided some guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Quality assurance systems had been introduced and were continuing to be developed and improved. This included audits of medicines, care plans, and health and safety. Further systems of quality monitoring had been implemented, but at the time of inspection had not started.

The provider and staff team had worked hard to address the areas for improvement following the last inspection. Further time was needed to fully embed these changes into day to day practice.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 27 January 2020). There were multiple breaches of regulation. At this inspection we found improvements had been made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 and 12 September 2019.

Breaches of legal requirements were found. We imposed a condition on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection in light of concerns we had received in respect to the care people were receiving. Concerns included staffing levels, assessments of risk, and the management of pressure care and medicines. Therefore, this report covers our findings in relation to the Key Questions Is it Safe? and Is it Well-led?

For those key questions not looked at on this occasion, the ratings from the previous comprehensive inspection were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamore Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sycamore Court

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. This was a focussed inspection to check whether the provider had met the requirements of the breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 recorded in the key questions Safe and Well Led.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic we needed to limit the time we spent at the service.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the provider about the improvements that had been made since the last inspection. We also asked the provider to send some records for us to review. This included a variety of records relating to the management of the service, such as training schedules and staffing information.

During the inspection

We spoke with one person living at the service and a visiting relative. We spoke with 10 members of staff including the provider, the director of care, a registered nurse, senior care staff, care workers and administration staff. We spent a short time in the home whilst people were eating their lunch. This allowed us to safely look at areas of the home that had previously been identified as a concern. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included six people's care records, medicine records, staff files in relation to recruitment and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We spoke with one person living at the service and four relatives by telephone in order to gain further feedback around the care delivered.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection in September 2019 the provider had failed to ensure risks to people were safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements in how they identified and managed risk, and there were also enough staff to support people safely. However, despite the improvements identified in relation to the management of risk and staffing levels, we were unable at this inspection to determine whether the current service provision could be sustained over time, should the number of people living at the service increase. The service was approximately 75% full, whilst it is acknowledged that the current staffing levels improved the safety of people, the service would need to demonstrate appropriate staffing arrangements over a defined period of time, to ensure that the sustainability of good care could be achieved for people. We therefore, at this time, have rated this key question as Requires Improvement.

Assessing risk, safety monitoring and management;

At the last inspection in September 2019 risks to people were not always assessed, monitored and managed to keep people safe. At this inspection, we found the provider had made improvements and risk assessments, documentation and competency of staff enabled people to receive safe care. This meant this part of the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

- At the previous inspection we found people's care plans did not always contain risk assessments that were current and could guide staff on the best way to mitigate risk and keep people safe. Prior to this inspection, we had also received information of concern stating that staff did not always recognise and act on people's changing health needs, and follow guidance put in place by health professionals.
- At this inspection we found staff knew people well and understood risks associated with their care. For example, around pressure care. Pressure mattresses were set to people's individual weight and staff knew how to check the information on care records and then to check the mattress setting. We were told this was the responsibility of the nurse on duty and the computer system would notify on the electronic audit system if this had not been done. Pressure damage risk assessments were completed to support this. There was information for staff about people who needed position changes and how often, and body maps had been completed when people had sustained an injury. These, where appropriate, were linked to a wound care

plan and showed the progress of the wound.

- Care plans contained information regarding people's mobility and falls risk. People were supported to stay safe and mobilise. Some people had sensor mats in place to help alert staff if the person needed attention and the director of care told us how they were receiving support from the local falls team.
- Where people had health conditions such as diabetes, seizures and specific feeding requirements, there was guidance and risk assessments in care plans. Staff had received appropriate training, had competency assessments in place and were following assessed guidance issued by health professionals to manage people's specific health needs. People's behaviours that may challenge were managed well. Staff supported one person, who displayed these behaviours, with kindness and dignity. They made sure the person was safe but respected their decision to decline support.
- One person told us they felt safe and well looked after at the service. One relative added, "I know my [relative] is looked after well, she's very safe at Sycamore Court".

Staffing and recruitment

At the last inspection in September 2019 we found the provider did not have enough staff to safely support people. At this inspection, we found the provider had increased the number of staff on duty and altered the deployment of staff to ensure people's needs could be safely met. This meant this part of the breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

- Staffing levels had been increased since the last inspection and staff had been deployed in a way that enabled staff to cover all floors of the service and support each other at times when care delivery was more busy.
- People and their relatives told us there were enough staff to meet their needs safely. One person told us, "There's always staff around when I need them". Staff confirmed the changes in staffing numbers and deployment was an improvement. One staff member said, "We have enough staff allocated now, it gets busy if anyone calls in sick, but we always get cover". Another staff member added, "Staffing is good, we're well supported". Our own observations supported this, and we saw people being attended to in a timely manner and staff responding to people's requests and needs. We were told agency staff were used as required and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Using medicines safely

- Medicines were managed independently on each floor. A system had been put in place which allowed staff on each floor to order their own medicines. Medicines were stored appropriately and there was no overstock. A member of staff told us they operated on a 28-day cycle, at the end of that time anything not used would be returned to the pharmacy.
- Medication Administration Records (MAR) had a photo and information about the person. Any allergies, past medical history and how they liked to take their tablets.
- There were no 'as required' PRN protocols detailed on people's individual MAR chart. However, these were recorded in people's care plans. Where PRN's had been given, we saw the reason why was not always recorded on the back. Where it had been recorded, those MARs seen had information about whether it had

been effective. We raised this with the director of care who told us the importance of recording PRN medicines will be reiterated to all staff.

- Medicines were given to people individually. We observed a member of staff administering medicines and explaining to people what their medicines were.
- Medicine audits had been introduced. These were completed monthly. Where shortfalls were found, the action taken had been recorded. For example, when a signature was found to be missed from the MAR the staff member was spoken with. They were able to confirm that the medicine had been given.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates. They were able to tell us what steps they would take if they believed people were at risk of harm. This included reporting it to the most senior person on duty or to the local authority safeguarding team.
- There had been several recent and ongoing safeguarding investigations carried out by the local authority safeguarding team. We saw evidence staff had assisted and complied appropriately with all investigations. Staff told us they had learned from recent safeguarding investigations and knew what to do and how to record any issues, for example if they found a bruise or skin damage on a person.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. The director of care showed us a system had been developed where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- Appropriate Covid-19 procedures were in place and being followed. A member of staff told us that housekeeping staffing had been increased to 18 hours a day, seven days a week, and the provider had employed new staff in order to ensure that infection control measures were robust. The service was generally clean and tidy, any smells were 'explained' and disappeared / reappeared throughout the day. Handwashing facilities and PPE was available.

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 the last inspection in September 2019 this key question was rated as Inadequate. At this inspection, this key question has now improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. Systems of quality monitoring and governance were not robust and there was a lack of leadership and a negative culture for staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements in how they monitored and delivered good care and supported and engaged with staff and people using the service. This meant the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. However, despite the improvements identified, we were unable at this inspection to determine whether the current service provision could be sustained over time. This is because many of the systems and processes put in place to improve the service have not yet been fully embedded and assessed to ensure they maintain continuous improvement. The service would need to demonstrate appropriate systems and processes and care delivery over a defined period of time, to ensure the sustainability of good care could be achieved for people. We therefore, at this time, have rated this key question as Requires Improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At this inspection we saw improvements had been made to the provider's oversight of the care provided and records. There was now an electronic quality assurance system in place, which included a number of audits and checks, such as the environment, medicines, training and supervision, care plans and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- We saw further improvements had been made since the previous inspection in areas including the environment of the service, the recording of the Mental Capacity Act and Deprivation of Liberty Safeguards, record keeping and the assessments of risk. The provider had also developed an ongoing action plan, detailing what action would be taken to drive improvement and ensure quality and safety at the service. Progress of this action plan was monitored by the management of the service. The action plan was practical and appropriate, however the delivery of the plan would need to be monitored over time, to ensure that the improvements identified could be implemented and sustained.

- The provider and staff were aware of the areas for development and improvement that were needed. They told us about the positive impact the improvements so far had on the home. One member of staff told us, "We have realised it's not your job and my job, it's our job". The director of care added, "There has been a lot of change and there is still a lot more that we have to do. We have excellent staff now and we're delivering good care".

- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic. People and relatives spoke highly of the service. Their comments reflected the kindness of staff and involvement of the provider. One person told us, "I was only supposed to come here for a week or two, but I've decided I want to spend the rest of my days here. The staff are amazing, so happy and helpful". A relative added, "The home has had its issues recently, but I'm confident things are going in the right direction. I don't want my [relative] to be anywhere else, I have no worries about her being there".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. Due to the lockdown these professionals were not routinely visiting the service, but were providing remote support and guidance.

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.