

Birmingham Association For Mental Health(The) Sycamore Lodge Residential Care

Inspection report

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Date of inspection visit: 17 November 2015

Date of publication: 19/04/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 17 November 2015 and was unannounced. At the last inspection on 16 October 2013 the provider was meeting the regulations we looked at.

Sycamore Lodge is a care home which is registered to provide care to up to 13 people. The home specialises in the care of people who have mental health needs. On the day of our inspection there were ten people living at the home.

A registered manager is in post. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse because the provider had effective systems in place

Staff received training so that they understood the different types of abuse and what actions were needed to keep people safe.

Summary of findings

People were protected from the risk of harm because risks to people were minimised

People were supported by adequate numbers of staff on duty.

People were supported to receive their medication as prescribed. Staff who administered medicines had received training in this.

People were supported by staff that had received the training and support they needed so that they could carry out their role effectively.

People were supported by staff that were kind and respectful. People were supported to pursue interest and hobbies that were of interest to them and encouraged to be as independent as possible.

People had access to food and drinks and were supported to have food that they enjoyed.

The provider had management systems in place to assess and monitor the quality of the service provided to people. However, they were not always effective at identifying where improvements were needed.

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.

Risk to people were assessed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place to minimise these risk.

There was an adequate number of staff to support people.

People received their medicines safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People's needs were met by staff that had the skills and knowledge to promote people's health. Staff received the support and training they needed to carry out their role.

People received enough food and drink that they liked.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well and understood that the things that were important to them.

People were treated with kindness and respect.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's needs and preferences

People were able to take part in activities that they enjoyed and were important to them.

People knew how to make a complaint if they were unhappy.

Good



Is the service well-led?

The service was not consistently well led

Systems in place to assess and monitor the quality of the service provided to people had not always been effective at making improvements in a timely way.

The registered manager was visible in the home and knew people well.

People benefitted from an open and inclusive atmosphere in the home.

Requires improvement



Sycamore Lodge Residential Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 17 November 2015 and was unannounced. The inspection team comprised of one inspector.

Before the inspection, we asked the 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 the improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we hold about the service.

During our inspection we met with seven of the people that lived at Sycamore Lodge. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who were using the service.

We spoke with the five people who used the service, the registered manager, two care staff, the cook and two health care professionals. We looked at the care records of two people, the medicine management processes and at records maintained by the home about the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Sycamore Lodge. They told us if they had any concerns that they would speak to staff or the manager. One person told us, “Staff don’t do anything to upset you.” Another person said, “I feel safe in my room, you can shut the door and nothing goes missing.” Another person told us, “I have no worries here.” We saw that people using the service looked relaxed and comfortable in the presence of staff.

Staff received training on how to protect people from the risk of abuse. Staff spoken with were knowledgeable about the different types of potential abuse and what action they would take if they saw anything that they thought placed the person at risk of harm. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people’s safety. The information the provider sent us and the records we hold show that no incidents had occurred since the last inspection.

People were protected from the risk of avoidable harm. One person told us that that staff talked to them about the things that they could do to reduce the risk to them from their lifestyle, but respected their wishes. Staff spoken with were knowledgeable about the risk to people from the activities of daily living. Records we looked at showed that risk to people had been assessed and plans were in place to minimise these risk. One person told us that they had expressed their concern for their personal safety when they went out into the community at night. In response the registered manager had arranged for a community police officer to come to the home and talk to people about how to maintain their personal safety in the community and provided panic alarms for people. The person said this helped to reduce their anxieties and helped them feel safer.

On the day of our inspection people we spoke with told us that there was enough staff on duty. One person said, “There is always someone around to help you.” Another person said, “They seem to be short staffed as they work

long hours, they are busy but it doesn’t affect us as there is always someone around.” The information we hold and what the provider sent us showed that there was a low ratio of staff to people who used the service. We saw that some people had low support needs, but other people had complex needs and needed more support from staff. In addition to supporting people staff were also responsible for all of the cleaning of the home, and on the days the cook didn’t work they also had to prepare meals for people. We saw that staff was busy. One health care professional told us, “Staff always seem to be busy, you don’t see many staff about but you can find one if you want one.”

We asked the registered manager how they ensured that there was enough staff on duty. They acknowledged that when the cook was off staff were stretched. They explained how they managed the rota. They told us that when people had appointments or needed additional staff support to do an activity they could put extra staff on duty. They told us that they were recruiting to a staff vacancy, and to ensure consistency any unplanned staff shortages were covered by permanent staff where possible. If permanent staff were not available the provider had their own bank staff they would use.

Staff told us that before they started work all employment checks were made. Records showed that Disclosure and Barring checks (DBS) were completed before staff started work. Other recruitment records were retained by the provider at the head office and were not available on the day.

People told us that staff reminded them to take their medication. One person told us, “I know what I am taking and I know what the tablets are for”. Some people were supported to administer their own medicines. The registered manager showed us the checks that were made to ensure that the risk were managed so that the person was safe.

We looked at the systems in place for managing medicines in the home and found that there were appropriate arrangements for the safe handling of medicines. Only staff who had received training was able to give medicines.

Is the service effective?

Our findings

People told us that they were supported to see the doctor when they were unwell. One person told us, "Staff calls the doctor for me if I am unwell." People had regular appointments with other health care professionals. For example, community psychiatric nurses, social workers, district nurses and psychiatrist. Records about people's mental health needs were well maintained... Staff were clear about the signs that people's mental health was deteriorating and knew what action to take. One person said, "Staff know me and help me understand when my mental health is relapsing."]

However, records about people's physical health needs were not always in place or sufficiently detailed. One person's records said that they should put their feet up. We saw that some staff did not encourage the person to put their feet up, while other staff did encourage them. This inconsistent approach could mean that there was a risk that the person's condition could get worse. We brought this to the attention of the manager who ensured that the person had the equipment available and encouraged them to use it. A health care professional said, "[Person's name] mental health has been stable since they have lived here. Staff are proactive so much so that [Persons name] will be able to live more independently." One health care professional told us that they had to prompt some staff to follow instructions a few times but now they were good at supporting the person. They then went on to say that the person had now improved and that were able to reduce the number of times they visited.

People's care was provided with their consent. Throughout the inspection we saw staff cared for people in a way that involved them in making choices and decisions about their care. For example, we heard staff ask people what they wanted to do and how they wanted to spend their time. We saw that people were supported to make a choice of how they spent their day and what they wanted to eat and drink. One person said, "I can go out when I want. I have a key to the front door." Another person said, "I decide what I want to do." Staff told us that they had received training in the mental capacity act and understood that people made their own decisions. The registered manager told us that one person had an invasive medical device fitted but that they kept removing this. This had resulted in the person

been admitted to hospital. The registered manager told us that they had recognised that they needed to consider the person's capacity around this intervention and would be arranging to involve other professionals to make a decision in the person's best interest.

Some people were subject to restrictions placed on them by the Mental Health Act. Staff spoken with was aware of what this meant for people. The registered manager had some understanding about the principles of Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there was no one at the home whose liberty had been restricted by a DoLS

People told us that the staff had the skills to meet their needs. One person said, "The staff are excellent". The staff we spoke with told us that they had the training they needed to do their job. One member of staff said, "We get lots of training, and we get reminders when refresher training is due." Another person said, "I have all the training I need." The provider had a record of the training they provided to staff and this showed that staff had received the training they needed to meet people's needs.

Staff all told us that they felt supported and the registered manager was approachable and had an open door. Staff told us that they had the opportunity to meet regularly with the registered manager or deputy manager. A staff member said, "I get regular supervision, I get feedback on my performance, the workload, training and plans for the next month." Staff also told us that regular team meetings were held where they would talk about what was happening in the home

People we spoke with told us that they liked the food. One person said, "The food is very good." Another person said, "The food is nice, we have a good cook. The cook will always cook you something different if you want it." People told us that they could access the kitchen to make drinks and snacks. We saw that people accessed the kitchen throughout the day to make their drinks and snacks. At lunch time we saw people were supported to make a meal of their choice. Some people prepared their own meals. One person told us, "I am learning to cook, with the cook. She helps me." Another person told us that they had been supported to do an NVQ in catering. Menus were planned and had considered people's known preferences, religious and cultural needs.

Is the service caring?

Our findings

We saw that staff spoke with people in a warm and kind way. One person told us, "Staff are helpful, They are about to talk with you." Another person said, "Staff are really nice." People benefited from a stable staff team, most staff had worked in the home for a long time and knew people well and understood when people were happy or becoming anxious. Staff knew the things that were important to people. We saw that the interactions between people using the service were caring and showed that staff had a good relationship with people. Conversations were warm, caring and respectful. One member of staff said, "We form a strong bond with the people using the service. It's really gratifying to see people improve and develop their skills."

"People we spoke with were happy with the care provided at the home, One person told us that they were happy at the home but wanted to move towards independent living. Staff spoken with was aware of this persons aspirations and were supporting them to develop their skills so that they could live more independently. People were supported to be independent. Some people were supported to do their own laundry and the on the day of inspection a second washing machine was fitted so that people didn't have to

wait to use these facilities. Another person told us that he had a weekly budget for food and shopped and cooked for himself. A health care professional said, "Staff have helped [person's name] to learn new skills and develop new interest and now they are ready to be able to live more independently."

People were supported to make choices and decisions about their care. Choices included how they spend their day, where they went and if they wanted their friends and family to visit them at the home.

People's privacy and dignity was promoted. People all said that the staff treated them with respect. People were addressed by their preferred name and saw that staff spoke to people respectfully. One person said, "Staff always knock your door before they come in." People all had single occupancy bedrooms where they could choose to spend time in private.

People were supported to maintain the relationships that were important to them. Some people told us that they could invite their friends back to the home, or if they told staff where they were they could spend the night with friends. People were dressed in individual style that reflected their taste and personality.

Is the service responsive?

Our findings

We saw that staff knew people well and knew what people liked. People had all been assigned a key worker. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. People told us that they met with their key worker regularly, planned what activities they wanted to do, and talked about their worries, health and wellbeing.

We saw that people had regular reviews of their care. One the day of inspection one person a review meeting. They invited us to attend the meeting. We saw that staff listened to the things that were important to the person, and from this they agreed a plan to help the person achieve their personal goals.

Staff supported people to celebrate important events. We heard accounts and photographs of one person's significant birthday celebrations. The photographs we saw showed that people had enjoyed themselves. Throughout our inspection we saw that people had things to do that they found interesting. One person said, "There is always plenty to do here." Another person said, "I go to my place of worship regularly. It is really important to me. People from

my place of worship come and visit me here." Some people told us that they had been out with staff to the Christmas market and had enjoyed a trip to Stratford. We saw people come and go freely throughout the day. Other people enjoyed drawing, reading the paper and chatting to each other.

People told us that they knew how to complain. They told us if they were unhappy they would tell the staff. People told us they had not complained as there wasn't anything to complain about. The provider had a complaints procedure in place. Information the provider sent us and records we looked at showed that the provider had not had any complaints in the last 12 months.

Residents meetings were held regularly. People we spoke with all knew the date of the next meeting and told us they talk about things that happen in the home and what they wanted to do. The registered manager told us the purpose of the residents meetings was to involve people in the running of the home. Records we looked at showed that these meetings were used by staff to discuss health and safety issues, such as not spilling drinks because of the risk of slips and fall and talk about things people wanted to do. The information that the provider sent us said that it was their plan to improve and develop further the ways that people were involved in the running of the home.

Is the service well-led?

Our findings

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included self assessment audits of medicine management, care records, health and safety and accident and incidents monthly. Not all the records of all these audits were available in the home, we were told that they were retained at the head office. The registered manager agreed to fax these to us for our consideration. However these were not received. The audits we did see did not show that these audits had not identified that some people did not have care plans in place for their physical health conditions. The provider had a system to address maintenance issues in the home. However, this was not always carried out in a timely way. We saw that the light at the top of the stairs was not working. A person told us that it hadn't been working for a couple of weeks. We saw evidence that the registered manager had obtained quotes to get the second kitchen refurbished but had not had a date from the provider for the work to take place. This would improve the environment for people. The provider's systems to ensure that there were sufficient requisites in bathrooms and toilets so people could maintain their hygiene were not effective on the day of the inspection.

The registered manager shared with us their thoughts about where improvements could be made. The registered manager recognised that some people living at Sycamore Lodge were ageing, and that some parts of the home were only accessible to people with full mobility. As people aged their health needs became more complex and they became more dependent upon staff. The registered manager told that the provider was considering how the service should develop in the future.

The registered manager has worked in the home for a number of years and knew people and staff team well. We saw that the registered manager was visible in the home. We saw throughout our inspection that the manager led by example guiding and supporting staff and modelling a positive response to people's needs. People we spoke with all knew who the manager was and said that she was kind and helpful. All the staff that we spoke with was positive about the registered manager. A staff member said, "I have respect for the manager." Staff member told us, "We work well as a team; it's a good team here. We work together to help people do what they want." Another staff member told us, "The registered manager is supportive of staff."

All the staff told us that the manager was very approachable and that they could speak with her at any time. They told us that regular staff meetings were held where they were able to talk about the service. All of the staff we spoke with was clear about the ethos of the service and they were clear about their responsibility to people.

Staff told us that there was an open culture in the home, and they felt comfortable to raise any issues with the registered manager. One staff member said, "I would be confident to tell the manager if I had made a mistake and know that she would be fair." All the staff said that the registered manager listened to them. Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing. Information the provider sent us showed that the registered manager was aiming to improve communication more in the next twelve months.