

Lakewood Limited

# The Sycamores Nursing Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Sycamores is a care home providing personal and nursing care for up to 84 younger and older people who may live with dementia, a learning disability, or physical disability. At the time of the inspection there were 61 people who lived at the home.

The home was purpose built and people live on three units over three floors, two which are predominately nursing care and one for people living with dementia without nursing needs.

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

Quality monitoring systems were being developed but there was scope to further improve these in some areas, for example in improving the consistency and accuracy of people's records and to ensure good practice was considered within medicine audits.

People's care plans and risk assessments, on most occasions, reflected people's needs and preferences although there were some inconsistencies found. However, staff were able to explain how they provided appropriate, safe care that reflected people's needs and preferences. People also expressed overall satisfaction with the care they received.

People were safe, and staff knew what to do to minimise risks to people as far as this was possible without infringing their rights. There were enough staff available to keep people safe and staffing levels were reviewed and changed to reflect changes in people's needs.

People were supported by care staff who had the skills and knowledge to meet their needs, although some staff did identify further training or guidance in specific health conditions would be helpful. People expressed confidence in staff skills and knowledge and staff understood, felt confident and well supported in their role. People's health care needs were met as staff worked effectively with health care professionals. People were supported to have maximum choice and control of their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to food and drink, with most people enjoying their meals, and the service offered specialist or culturally appropriate diets when needed.

People were supported by staff that were caring and expressed interest in them. People and the support they provided them. People received person centred care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop good relationships. People's privacy, dignity and independence was respected by staff.

The service was responsive to information from people and relatives. People could complain, and concerns

were listened and responded to by the staff. Complaints and comments were used as a tool to drive improvement of the service.

People, relatives and staff were able to share their views with staff and were involved in planning their care. People said they enjoyed their life at The Sycamores and said their care usually reflected their needs and preferences. People were able to follow their chosen routines and had access to a range of activities.

People said the registered manager and staff were approachable, listened and responded to them and acted on feedback they shared with them. The registered manager had demonstrated they were not complacent and had improved the service since our previous inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (report published 11 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# The Sycamores Nursing Home

## **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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and one specialist professional advisor who was a nurse.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second.

#### 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. This included feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with eleven people who used the service and four relatives about their experience of the care provided. Four people also completed feedback cards and returned these to us during the inspection. We spoke with eleven members of staff including the registered manager, deputy manager, two nurses, one senior care worker, three care workers, an activity co-ordinator, a maintenance operative and an administrator. 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 a range of records. This included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found with additional evidence provided in respect of the provider's systems for governance.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Most risks to people were assessed, However, some people's risk assessment were not always consistent with the safe practice staff carried out. For example, two people were transferred by staff with the use of equipment safely. However, people's moving, and handling risk assessments did not consistently reflect what staff knew and practiced. These risk assessments did not include a clear description of the correct lifting sling, or the colour loops to be used when connecting to the hoist. The registered manager assured us they would review all risk assessments, so this information was contained.
- Other risks to people, for example specific risk assessments for checking people's skin when this was at risk of damage were well documented and the provider had promoted positive risk taking.
- Staff demonstrated awareness of risks to people during our inspection. Staff provided care to people in a safe way.
- There were systems in place to ensure the premises and equipment were checked for safety on a regular basis by maintenance staff and/or external service personnel.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at the home. People's comments included, "I've never been mistreated or anything" and, "I feel safe here, the staff seem very nice".
- The provider had systems in place to safeguard people from abuse and the registered manager was able to demonstrate how these had been used. For example, systems were in place to monitor incidents and accidents and identify any matters that compromised people's safety.
- Staff were able to describe the systems in place to protect people from abuse and what may lead them to have concerns. One member of staff told us, "It could be unexplained bruises, changing behaviours or if people are not themselves".

### Staffing and recruitment

- People told us there was enough staff available to meet their needs. One person told us, "There's enough staff here". One relative commented they felt staffing was not as good on a weekend. They felt care was good however but their loved one may have to wait a little longer to get up in the morning.
- The registered manager told us, and staff confirmed, staffing levels were always under review and they would change based on people's dependency.
- Staff told us there was enough staff. One staff member said, "They [the provider] have improved staffing, although we still need some night nurses, although we do get regular agency nurses".

- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment choices.

#### Using medicines safely

- People were satisfied with the way their medicines were managed. Staff administered people's medicines safely, for example, they ensured they checked medication administration sheets (MARS) prior to administration and checked people had taken their medicine.
- Whilst recording of medicines administration was completed there was scope to improve some aspects of this recording in accordance with best practice. For example, recording the time of administration for time sensitive medicines, and double signing for administration of Schedule 3 controlled drugs. The registered manager assured us they would look at all areas related to medicines where we indicated there was scope for improvement.
- Two of the medicine's storage rooms were noted to be untidy with several medicines awaiting collection for disposal. The registered manager assured us these would be tidied, and medicines disposed of safely.
- People were supported with their medicines by trained staff that had their competency checked. Care staff told us they had received training on administering creams and ointments. One person told us, "My creams are applied as expected".

#### Preventing and controlling infection

- People and relatives told us the home was always clean. One person told us, "My room and bathroom are cleaned every day".
- The environment was visibly clean and smelt fresh. Staff who were knowledgeable about protecting people from the risk of infection, for example, by use of disposable gloves and aprons when required.
- We discussed, and the registered manager agreed, lifting slings should be individually allocated to people to reduce the risk of cross infection. The registered manager assured us individual slings would be sourced.
- The home had been awarded a five-star food hygiene rating by the Food Standards Agency.

#### Learning lessons when things go wrong

- The registered manager had monitored accidents and incidents and we saw this had helped with reducing the number of falls people had at the home.
- Information received from stakeholders had been used by the provider to assist with making changes and to help learning. For example, the staff used systems for monitoring incidents and accidents in accordance with local health commissioner's advice.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they moved into the home. This was done to make sure the service had the necessary facilities and resources to meet people's needs.
- Care plans and assessment tools did not always accurately capture people's care needs and dependency, and there were inconsistencies between care plans and monthly evaluations as to the number of staff needed to support people. Staff were however knowledgeable as to the level of support people needed despite these inconsistencies. The management team had commenced work on auditing people's records.
- People's protected characteristics under the Equalities Act 2010 were identified and adjustments made to accommodate these.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA and understood their responsibility to ensure people consented to their care.
- People were asked for their consent by staff and were involved in day to day choices and decisions. Staff interaction with people demonstrated people's consent was always sought.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received. It was not always clear from MCA assessments how

decisions to use restrictive practices such as locked doors, and bed rails had been reached. People we spoke with about these did not express concerns about restrictions. One person told us the bed rails were to make them safe.

- We saw family members had given consent on behalf of people without evidence of a Lasting Power of Attorney (LPOA) being in place. An LPOA is a legal document to designate people to make decisions on the behalf of a person, when they lack mental capacity. The registered manager assured us they would check on the status of all relative's legal status to make decisions on behalf of people.

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

- People had mixed views about the standard of food they received, but most people told us they liked the food. One person told us, "The food is beautiful and there's plenty of it, you can ask if you want something different".
- Staff were informed by colleagues of people whose fluid and food intake was poor, and these people were weighed regularly. People at risk of poor diet/fluid intake were encouraged to drink and eat often. However, intake of fluid and diet was not always recorded, which meant from records it was not always clear if people had received enough to eat or drink to keep them healthy.
- People told us they were encouraged to eat and drink. One person told us, "There is lots of support and encouragement with diet and fluids".
- People had a choice of food and drink with alternatives offered to people outside the menu.
- People who required modified diets had their needs met and staff were aware of the correct way to thicken fluids.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of core subjects such as safeguarding and moving and handling people. Nursing staff told us they were supported to maintain their professional registration.
- Staff provided care to people in a way that showed they had appropriate skills and knowledge. For example, we saw people being moved safely with lifting equipment and staff intervened appropriately when people were anxious.
- Some staff said they would benefit from input in specific health care conditions people had, for example, Parkinson's disease. The registered manager assured us they were exploring the options for numerous training/awareness sessions.
- New staff completed an induction programme and had a mentor. The induction included shadow shifts with experienced staff and competency checks before they worked without supervision. A Staff member said, "The induction was good, I have a booklet I'm working through".
- Staff received supervisions with their line manager and felt confident that any identified training needs would be addressed, and they also felt well supported.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to a GP and community nurses visited when needed.
- People were supported to access health care professionals through, for example visits to hospital appointments, but also had visits from professionals such as physiotherapists and opticians.
- Referrals to speech and language therapists, dieticians and tissue viability nurses were made when needed. Care plans were updated after these appointments, so staff knew what changes may need to be made in how they provided care.

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

- People's bedrooms were personalised and individually decorated to their preferences.

- There was signage in the home to provide orientation and support to people living with dementia and memory loss, but this was only in written form. There was planned refurbishment programme and people who lived living at the home were being asked for their input on colour schemes and decoration. The registered manager told us this refurbishment would consider how to make the environment more dementia friendly.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's records were kept either in their individual bedrooms or the nursing stations (behind closed doors) on each floor. People's records were stored in lockable cabinets, but these were not locked when staff were elsewhere, which raised the potential that records could be accessible by others. The registered manager told us they would address this matter as a priority.
- People told us staff showed them respect. One person told us, "Staff don't intrude and they adapt as you improve. Staff appreciate I like my own space".
- People were able to choose where they spent their time and could use their bedroom if wished. Staff also used screens to provide privacy for people in communal areas when transferring people to their chair for example.
- Staff routinely treated people in a dignified way and understood the importance of doing so. One person told us, "They [staff] have treated me with dignity and respect".

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

- People told us they were well treated by staff. Their comments included, "The staff are so lovely, they know what I like, and you can have a laugh and a joke with them, it's great" and "Very good treatment. The staff are caring and very good".
- Interaction between people and staff was warm and positive, which evidenced the presence of positive relationships between staff and people they cared for. For example, staff responded well to a person who was very anxious and stayed with them to offer reassurance.
- The provider employed staff who were bi-lingual and could speak with people whose first language was not English. These staff used these skills effectively when communicating with people in their preferred language.
- People were asked if they had a gender preference of the staff who supported them. One person who had not expressed a staff gender preference told us, "They (male care staff) are so nice and respectful you don't feel embarrassed at all".

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

- People told us they were able to make choices. One person said, "It's great here we have lots of choice".
- Staff offered people numerous choices routinely, for example when asking about their care, what drinks they wanted and whether they wished to participate in activities. Staff were also knowledgeable about the

importance of offering people choice.

- People and relatives told us they were able to express their views and staff would listen.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans were in the process of being developed and re-written by the management team to improve and further develop the level of personalisation.
- People told us they had been involved in planning their care and care plans were reviewed with them.
- People were placed at the centre of their care and compromises were reached to deliver prescribed care whilst considering their well-being.

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.

- Documents were available in large print and easy read formats and for speakers of English as a second language.
- Staff were aware of different methods of communication and gave examples of how people could be supported if they were unable to express themselves verbally, for example via writing.
- Communication between people and staff was positive and considerate of sensory loss, with staff facing people with hearing loss when talking to them.
- Notice boards on each floor provided information about activities and events, religious services and complaint procedures

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

- A person who used the service told us? "I have a good life and I'm happy here"
- Staff felt that care plans did not always provide them enough information about people's preferences and hobbies, their adherence to a religion, and any holidays they had particularly enjoyed. An activities co-ordinator told us they were gathering this information through talking to people and building relationships with them. A relative told us they (do you mean the staff had or the relatives had spoken to their loved one about preferences, hobbies and life.
- Staff used interactive technology to access news reels and films. These were used to prompt discussions as an aid to reminiscence. There were activities throughout the day and these were alternated in the different units. People were assisted to move between the units to participate in their preferred activity, and there were regular visits by entertainers and visits planned to attend Christmas concerts. People were also

support with religious observance with regular visits from or too local churches or temples.

Improving care quality in response to complaints or concerns

- There was a system in place for dealing with complaints and the registered manager handled complaints appropriately. When a complaint had been received we saw learning had taken place to improve care.
- People told us they were able to speak with staff or managers and raise any concerns

End of life care and support

- People had end of life support plans in place and had been asked if they had any wishes about end of life planning.
- People had 'do not resuscitate' orders in place and staff were aware of which people had request to not receive emergency care in the event of a cardiac arrest.
- The provider had used a bedroom to create a bereavement room where people who had lost a loved one could have privacy, consolation from staff if needed and advice (with numerous handouts available for people on bereavement and the practicalities following a person's death). In addition, this room could be used for relatives to stay near to their loved one when they were approaching the end of their life.
- People who were approaching the end of their life journey were prescribed anticipatory medicines to ensure they remained as comfortable as possible.

## 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 this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership, while now consistent was still improving. Leaders and the culture they created were still embedding systems to ensure the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and responsibilities. Staff told us they felt the service had improved recently. One member of staff said, "Since the manager and assistant manager appointment I feel like we are moving in the right direction".
- There were reviews of the quality of the service although some of these needed development. For example, documentation in care records was not always consistent or accurate, Information in risk assessments at times was contradictory, and where people were identified at risk of dehydration or malnutrition fluid and food charts were not consistently completed.
- There were different formats for recording medicines and medicine storage fridge temperatures on different units, and a nurse told us the re ordering processes for repeat medicines was more time intensive as some people's medicines needed ordering mid monthly cycle dependent on the GP they used.
- The registered manager told us they were aware they needed to improve people's records and they showed us records audits they had commenced at the time of our inspection.
- The registered manager demonstrated they had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was displayed at the home.

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

- People and their relatives offered positive feedback and told us the service met their expectations. One person commented, "Everything has been wonderful in all ways for me here".
- The management team were experienced staff who were committed to the service, the people they supported and the quality of the care they provided.
- The registered manager and staff were enthusiastic about improving the service to provide high quality care and support and achieve positive outcomes for people.

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

- People told us if there were any concerns they were able to raise these with staff and they would do their



best to resolve them.

- The registered manager understood they were required to be open about anything that may go wrong with people who used the service and their relatives. The registered manager fed back to people about what they did in the event they were unhappy and documented this so there was a clear audit trail.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the registered manager and staff were accessible and would listen to what they had to say.
- An activities co-ordinator told us how they were working to involve the wider community within the home, for example, involving local schools and making use of resources that people could visit, including dementia friendly cafés.
- The registered manager told us they had tried to engage with relatives through meetings with little success, but was now using social events, such as coffee mornings, which had met with more success and gave a chance for discussion.
- Staff told us they were able to share their views and we saw there were systems in place to assist with regular communication such as handovers and staff meetings.

Continuous learning and improving care

- The provider had worked with other professionals to develop better monitoring tools to learn from incidents that may occur.
- Learning from monitoring incidents had helped the service reduce the number of falls people had.

Working in partnership with others

- The provider demonstrated how they were using systems advocated by commissioners to assist with their monitoring of the safety of the service.
- The registered manager had worked with various external agencies, such as the Clinical Commissioning Group and a local hospice to source face to face training sessions for staff.