Prime Care (UK) Limited

Sylvan House Residential Home

Inspection report

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Tel: 01516081401

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09 May 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 3 and 9 May 2018. Sylvan House 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 home accommodates up to 20 people in adapted premises. It does not provide nursing care.

During our last inspection of the home on 24 February 2017 we found a breach of Regulation 12 of the Health and Social Care Act Act 2008 Regulated Activities Regulations 2014 because medication was not always managed safely. We also found a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 because there was no effective auditing system in place to drive service improvements.

During this inspection we found that improvements had been made to the management of medication and that regular audits were carried out to monitor the quality of the service. However, we found a breach of the Care Quality Commission (Registration) Regulations 2009: Regulations 16 and 18 because the provider had failed to notify CQC of deaths and other occurrences at the home.

The home had a registered manager. 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. The registered manager was not present during the inspection but the deputy manager and the provider were able to supply the information we required.

There were 13 people living at Sylvan House when we visited. There were enough staff on duty to ensure that people's needs could be met. Robust recruitment procedures had been followed when recruiting a new member of staff to ensure they were of good character.

All parts of the premises looked clean and there were no unpleasant smells. Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person, and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors. A programme of upgrading the premises was on-going, however there were areas where prompt action was needed for example in the kitchen and laundry.

Risk assessments were recorded in people's care notes and plans put in place to reduce the risks. These were reviewed regularly and kept up to date.

The manager had made DoLS applications to the local authority some while ago but none had been authorised. The deputy manager told us that this was being revisited and new applications were going to be

made. We recommend that this is done without delay to ensure that people have the protection they require.

People had a choice of meals and malnutrition risk assessments were completed monthly. People at risk were referred to a dietician.

A programme of staff training was in place but not all staff had completed the training.

People who lived at the home told us that the staff provided them with good care and support. We observed that staff were aware of people's individual needs and provided person-centred care.
People's personal information was kept securely

We saw information in the care plans about people's likes and dislikes. The care files we looked at showed that people had access to health professionals as needed. The care plans were written in a person-centred style and were kept up to date.

Regular meetings were held for staff and for people living at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mainly safe.

People's medicines were stored and handled safely.

There were enough staff to ensure that people's needs could be met. Robust recruitment procedures had been followed to ensure that a new staff member was of good character.

Maintenance records showed that regular health and safety checks were carried out. The kitchen, laundry and bathrooms required improvement.

Is the service effective?

Requires Improvement

The service was not always effective.

The staff worked within the principles of the Mental Capacity Act, however new applications for Deprivation of Liberty Safeguards needed to be made.

A programme of staff training was in place but not all members of the staff team had completed the training.

People had a choice of meals. Malnutrition risk assessments were completed monthly and people at risk were monitored.

Is the service caring?

Good

The service was caring.

People told us that the staff provided them with good care and support.

We observed that staff protected people's dignity and individuality by respecting their choices and preferences.

People's personal information was kept securely.

Is the service responsive?

Good

The service was responsive.

The care files contained person-centred information including assessments and plans for people's care and support.

The care files we looked at showed that people's health was monitored.

The complaints procedure was displayed and records showed that complaints had been responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had failed to notify CQC of important events.

The home had a registered manager who was supported by a deputy manager. The provider was also involved in the running of the home.

Regular meetings were held for staff and for people living at the home.

The manager completed a series of quality audits.

Sylvan House Residential Home

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.

We visited the service on 3 and 9 May 2018. The inspection was unannounced and was carried out by an adult social care inspector.

Before our inspection we looked at the information CQC had received about the service including notifications of incidents that the provider had sent us, complaints and safeguarding. We contacted the local authority to ask if they had received any concerns.

During our visit we spoke at length with two people who used the service, two family members and a professional visitor. We spoke with five members of staff and the provider.

We observed care and support in communal areas and staff interaction with people. We looked at people's care records and records relating to health and safety, staff and the management of the service.

Requires Improvement

Is the service safe?

Our findings

Two senior members of staff took responsibility for ordering, checking and auditing medicines. Six of the day staff were able to administer medication and three night staff. They had all completed a competency assessment. There was a spacious medicines room in the basement and medication was stored in two locked trolleys. There was a fridge in the room for medication requiring cold storage and the temperature of the room and the fridge were monitored and recorded daily.

We observed that administration of medicines at lunchtime was not rushed and people were asked if they required pain relief. One person we spoke with was able to tell us about the medication they were prescribed and said they always received this correctly and on time. Storage was available for controlled drugs but none were in use at this time. We saw good administration records with no missed signatures. Daily counts of medicines were recorded. Since our last inspection, clear written guidance had been put in place for all medication that was prescribed to be given 'as required' to ensure that the medication was given consistently. The healthcare professional we spoke with told us they had supported the home in setting up 'homely remedies' arrangements for non-prescription medication to be available for occasional use. The health centre's medicines management team had also provided support.

Two people we spoke with said they felt safe living at Sylvan House. They both told us that they felt they would be unable to keep themselves safe and well living in their own homes and appreciated the support of the home's staff.

The laundry was in the basement, accessible by a narrow, steep staircase. A separate basin for washing hands had been installed recently but the floor was in poor condition which meant that it could not be thoroughly washed and disinfected. The kitchen had been partly refurbished, but further work was needed as areas of the kitchen were in poor condition, for example cupboard doors broken. However, the home had a four star food hygiene rating and an infection control inspection in October 2017 recorded a score of 96%. The provider told us that these improvements were part of the development plan for the home, however there was no date fixed. We recommend that this work is carried out without delay.

A fire risk assessment was carried out by a specialist company in April 2018 and actions for improvement were identified. We saw evidence that these actions had either been completed or were underway, for example the maintenance person was replacing intumescent strips on fire doors at the time of this inspection. A weekly alarm test was carried out and monthly fire drills were held. A personal emergency evacuation plan was in place for each of the people living at the home.

The maintenance person was employed for 20 hours a week, plus more as needed. He carried out and recorded monthly checks including call bells, windows, fire doors, and water temperatures. Maintenance records showed that servicing and maintenance of utilities and equipment was carried out as required by external contractors and these were all up to date.

Risk assessments and risk management plans were recorded in people's care files. Accidents and incidents

were investigated and we saw evidence that action was taken to keep people safe. For example, one person had fallen out of bed and an extra low profiling bed had been obtained for them with an additional mattress placed by the side of the bed.

The home had 23 staff. The deputy manager told us there had been no use of Agency staff for seven years because members of the staff team were always willing to cover for sickness and holidays. There were three care staff and a senior on duty during the day and two at night. The manager and deputy were additional to the staff rota and worked alongside the care staff as needed. There was either one or two housekeeping staff each day and a cook between 7:15am and 2:15pm. We observed during the inspection that there were enough staff to ensure that people were kept safe and that staff were also able to spend social time with people.

The home had a low staff turnover and only one new member of staff had started working there since our last inspection. We saw that they had completed an application form giving details of their previous employment. Interview notes were on file together with a Disclosure and Barring Service report and two written references. There were records of an induction process and a probationary period assessment. The member of staff was working towards the Care Certificate.

The deputy manager was aware of how to make a safeguarding referral. She told us that all of the senior staff would contact the local authority duty team with any concerns, however they would always call her first for advice. If the staff had concerns about their managers they would contact the provider and they had done this. Staff had received training in the principles of safeguarding and how to raise an alert with local safeguarding teams; however some staff were overdue to update their training. We recommend that all of the staff team complete the training without delay.

Requires Improvement

Is the service effective?

Our findings

At our last inspection of the home we saw that the provider had a new training process that included accredited training modules to be completed by staff and then sent away for external assessment. More than a year later we found that some members of staff had not completed the training, for example fewer than half of the staff team had completed the training packs relating to safeguarding, mental capacity, and dementia. In addition, staff received practical training for first aid, fire safety, and moving and handling, and updates of these training courses were booked for May and June 2018.

The health professional we spoke with told us they had supported the home with training, for example about health monitoring and emergency healthcare plans. Senior members of staff who we spoke with told us they had qualifications including advanced diploma and NVQ level 3. Another member of staff told us they had done NVQ level 2, all of the training packs, and had recently attended a 'react to red' training session about pressure care. Records showed that the manager completed regular supervision meetings and annual appraisals for the staff team.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

The deputy manager had an understanding of the Mental Capacity Act. She told us that DoLS applications had been made for some of the people living at the home a couple of years ago, but not authorised by the local authority. The deputy manager had recently carried out mental capacity assessments, with good records of how decisions were made. She had identified a number of people who may require the protection of a DoLS. We recommend that the applications are made without delay to ensure that people have the legal protection they require.

The deputy manager told us they received referrals for admissions from a 'trusted assessor' at the local hospital. Information was provided by phone to speed the hospital discharge process. However whenever possible they preferred to visit the person and carry out their own assessment. Their main concerns were regarding the person's mobility and any possible aggressive behaviour which could not be accommodated due to the size and layout of the home.

People we spoke with enjoyed their meals. One person commented "We're well fed." Another person told us "If I don't like something I let [cook's name] know and she'll do me something different. I don't like chips and

she makes me mash instead." We spoke with the cook and she showed us an information sheet she kept for each person. She told us that she had a chat with each person monthly and updated the information as needed. One person had a particular diet and the cook was able to tell us how this was accommodated. Another person required a soft diet and we observed that they received this.

We had lunch with people and observed that there were menus on the tables. People appeared to enjoy their meal. Nobody required physical support with their meal, but one person received plenty of encouragement and was offered a number of alternatives.

One person had been seen by a speech and language therapist due to swallowing problems. They were prescribed food supplement drinks and also required thickened fluids. There were clear instructions for the staff regarding this. Some people had food and fluid charts to monitor their intake. We saw that these were well completed and staff were alerted to the charts by a note on the cover of their care file stating "I have a food/fluid chart."

One person we spoke with said "They get a nurse in if you're not well or they can get a doctor." Another person told us "I've had my feet done, first time for ages" People's care records showed that they received the medical attention they required.

We looked around the premises and saw that people all had their own bedrooms. The bedrooms varied in size and shape but were light and bright with big windows. Most carpets had been replaced with washable floor covering. Some of the remaining carpets looked worn but there were no unpleasant smells. Some of the furniture in people's rooms was tired and shabby. Bathrooms were also in need of refurbishment but there was a well-appointed shower room on the first floor. The exterior of the building had been painted and new windows fitted all round.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the staff. One person described the deputy manager as "fantastic" and the staff as "lovely". They told us "If I've got a problem I can talk to them. We couldn't ask for better staff, they're lovely, just a hug now and again." Another person said "They take me shopping. I'm going to redecorate my bedroom and get a new DVD player. I've no problems with any of the staff."

The health professional we spoke with was a regular visitor to the home. They told us they visited a number of care homes and said "This is one of the best, people are really well looked after." They considered that people were always treated with respect and dignity, for example they were never asked to examine people in the lounge (which happened at some homes) but people were always taken to their bedrooms. They had observed that people had "treats", for example choc ices on hot days.

The relatives we spoke with were also regular visitors to the home. They told us they had no concerns about the care and support their relative received and said "Staff do their best with him."

Staff we spoke with demonstrated knowledge of the people living at the home and respect for their individuality and vulnerability. It was evident that each person received care and support in a way that was individual to them. For example, staff told us about how they had supported one person to regain independence "It's all about compromise with [name], he's much less challenging now. He's picked up with personal hygiene." Staff had found out that a person who was having a short stay at the home was frightened of water and they had to ensure her eyes were covered when having a shower.

One of the staff we spoke with said he felt he knew people's likes and dislikes and how they liked their care to be provided. There had been one lady who didn't like to have personal care from a male carer but all of the others were fine with him providing personal care.

Although the home is registered for 20 people, the deputy manager told us that two large bedrooms, big enough to accommodate two people, would not be shared unless people specifically requested this. Some people's bedrooms had a lot of their own belongings that they had brought with them.

People's bedroom doors had their name on and a picture of them. One person did not have a photograph on their door and the deputy manager told us that the person did not recognise themselves in a photograph and became upset. A picture of the person's favourite musical instruments had been chosen instead. We were able to meet this person and their spouse and they were very cheerful. They enjoyed listening to music and having a dance together.

We saw that most people spent the day sitting in the lounge but people could also choose to spend time in their bedroom. One person told us they were able to go out on their own and sometimes stayed overnight with a friend. We noticed that one person sitting in the lounge was wearing headphones so they could listen to music of their choice. The home had a small old dog that people seemed to respond positively to, and one person had birds in a cage in their bedroom.

We saw that people's personal information was kept in the manager's office on the top floor of the home and in a locked cupboard in the dining room. This meant that the confidentiality of information was protected.

Good

Is the service responsive?

Our findings

We looked at the care files for three people who lived at the home. We found that they described people's care and support needs in a person-centred style that reflected the individual. Assessments and plans were reviewed monthly and adjustments made for any changes that had occurred.

A nurse practitioner from the local health centre where most people were registered visited every week and was also available by phone for advice. They told us "They are so competent for a care home, better than some nursing homes."

District nurses visited every day to support people with specific health needs. They ensured that people had the equipment they needed for example profiling beds and pressure relieving mattresses. This helped to ensure that people's needs could be met within the service.

The deputy manager told us that the home was now on the 'tele-triage' system for requesting a medical visit. Before requesting a visit they were required to check the person's temperature, pulse, blood pressure and oxygen levels. Health professionals had provided training about this for the staff. The deputy manager had also instigated a weekly blood test for a person who had diabetes controlled by diet.

The deputy manager told us that the staff team was usually able to support people who were already living at the home with end of life care. A member of staff said "We try our best to keep people here." They had very good relations with district nurses and GPs who were able to support them with equipment such as a syringe driver for pain relief. They told us that when someone was at the end of their life, every member of staff would come into the home to sit with them or to support their family.

The home's complaints procedure was available for people in the entrance area and advised of who people could contact if they had any concerns. The manager had kept a record of complaints she had received and action taken. CQC has received no complaints about this service.

The home had a part time activities co-ordinator. They encouraged people to get involved in activities such as painting, karaoke and Bingo. They also arranged celebrations for birthdays and special times of the year and events. One person who lived at the home told us "Someone comes in to sing sometimes and [activity organiser's name] does a game of Bingo or a quiz or they do your hair."

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was not being done.

This was a breach of the Care Quality Commission (Registration) Regulations 2009: Regulations 16 and 18 because the provider had failed to notify CQC of deaths and other occurrences at the home. CQC had received only one notification from the service since 2015.

The home had a manager who was registered with CQC and had been in post for several years. The registered manager was not present during the inspection but the deputy manager and the provider were able to supply the information we required.

The provider visited the home every two or three weeks and was on the phone to them every day. It was evident that he was known to the staff and the people who lived at the home and members of staff told us that he was approachable.

The provider had commissioned an audit of the home by a consultant in March 2018. We were able to read the report produced which was comprehensive and in-depth. Areas for improvement were identified and an action plan written with a follow up in April 2018. A number of actions were already completed.

The management team carried out regular checks and audits. These included a monthly accident audit, various medication audits, hand-washing observations, care plan audits, monthly menu reviews, and checks of infection control, fire, and complaints. A three monthly health and safety audit was good and detailed and had last been carried out during March 2018. However, we found that the manager had not ensured that all staff had completed the provider's training programme and had not ensured that DoLS applications were submitted in a timely manner.

The home had a low staff turnover and in many ways functioned as an extended family. During our inspection at least two staff were in the home on their day off. A senior member of staff told us "I've left a couple of times but I always come back, there's such a nice atmosphere." They said "The manager is good, she listens to us. You can always call someone for advice. We always have enough staff because we are always willing to cover." Another senior member of staff said "The manager is very approachable and the deputy is brilliant."

The deputy manager said "We have handover meetings morning and evening and I always see all the staff. We're always with each other, we're like a family." Staff meetings were held as and when needed. There had been a staff meeting in April 2018. There were also regular resident and relative meetings but only three people had attended the most recent one.

The culture of the home was the same as we had found during previous inspections, warm, friendly and

welcoming. We found that the senior staff were keen to learn and spent time finding information on the internet to help them understand people's needs and medical conditions.

The home had policies and guidance for staff regarding areas such as safeguarding, whistle-blowing, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was displayed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The provider had failed to notify CQC of deaths that had occurred at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to inform CQC of notifiable incidents that had occurred at the home.