

Sycamore Cottage Rest Home Limited

# Sycamore Cottage Rest Home Limited

## Inspection report

Skippetts Lane West  
Basingstoke  
Hampshire  
RG21 3HP

Tel: 01256478952

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Sycamore Cottage Rest Home Limited is a residential care home providing personal care and accommodation to up to 20 people. The service provides support to younger and older adults living with dementia or a mental health diagnosis. At the time of our inspection there were 15 people using the service.

The care home accommodates people in single bedrooms over two floors of a converted residential building. There is a stairlift for people to access the second floor. The communal facilities include two lounges and a dining room. There are communal gardens at the rear and side of the home.

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

Overall people were happy with the care provided, although they wanted to see more activities, especially a knitting club. They told us they were cared for safely and received their medicines as required. They also told us the home was clean. They felt they could speak with staff and the deputy manager.

The provider had identified improvements were needed to ensure people received their medicines safely through their medicine audits and action was taken. Staff were updating their medicines training on the day of the site visit.

We were assured by most aspects of the provider's infection control processes. However, there was pressure on cleaning staff which was being addressed. Although the home was visibly clean, there were gaps in some cleaning records. Actions have been taken to address this.

People had the equipment they required to ensure the safe provision of their care, relevant safety checks were completed and any repairs arranged as required. The building was secure for people's safety and where restrictions were in place upon people's freedoms, legal authority had been sought.

There had been a change in management, the registered manager had recently left. There were suitable arrangements in place whilst the provider recruited a new registered manager.

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 good (published 5 February 2020).

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about medicines, infection control, equipment and a change in management. The overall rating for the service has not changed following this targeted inspection and remains good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Sycamore Cottage Rest Home Limited

## 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 Health and Social Care Act 2008.

This was a targeted inspection to check on concerns we had about medicines, infection control, equipment and a change in management of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was complete by two inspectors.

#### Service and service type

Sycamore Cottage Rest Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sycamore Cottage Rest Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The registered manager had left in June 2022 and needed to apply to CQC to de-register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

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. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, a relative, the provider's external trainer and two visiting health care professionals. We also spoke with three care staff, a carer/cleaner, the deputy manager and the provider's external consultant.

We spent time completing observations and checked the cleanliness of the service. We observed staff's interactions with people and a medicine round. We reviewed people's medicine administration records and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had about medicines, infection control and equipment. We will assess the whole key question at the next comprehensive inspection of the service.

### Using medicines safely

- Prior to the inspection we had received concerns about medicines administration. At inspection we found most staff had completed the provider's online medicines training, but not all staff had been signed off as competent to administer medicines. The provider's medicines audit had identified that some nights there had been no staff on shift who were competent to administer medicines, which had led to a delay in people receiving their morning medication and breakfast. The provider was taking action to address this by training and competency assessing more night staff and reviewing night staff rotas to ensure people received their medicines at the times prescribed.
- Most people had protocols for medicines they took 'as required', however, we noted two people's protocols were not in place. This had been identified in the medicines audit and was to be addressed by 30 September 2022. We raised this with the deputy manager and the consultant and this was actioned by the end of the site visit.
- All medicines, except for topical creams, were stored securely and safely. However, people's topical creams were centrally stored, in a communal area overseen by staff. The cupboard was lockable, but the key was not available, we found it was not locked. We spoke with the deputy manager and the consultant and a new cupboard was purchased.
- People's medicine administration records (MAR) were complete. Staff completed a daily MAR audit following recent medicine errors, to ensure there was a second check on these records. People told us they received their medicines as they needed them.
- The external trainer explained to us the safety checks staff were taught to complete before they administered people's medicines. Staff administering medicines wore a red tabard, to make everyone aware they should not be disturbed. The provider's medication policy referenced best practice guidance, however, it needed to be dated, to show when it was written and the required date of review.
- People who lacked capacity to consent to the administration of their medicines covertly, had been assessed to determine what was in their best interests

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was short of one cleaner, a replacement was being recruited. This had placed pressure on the remaining two cleaning staff. The service appeared visibly clean to an adequate standard. People confirmed their bedrooms were clean and they felt the service was clean. However, there were gaps in some of the cleaning records to demonstrate cleaning had taken place in accordance with the provider's cleaning schedule. We spoke with the deputy manager and the consultant and evidence was provided of the actions they had taken to ensure cleaning records are consistently completed and checked. We also found there was an inconsistent approach to managing the laundering of people's bedding. The provider has since acted to address this. We have also signposted the provider to resources to develop their approach. Where we identified environmental issues, we were assured the provider was already aware of these and actions were being taken. For example, in relation to the clinical waste collection and bath hoist erosion.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. The last infection control audit had been completed in February 2022. Following the site visit, a further two audits were completed and areas for improvement identified and an action plan implemented. This included the appointment of a new infection control lead for the service.

#### Visiting in care homes

- The provider had a visiting care homes policy and people were encouraged to have visits from their loved ones. Processes were in place to facilitate safe visiting. We observed visitors wore face masks.

#### Assessing risk, safety monitoring and management

- People had the equipment they required to ensure the safe provision of their care, for example, sensor mats. The equipment supplied for the provision of people's care was properly used and maintained, staff received training in its use. There had been issues recently with some items of equipment, but records showed actions had been taken to ensure the required repairs and safety checks were completed.
- The premises were secure, to ensure no unauthorised access and staff were aware of people's whereabouts. The exits to the building and internal stairwells had keypads in place. A person who had capacity to retain the internal code, told us they could use it to go up and down. The rear garden which people accessed was secure. People confirmed they felt safe in the care of staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were met.



- Where people were unable to consent to their care and accommodation, we saw relevant applications were made to the authorising body. There was a clear system in place to identify who was subject to a DoLS authorisation and when this expired. Where applications had been made and not yet granted, we saw evidence contact was made with commissioners to follow up on the progress of pending applications.

# 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 our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check a concern we had about management. We will assess the whole key question at the next comprehensive inspection of the service.

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

- The registered manager had left in June 2022. The provider was in the process of recruiting to this post.
- The deputy manager was running the service in the interim, with both in-person support from the provider's external consultant, who was on-site several days a week and off-site support from them on the remaining days. The deputy manager had a good working knowledge of the home, having been internally promoted 18 months ago. People told us, "[Name of deputy] is managing at the moment. She's doing a good job" and "I think it's fairly well run." The consultant who had worked with the provider for a number of years, planned to continue to support and oversee the service once a new registered manager was appointed, whilst they settled into their new role. The provider had also recognised the need to strengthen the management team and provide sufficient daily support to the deputy manager. Two of the care staff were in the process of being promoted to senior carer roles, to address this need. The three of them reported it was hard work, but they were working together as a team.
- The deputy manager and the consultant both had a good understanding of the challenges in relation to recruiting a registered manager and staffing, which underpinned the issues we identified in safe. Staffing was under pressure, despite a recruitment drive. This meant the service had been more dependent on agency staff, which had placed additional pressure on the permanent staff team. The risks associated with this had been mitigated by reducing the number of staffing agencies from two to one and agency staff were re-booked for continuity wherever possible. Some of the required staff had recently been recruited and were undertaking their training prior to starting their roles, whilst other roles were being advertised.
- People told us they felt more opportunities could be provided, in addition to the entertainers who visited, to enhance social activities and relationships within the home. The provider was aware of this need and was recruiting an activities co-ordinator to work with people to identify their preferred activities. In the interim there was an additional member of staff one day a week, to focus on activities with people. Following the site visit, the provider informed us a senior member of staff had been designated as the well-being lead, to provide leadership and direction to the staff team. They had also instigated a 'Resident of the Day' programme, to provide a focus each day on an individual.