

Pro Care Homes Limited

# The Sylvester Care Centre

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 02 May 2017 and was unannounced.

At the last comprehensive inspection in 17 and 19 February 2016 the registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to unsafe management of medicines and was rated as Requires improvement. We carried out a focused inspection visit on 31 January 2017 and checked what progress had been made in relation to improving the safety of people's medicines management.

During the focused inspection on 31 January 2017, the service had demonstrated improvements. However we needed to see these were sustained so the rating was not changed at that inspection.

On this inspection those improvements had been sustained and the service is no longer rated as requires improvement for any of the five key questions.

At the last comprehensive inspection people gave mixed views about meals, the design of the home was not geared towards dementia, activities were limited and there were no formal ways for people to give their views of the home. At this inspection these areas had improved and people were more satisfied with care and routines in the home.

The Sylvester Care Centre is registered to provide personal care for up to 25 people whose needs are associated with their mental health. The home offers support for life and does not offer rehabilitation services. There are twenty one single rooms and two double rooms, eleven of which have en-suite facilities. All floors have a range of bathrooms and toilets in close proximity to people's bedrooms and communal areas. The home is situated close to local amenities.

At the time of the inspection visit twenty five people lived at the home.

There had been a change of registered manager since the last inspection. The new manager was an experienced member of staff who had been part of the management team for some time. They were registered with the commission the day after the second day of the inspection visit. 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.

Although a small number of people had limited verbal communication and were unable to converse with us, we were able to speak with eleven people who lived at the home.

People told us they felt safe at The Sylvester. One person said, "The staff are good here. They make sure I am

safe and well." Another person told us, "It's a very good place. Staff keep us safe." Procedures were in place and risk assessments completed to reduce the risks of abuse and unsafe care. People told us staff were friendly and helpful. They told us they were treated with respect and valued.

We looked at how medicines were managed as a member of staff had left the medicines trolley unattended on the last comprehensive inspection. On this inspection staff managed medicines competently and ensured they did not leave them unattended. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

We looked at how the home was staffed. People said there were enough staff to support them well and give them help when they wanted this. We saw there were enough staff to provide safe care and supervision.

We looked at the recruitment of three recently appointed members of staff. We found appropriate checks had been undertaken before they had commenced their employment. This reduced the risk of appointing unsuitable staff.

Staff had been trained and had the skills and knowledge to provide support to people they cared for. They received regular support and supervision from senior staff.

Infection control practice was good and staff had received training in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were complimentary about the meals and told us they enjoyed them. People were offered a choice of nutritious meals. One person said, "I always enjoy the food. I am having potato pie for lunch."

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. The environment was clean and hygienic. There were no unpleasant odours.

We observed staff providing support to people during the inspection visit. We saw they were kind and attentive and cared for people safely. One person told us, "Everything is good here. The staff are good and care."

We saw staff acted promptly to manage people's health care needs. Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

Most people felt social and leisure activities had been improved, although they told us they would like more.

People said they knew how to complain if they needed to. They said any comments or complaints were listened to and action taken.

People told us the registered manager and staff team were approachable and supportive and listened to their views. Staff told us the registered manager was motivating and enthusiastic.

We found systems and procedures were in place to monitor and assess the quality of the service. These included seeking views of people they supported through informal discussions and satisfaction surveys.

## 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 ●

We found that action had been taken to improve safety.

People said they felt safe and care was provided in a safe way using good practice guidance.

Staff were aware of safeguarding procedures and knew the action to take to protect people from the risk of abuse.

Appropriate arrangements for medicines management and practices were in place for storing, giving, recording and monitoring people's medicines.

Staffing levels were sufficient to support, monitor and supervise people safely and staff were appropriately deployed to provide safe care.

Recruitment procedures were safe and robust.

### Is the service effective?

Good ●

We found that action had been taken to improve effectiveness.

Procedures were in place to enable staff to assess people's mental capacity.

People had consented to care and were supported to manage their healthcare needs effectively.

People were offered a variety of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were trained in care. This helped them to provide support in the way the person wanted.

### Is the service caring?

Good ●

Caring remains good.

People we spoke with told us that staff were kind and caring and provided support and supervision as people needed.

People's privacy and dignity was respected by staff and people received a personalised service.

Staff took into account people's individual needs and choices when supporting them.

### **Is the service responsive?**

**Good** ●

We found that action had been taken to improve responsiveness.

Most people felt social and leisure activities had been improved although several people wanted more. There were plans to further develop these.

Staff were welcoming to people's friends and relatives.

Care planning was personalised, accurate and up to date.

People were aware of how to complain if they needed to. They said they felt any concerns were dealt with.

### **Is the service well-led?**

**Good** ●

We found that action had been taken to improve the leadership at the home.

People we spoke with felt the management team were approachable and willing to listen to them.

People who lived in the home and staff said they were able to give their opinions on how the home was supporting people.

Quality assurance audits were in place which highlighted issues and the registered manager acted on these.

# The Sylvester Care Centre

## **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 2 and 4 May 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at The Sylvester Care Centre had experience of services that provided support to people with mental health difficulties.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included eleven people who lived at the home, the registered manager and five members of staff on duty.

We looked at care and the medicine records of three people, staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

At the last comprehensive inspection in February 2016, we found breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines management. Staff had left the medicines trolley unattended on occasions and sufficient gaps were not always provided between doses of pain relief. Neither did people with communication difficulties have pain assessment tools. We asked the provider to take action to make improvements and at the focused inspection in January 2017 this action had been completed.

We carried out a focused inspection in January 2017 to check if the breaches had been met. We saw medicines were not left unattended. We saw there were safe amounts of time between giving pain medicines, so pain relief was most effective. Pain tools were in use for 'when necessary' pain medicines, where people had limited communication and staff had been taught how to use these.

On this comprehensive inspection we saw the medicines improvements had been sustained. We spoke with people about the management of their medicines. They said they were given medicines as prescribed at the correct times and pain relief when needed. Staff told us people could manage their own medicines with support if able to do so. One person told us, "I manage my own medication, I store it in my room, it's locked away." External and internal medicines audits and competency checks had been completed and prompt action taken where needed. These measures demonstrated staff provided safe management of medication.

People said they felt safe at Sylvester care centre. One person said, "I feel safe here and the staff manage situations well." Another person told us, "I lived in another home before but thought this was better as it had help, I feel safer."

Procedures were followed to protect people from abuse and unsafe care. Staff were aware of how to raise a safeguarding concern. We asked staff how they would deal with unsafe care or a suspicion of abuse. They were able to tell us how they would deal with a safeguarding issue to reduce risks for people.

At the last comprehensive inspection in February 2016 we saw people were restricted by the practice of keeping the main doors locked and accessible by staff keys only. Since then the management team had checked with each person and recorded that people were content with this. People we spoke with said they did not mind the door being locked and several people told us they felt safer with it locked. One person said, "If I go out I let the staff know and they make a note of it. They need to know I am safe and they won't worry." The registered manager said they would continue to check people were still comfortable with the door being locked.

We looked at three care records. These had risk assessments in place including for falls, moving and handling, smoking, and behaviour that challenged or could be harmful to the individual or others. These provided guidance for staff.

We talked to the registered manager and staff about the strategies in place for managing behaviour that

challenged. We looked at the care records of people who had behaviour that challenged. There was guidance to help staff provide consistent responses and to reduce the behaviour and staff were familiar with this.

The registered manager told us of a situation where one person's behaviour could have put others at risk. They had taken action to reduce the risks and asked for support from other professionals to manage the risks involved. We observed a member of staff diffusing a potential situation by talking calmly to an individual. They explained why they were trying to help the person, in a clear and quiet voice and reassuring manner.

The registered manager discussed how they reviewed accidents or incidents. We saw staff had recorded information about accidents and incidents and the actions they had taken to manage these. These included checks for triggers to, or patterns in the accidents or incidents. One person said, "If people have an accident the staff are very quick at dealing with it. The staff are on the ball."

We looked at the home's recruitment procedure and checked two staff files to see if there was a full work history, references and DBS checks to reduce risks of appointing unsuitable staff. These were all in place before the members of staff were allowed to start work in the home.

We looked at how the home was staffed to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at The Sylvester and staff, checked staff rotas and observed throughout the inspection visit whether there were enough staff to provide safe care. People told us staff were available when they needed them and responded to requests for assistance promptly. We saw people had easy access to call bells in their bedrooms so they could summon help when required. Staff we spoke with told us there were adequate levels of staff to support people.

We looked around the home and found it was clean, tidy and maintained. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained. Staff used safe infection control practices and personal protective clothing such as disposable gloves and aprons when carrying out personal care. This reduced the risk of cross infection.

We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines. At the February 2016 inspection the water in the wash basins had been turned off in particular rooms as the individuals left the taps on and flooded the rooms. Renovation was ongoing and the newly registered manager said they would look at self-closing taps for these rooms as part of this.

We saw records confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. Legionella checks had been carried out.

The lounge and dining areas of the home had been redecorated. However when we looked around the home on the first day of the inspection visit décor in bedrooms and corridors was tired and worn. Floor coverings in some bedrooms had small rips and several window panes were blown preventing clear vision out. People told us their opinions of their rooms. These were mixed. While some people were pleased with their rooms, others were less satisfied. Comments included: "My room is very comfortable, very nice and big." And "I am quite happy with my room." Other people told us, "It's alright but needs repainting and doing up." And "Not too bad but a bit shabby." On the second day of the inspection the registered manager had arranged for bedrooms and corridors to be decorated and this work had started.



A fire safety policy and procedure was in place, which outlined action to be taken in the event of a fire. People had personal evacuation plans in place. A fire safety risk assessment was in place. The fire alarm and fire doors had been regularly checked to confirm they were working so the risk of fire was reduced as far as possible.

## Is the service effective?

### Our findings

At the last inspection there were mixed views about the food and whether people could have drinks and snacks when they wanted. However on this inspection almost everyone we spoke with were complimentary about the meals and said they were varied. Comments included:

"The food is excellent and plenty of it.", "The menu varies there's always a choice. I have no complaints with the food", "If there is nothing I fancy then [the chef] will usually find something else for me.", "The food was 99% good, there were two chefs and they are flexible." And, " The portions are good and we get plenty to eat."

One person said they were not always happy with the food and stated, "The food could be better it's not as attractive as it could be and sometimes it's cold." We spoke with the registered manager who said they would ask people their views on meals again.

We saw in the dining room there was a menu board with a variety of choices written down. The choices were both hot and cold options. People told us the chef came around each morning to ask what they would like for lunch. Staff were aware of who required special diets and those with allergies, They knew who were at risk of obesity or malnutrition and there was information about people's likes and dislikes

We observed lunch. The lunchtime meal was well presented. Staff did not rush people and made the mealtime a social occasion. We saw staff encouraging one person who was reluctant to have their meal to eat some of it. Drinks and snacks were offered to people at regular intervals, throughout the inspection. People told us they were able to get drinks whenever they wanted. One person said "People can have a drink whenever they want, you only have to ask, some people get their own but I prefer the staff to make mine."

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. We saw the chef made checks to ensure the effective management of food safety. Staff had maintained records of food temperatures and fridge and freezer temperatures to make sure food was stored and served at the correct temperatures.

People told us their specialist dietary, mobility and equipment needs had been discussed with them and were recorded in care plans. They told us their healthcare needs were monitored and met promptly by staff and health visits were quickly arranged when needed. One person said, "If someone needs to go to hospital a member of staff will go with you." Another person told us, "If you are feeling poorly you can ask to see the doctor and they will ring for you." Care records seen confirmed people had visits from or visited GP's district nurses, chiropodists, optician's clinics and hospital appointments.

At the last inspection we found the home was providing care for several people living with dementia. However the home was not designed or adapted to meet their needs and maintain their independence. On this inspection there had been some improvements to the design of the home. Also almost all people who lived at The Sylvester had enduring mental health needs rather than dementia.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

All except one person told us they were confident that staff were well trained and knew what they were doing. One person told us, "There are a lot of different people with different problems but the staff are able to deal with people in different ways and are well trained." Another person said, "They know how to help me. They know what they are doing." Also, "The staff are well trained in dealing with people who are upset and can calm situations." One person disagreed and felt staff did not know about their health needs. However this did not reflect our experience when we talked to staff on inspection.

We saw staff training was up to date. We talked with staff and saw the training matrix which identified when training had been completed and when training needed renewing. Staff spoken with told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Other training included safeguarding vulnerable adults, medication management, Mental Capacity Act and Deprivation of Liberties, mental health, dementia, fire safety, and infection control.

Staff told us they received supervision and appraisal and felt supported by the management team. Supervision records confirmed this. One member of staff said, "It gives us a chance to talk about things, like any ideas for the home or changes we would like." Supervision is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring and considerate and looked after them well. We spent time in the lounge and dining areas observing how staff interacted with people and the way they provided care and support. People appeared relaxed and comfortable in the company of staff. We observed staff talking with people as they went about their duties and engaging them in conversation and activities. They responded promptly to any requests for assistance. One person said, "The staff are smashing, it's a good place. The staff are brilliant at their job." Another person told us, "I have been in three homes and this one is the best so far".

Staff understood people's requirements in relation to their human rights. This included respect for people's family, personal and sexual relationships and their diverse cultural, gender and spiritual needs. They were aware that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion. We saw people's individual preferences were respected in the way they were supported. One person did not like their room cleaned or people moving their things. The person and staff had come to an agreement that staff cleaned the room on an agreed day of the month. This meant the person could put their things away and be involved in the cleaning if they wanted.

Staff were familiar with people's care records which assisted them to people's preferences, preferred form of address, life history, likes, dislikes, care and support needs and wishes. We saw their personal information was confidential but accessible to them.

People told us staff were respectful and polite when they provided support. One person said, "I love the staff. The staff respect me and listen to me and help me." We saw staff knocked on people's bedroom doors before entering and shutting doors when they provided personal care to ensure people's dignity and privacy. People looked cared for, dressed in the way they wanted and well groomed.

Information was available to people about how to get support from independent advocates. This was particularly important so people had a 'voice' where they had no family involved. This enabled them to be represented by someone independent of the home who could act on their behalf if needed.

Links with and support from health and social care services were in place. We had responses from external agencies including the local authority contracts and commissioning team and health care professionals. Comments received from other professionals suggested that the service was starting to improve. These responses helped us to gain a balanced overview of what people experienced at Sylvester care centre.

## Is the service responsive?

### Our findings

At the last inspection people told us there were few social and leisure activities. We recommended the registered provider developed a person centred, flexible way of working, and provided suitable person-centred activities within the service or in the community.

On this inspection care was more personalised. There had been an increase in social and leisure activities, although some people still felt there was not enough going on. One person said, "It's boring, I like to go out. They don't put anything on that would interest people." Other people told us there were more opportunities to get involved in games and to go out especially to the shop or for walks. The registered manager said they wanted to further develop activities and opportunities to socialise. They had asked people if they would like to join in with activities and what things they would like to do. One person told us they had started caring for plants in the garden areas.

We observed staff interaction with people. They chatted and involved people in social and daily living activities. People said they enjoyed dominoes, cards, board games and bingo. Activities records confirmed these activities. Staff told us they enjoyed singing and calling the numbers out on bingo sessions with one person who had limited communication. One person told us "Sometimes they put games on in the afternoon, it's like Butlin's holiday camp." Another person told us they liked car boot sales. They said, "Sometimes I go with a member of staff." Other people said they had been encouraged to go out for a walk together or with staff.

People said staff responded quickly to any requests for help or support. One person said, "If I need anything I ask and it doesn't take long before I get an answer." Another person said, "Staff are kind and you don't have to wait long if you want something."

At the last comprehensive inspection some people were unsure how to complain if they were unhappy with something. On this inspection we asked people if they knew how to complain. People said they did and added any complaints were dealt with quickly and appropriately. One person told us they had complained about the dining chairs as they found them uncomfortable. They told us, "The manager got me a more comfortable chair which I was happy about."

The service had a complaints procedure which was made available to people and was clear in explaining how a complaint could be made. People we spoke with told us they had no complaints about the home. One person said, "I have no complaints but some people have." However they were unable to expand on this." Other people told us they had no complaints and were satisfied with the care provided. Comments included; "Any problems, I just talk to [management team] and they get it sorted." "There's not much needs to change. No complaints from me." And, "I can tell staff if I don't like something and they deal with it. But I am fine – no complaints."

We looked at the care records of three people. Care plans and risk assessments were informative with details of people's care needs, likes and dislikes and had been regularly reviewed. People said they were

involved in care planning if they wanted to be. We saw people had signed to show they had been involved in care planning where they wanted to be. Where they refused, this was noted on the care plan.

People said staff helped them keep in touch with important people in their life. They told us their family and friends could visit them and staff made them welcome.

## Is the service well-led?

### Our findings

There had been a change of registered manager since the last inspection. The new manager already worked in the home and was approved as the registered manager with CQC the day after the inspection site visit. 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.

At the last comprehensive inspection in February 2016, we recommended the registered provider developed ways of formally seeking the views of people who lived at the home. We saw the registered manager, management team and staff, had taken action to seek people's views. They had asked people to complete surveys about their views of and improvements that could be made in the home. They had tried to arrange residents meetings but survey results regularly showed almost every person said they didn't want this. People told us the registered manager had regular informal 'chats' with them and they didn't want a big meeting.

The atmosphere was calm during the inspection and people approached the registered manager in a relaxed manner. People told us the registered manager and staff team were helpful and easy to talk with. One person told us, "I had a problem that was worrying me a lot and I went to [staff] and they sorted it out for me."

The registered manager demonstrated she understood her role and responsibilities and supported and encouraged the staff team. Staff said the registered manager was supportive and knowledgeable and wanted the best for people who lived at the home. One member of staff told us, "The service is managed and led well. It is a good place to work."

We saw the registered manager encouraged staff to develop their skills and knowledge to help them provide good care. Although staff meetings were infrequent, staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's support needs and any day-to day operational issues. In addition staff told us they had regular individual supervisions and were able to informally discuss their ideas or opinions with the registered manager.

Quality audits were carried out in a way that identified issues. These included audits of hygiene and infection control, care records and medication. Any issues found on audits had been acted upon and rectified and any lessons learnt to improve the service going forward.

Staff said the management team supported, praised and encouraged them in their work. A member of staff said of the registered manager, "She knows what she is doing and will move things forward. She has lots of ideas." Another staff member commented, "The registered manager will make changes as she has a fresh way of looking at things. However I am looking forward to this. She will involve us in changes and listen to our views."

