Care Quality Commission

Sycamore Care Limited

Cambron House

Inspection report

3 Flanderwell Lane,
Bramley,
Rotherham,
S66 3QL
Tel: 01709 543197

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 14 October 2015 and was unannounced. At the last inspection, in April 2014, the service was judged compliant with the regulations inspected.

Cambron House is a care home providing accommodation for up to 38 older people. It is situated in the area of Bramley, approximately six miles from Rotherham town centre. It provides accommodation on both the ground and the first floor and has parking to the front of the building and accessible gardens at the rear.

The service has a manager but has not submitted an application to be registered. The manager commenced employment with the service on the 10 August 2015. 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 and associated Regulations about how the service is run.

The arrangements for handling and administrating medicines were safe and people received their medicines as prescribed. However, we found some of the systems to record and store medication was not sufficiently robust.

Summary of findings

Most of the people living at the home were unable to communicate with us in a meaningful way as they had limited capacity. Therefore we spoke to all of the visitors to the home during the inspection to gain their views of the service.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

The manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. We saw evidence that the home worked closely with GP's, district nurses, community psychiatric nurses, dieticians and tissue viability nurses.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a balanced diet, with choices of a good variety of food and drink. Our observations over meal times told us they enjoyed the meals and there was always something on the menu as an alternative.

We found the home had a relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Staff demonstrated good distraction techniques when managing people who may need additional support to manage their behaviours.

Staff told us they felt supported and they could raise any concerns with the manager and felt that they were listened to. Relatives told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

The service has taken some action to ensure the environment is dementia friendly. However, **we have made a recommendation** that the provider consider best practice guidance in relation to the flooring, lighting and throughout the communal areas of the home, and the use of contrasting colours on the corridors.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service required some improvements to make it safe.

Requires improvement

Medicines were administered safely. However, we found some of the systems to record and store medication were not sufficiently robust. This meant there was potential to make errors when administering medication

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed.

Is the service effective?
The service was effective.

Good

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'

Is the service caring?
The service was caring.

Good

We saw staff had a warm rapport with the people they cared for. Staff attended to people's personal care needs in a respectful way and maintained their dignity throughout. Relatives spoke positively about the staff at all levels and were happy with the care.

Relatives told us they felt involved in their family members care and had been invited to attend reviews of their family members care.

Is the service responsive?
The service was responsive.

Good

Summary of findings

We found that people's needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the home.

Communication with relatives was good. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

Relatives told us the manager was approachable and would respond to any questions they had about their relatives care and treatment.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

The systems that were in place for monitoring quality were mostly effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Relatives were regularly asked for their views. The manager told us that she operated an open door policy which invited relatives to raise any concerns

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Cambron House

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 was 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 14 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. At the time of our inspection there were 30 people using the service. We spoke with the manager, the deputy manager and one nurse. We also spoke with six care staff and the cook. We spoke with six visiting relatives. A visiting social worker and an advocate were undertaking an assessment and we spent time speaking to them about the service. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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 did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked on the NHS Choices website to gather further information about the service. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home. They told us the manager had responded appropriately to deal with concerns raised about the service.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires improvement

Is the service safe?

Our findings

We spent time observing how staff related to people who used the service. We found care was given safely and staff were respectful throughout. Relatives told us they had no concerns about the way their family members were treated. One relative said, "If I leave I don't wonder if [my family member] is going to be alright". Another relative said, "My family member has lived here for two years and they are safe, I come at different times and [my relative] is smiling so I know they are alright."

We carried out two SOFI observations during the inspection of the service. During one of these the nurse that was administering the medication carried out practices that could be unsafe. When providing people in a lounge with their medication they brought two people's medication out at the same time in different hands. If there were any interruptions to the process, or lapses of concentration, this could result in the wrong person receiving the medication which could lead to further medical problems for the people involved.

There was a policy in place for the ordering, storage and administration of medicines. The stock room was appropriately secured and only accessible to authorised staff. However, one of the stores was very untidy with equipment that should be stored elsewhere. The sink unit was also old and could not be effectively cleaned.

We found five bottles of eye drops that were out of date, and had not been marked with the date of opening. This meant that staff could not be certain that the medicines were still fit for use.

We also found a stock (five) of Diprobase that was in the store cupboard that belonged to a person that was no longer living at the home. We also found overstocking of Tramodol for one person. This meant it was difficult to assess if the person still required the medication. The nurse told us that the supplying pharmacist sent them even if they had not been requested.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

We found a lack of information to guide staff how to safely administer when required medicines.

The registered manager told us that there was no policy for when required medicines to support their safe administration. This could be confusing leading to more medicine being administered than the prescriber intended.

Medicines which required cold storage were kept in a fridge within the medicines store room. Fridge temperatures had not been recorded every day as recommended in national guidance. The room temperature chart had not been completed since August 2015 which meant the service could not safely say that medications were stored at the correct temperature.

We looked in the medication trolley used by the nurse when administering medicines. We saw two vials of insulin in the side of the cabinet door which did not have the person's name on them. The nurse told us who it was prescribed for and said it was administered by the district nurse.

We were told that nursing staff administering medicines regularly had their competence checked and this was confirmed by one nurse.

The above was a breach of Regulation 12 (2) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

The manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer.

Risks associated with personal care were well managed. We saw care records included risk assessments to manage people at risk of falling. The risk was managed by obtaining

Requires improvement

Is the service safe?

equipment to alert staff if the person got up out of bed, which may result in the person falling. Routine monthly checks were completed to ensure they met safety standards.

We reviewed accidents, incidents and safeguarding concerns in the service since our last inspection. We found that if any untoward incidents took place, these were investigated thoroughly, learned from, and action was taken to prevent recurrences. We found that all safeguarding concerns were reported to the appropriate professionals, including the local authority safeguarding team. The manager showed us a log of safeguarding incidents, which had been reported to the local safeguarding team and to the Care Quality Commission.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The manager told us how they would recruit new staff if required. We checked six staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Through our observations and discussions with relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home. The manager showed us the rotas which were consistent with the staff on duty. The manager told us that they used a dependency tool to calculate the hours needed to deliver care safely.

We saw that the control and prevention of infection was managed well. We saw evidence that care staff had been trained in infection control. They were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. We saw that care staff wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene. One relative we spoke with told us, “Sometimes there is a little odour but the staff acts quickly to resolve the problem, the standards are okay I think.”

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. Relatives we spoke with told us that the care provided was very good. One relative said, "The home is well managed and the staff work hard but they are compassionate and caring." Another relative said, "You can tell it is a good home because a lot of the staff have worked here for a long time and they know the residents very well."

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at five people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We joined a group of people eating their meals. We carried out a SOFI during lunch. The menu board displayed a picture of the meal provided and was changed to display the next meal soon after the meal had finished. Because people were living with a dementia type condition the cook told us that where needed two meals were shown to people for them to have a choice. One person that used the service did not want a cooked meal and requested a 'jam sandwich' and this was provided for them.

People that needed support to eat their meals were provided with care that was supportive of their needs and was carried out in a professional and sensitive manner. Meal times were unrushed and all of the people involved appeared to enjoy their meals.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets. The cook had knowledge about the latest guidance from the Food Standards Agency. This was in relation to the 14 allergens. The Food Information Regulations, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergic ingredients used in any food they provide.

We looked at the care records belonging to four people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. Relatives and people who we spoke with told us, "The staff asked us to help to complete information about [my relatives] likes and dislikes and also about people that were important to them." We saw evidence of this when we looked at the care records. 'An all about me' record was completed with information about their life history and things they liked to be involved in. This record is often used for people living with dementia.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We looked at the Deprivation of Liberty applications that have been applied for by the home. This included the records for nineteen out of thirty people that used the service. The applications had all been approved by the local supervisory body and included the use of wheelchair belts, cot sides on beds, bed bumpers, key padded doors, prescribed medication, decision making, food and diet, reclining chairs, significant risk of self-harm and neglect, management of aggressive behaviour and finances. The manager also had the responsibility for ensuring actions were taken to reduce the risk to individuals and to ensure that people do not have their civil liberties restricted unless there was a clear reason for support to enable them to remain safe and in a safe and supportive environment. This meant that people that used the service had their care needs fully assessed to support them and this had included assessments from multidisciplinary teams.

The staff we spoke with were clear and had received training about their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests. The manager told us that staff had received dementia awareness training and they were sourcing further training from the local authority in managing behaviours that may challenge others. No dates were available at the time this report was written.

Good

Is the service effective?

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificates. The manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

The service had taken some action to ensure the environment is dementia friendly. We found bedroom doors had been painted to look like a person's front door using bright colours, however handrails were painted the same colour as the walls. People living with dementia may not identify the rails so may not use them to move around safely. We saw the lighting in one of the lounges was poor. The chairs were also dark in colour. This meant people may not be able to move around safely and be able to identify where to sit in the lounge. We found the flooring in the communal areas was not dementia friendly. One lounge carpet had a pattern which could be disorientating and confusing. People living with dementia may mistake patterns as litter and may attempt to pick up what they are seeing. This may result in the person falling.

We have recommended that the provider finds out more based on current best practice, in relation to the specialist needs of people living with dementia. In particular about the lighting, flooring and the use of contrasting colours on the corridors.

Good

Is the service caring?

Our findings

We spoke with two professionals that were visiting the service on the day of the inspection. One was a social worker from the local authority and the other was an advocate for people living with dementia. They were assessing the long term care for a person that used the service. This demonstrated the service engaged in multi-agency co-operation to ensure that people that used the service received their care in a person-centred and safe and supportive way.

Both professionals told us that the staff at the home always appeared to have the skills and knowledge to care for the people living there; they also commented that there always appeared to be adequate numbers of staff on duty to support the people that used the service. They said, "This is a very homely place people are made to feel comfortable and it feels like their home."

We observed staff interacting with people in a positive encouraging way. We saw staff assisting people to the dining rooms using appropriate equipment and speaking to them throughout.

We saw some files we looked at contained a 'This is your life' and 'All about me' documents. These are tools for relatives of people living with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. The manager told us the tool had only recently been introduced and was given to relatives to complete. The information helped staff to better understand a person's needs if they could not fully respond to the questions staff asked when getting to know them.

We spoke with the manager about Dignity and Dementia champions. She told us that she was looking to identify leads in these areas so they could attend forums to improve how the home cares for people living with dementia.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discreetly assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

People were given choice about where and how they spent their time. Most people moved freely throughout the communal areas. Some people chose to sit in the quiet lounge, while others preferred the main lounge where most of the activity took place.

Relatives and visitors to the home told us that there were no restrictions to the times when they visited the home. One relative said, "I come every day at different times and there has never been a problem. Staff always greets me in a friendly manner and offers me refreshments." Another relative said, "I have been on occasions when staff have not been present in the lounge and I get worried residents may fall but staff then appear having been dealing with a resident."

Good

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. Relative and wherever possible people were involved in planning the support they needed. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

We found that people's care and treatment was regularly reviewed to ensure the care and treatment was up to date. One relative said, "I know that I can speak to the nurses and the manager about my relative's care. They are approachable and deal with things very professionally."

We saw that there were planned activities that took place on a daily basis. We spoke with the activity co-ordinator about activities and events that were being planned. The co-ordinator told us that the local church provided a sing along once a month and the home had arranged for a pantomime to come to the home in December. Visitors brought in their dogs for the people that use the service to pet and entertainers were contracted to come into the home to provide music, fun and entertainment. We observed a music and exercise class taking place, provided by an external provider. We saw people joying in with the exercise and they were engaged with the activity. The co-ordinator told us that she spent time with people who were sometimes in their bedrooms. This was to prevent social isolation.

Staff we spoke with told us they had recently talked to people about their childhoods and they identified the different sweets that they could remember and what they liked. Staff then provided the sweets to people, taking into consideration any eating and drinking needs.

We saw that copies of the home's complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. The manager told us that there had not been any formal complaints within the past year. Our review of the provider's complaints folder confirmed this.

The manager told us that she operated an open door policy to encourage people and their relative to discuss any concerns they may have. The manager told us that she held a relatives' meeting when she became the manager in August 2015 and was planning to hold another meeting now that she was more established in the role.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Good

Is the service well-led?

Our findings

The service was led by a manager who has been in post since August 2015. She was aware that she would need to submit an application to be registered with the Care Quality Commission. The manager told us they were supported in this by the provider of the service who visited the home regularly, and was always available for advice on the telephone.

Relatives told us that the manager was always available. One relative said, "Things have settled down now and we hope the manager will stay and establish herself. We have got confidence in her." A visiting professional to the service said, "The manager is relatively new, but it is a good improvement to the service."

The manager had a clear vision of areas that they wanted to develop to make the service better. For example, developing lead staff in areas of dignity, dementia, infection control and end of life care. We spoke with the local council's contract compliance office who shared information about the service. We took their information into consideration when we planned this inspection.

We looked at a number of documents which confirmed the service managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. They had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

Staff we spoke with all said they felt supported by the manager. One staff member said, "We can go to the manager and the nurses about anything and we know that they will be supportive." Staff told us that they understood the standards that were expected of them. Staff attended meetings and felt able to make suggestions about how to improve the service and they were listened to. One staff member told us that they also felt confident at approaching the provider about things that could improve the service.

The service sent out a sample of quality assurance surveys to relatives. We looked at these records and they showed that the service had used the information that they received back to improve the services that they provide to people.

A number of audits or checks were completed on all aspects of the service provided. These included health and safety, infection control, care plans and the environmental standards of the building. However we found the audit for medicines did not identify issues around room and fridge temp checking and overstocking of some medicines. This was discussed with the manager who took steps to rectify the issues. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 (1)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.** People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to record and store medicines. Regulation 12(1)(2)(f)(g)