

Tradstir Limited

Sycamore Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sycamore Court is a residential care home providing nursing care and support for up to 40 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia or other mental health needs. 39 people were living at the service on the day of our inspection.

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

People told us that on the whole they were happy with their care and felt safe. However, we identified concerns in respect to the culture. We received mixed feedback from people and relatives in respect to the management of the service.

The provider had systems in place to monitor the quality of the service. However, staff with responsibility for monitoring these systems did not always have the operational knowledge to do so, and they were not being used effectively. For example, incidents and accidents had been recorded, but were not routinely monitored for any emerging trends or themes.

There were enough staff to keep people safe. However, we identified some issues in respect to the deployment of staff around the service.

People told us staff were kind and they had a good relationship with them. People received medicines safely. The service was clean, hygienic and a pleasant environment to spend time in. People's care plans were up to date and accurately reflected their needs. People were able to receive visits from their relatives and there was a programme of activities to support their well-being.

Staff worked collaboratively with outside agencies such as the local authority and healthcare professionals. Complaints were handled appropriately, and people enjoyed the food and drinks on offer. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow.

Staff had received relevant training to meet people's needs. Complaints were responded to appropriately and people's wishes at the end of their life were respected. People were able to express their views and had their dignity, independence and privacy promoted.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 25 January 2022).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and care delivery. A decision was made for us to inspect and examine those risks.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Sycamore Court

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.

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 completed by one inspector, an assistant 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.

Service and service type

Sycamore Court 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. 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 10 care plans. We spoke with six people living at the service and one visiting relative. We also spoke with 14 members of staff, including a regional manager, a quality manager, the registered manager, the deputy manager, a registered nurse, care staff and ancillary staff.

After the inspection

We contacted 15 relatives and friends by telephone, spoke with the local authority, and requested further evidence from management at 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 we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider monitored the staffing levels in the service. We received mixed feedback from people and staff in relation to staffing levels. A relative told us, "There is always staff at the nurses' station, both during the days and at weekends." Another relative said, "They always attend to his needs and help when needed." However, one person told us, "It changes day to day, sometimes they come straight away, but other days I know they are very busy, running around like gooduns'." A relative added, "They are often very busy, you sometimes have to go and find them and remind them." Our own observations supported this. Whilst we saw there were enough staff on duty to keep people safe, we identified issues with their deployment around the service.
- For example, we saw that several people living on the top floor of the service were assessed as being at risk of falling. We were told that the computer on the top floor of the service did not work, meaning that staff needed to leave the floor in order to use other computers to update notes and access information. We saw this was the case and we observed times when people living on this floor were left unattended for lengthy periods of time. We raised this with the management of the service who immediately arranged for the computer to be fixed.
- On the ground floor, we saw that some people expressed behaviours that upset and distressed others. Staff supported these people, but this support was complex and time consuming. This meant that other areas of practice were not being carried out correctly.
- For example, some people needed to be repositioned every few hours to help maintain their skin integrity. There were gaps and omissions in the recording of the repositioning charts and recording stated that on occasion people were not repositioned in a timely manner. People had not come to harm in light of this, however, we could not be assured that people's reposition requirements had gone ahead in line with their assessed needs. This as an area of practice that needs improvement.
- There were systems in place to ensure staff were safe to work in the service. All staff had a Disclosure and Barring Service (DBS) check completed prior to starting at the home. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to keep people safe. Staff were able to review the information and make changes to people's care plans to keep them safe. However, accidents and incidents were not routinely monitored over time to look for patterns and trends and to take preventative measures. We have reported on this in the Well-Led key question of this report.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. A relative told us, "From what I have seen, [my relative] is definitely safe."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations.
- The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns. Where needed they supported staff with extra training to ensure they provided safe care.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Using medicines safely

- People told us they received their medicines appropriately, one person said, "They make sure I get my medication. They don't push you to take the medication, I take them when I'm ready."
- Registered nurses and senior care staff were trained in the administration of medicines. A member of staff described how they completed medicine administration records (MAR). These were accurate. We observed a member of staff giving medicines sensitively and appropriately. Staff administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- People's medicines were stored appropriately; safely administered and accurate records had been kept of when they were administered to people. Staff supported people to take their medicines safely and at the time prescribed by their doctor. Medicines were kept locked so they could only be accessed by trained staff.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. A relative told us, "The food is excellent. I have checked and [my relative] eats his meals."

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations. Staff supported people with confidence and professionalism. A relative told us, "They seem competent, I have seen training sessions going on when I have visited."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

- People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the

relevant professionals. A relative told us, "The senior carers whom I speak to about the care plan and are very aware of [my relative's] needs."

- People told us they received effective care and their needs were met. One person told us, "Things are genuinely run well here, the staff are nice and we're well looked after." Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "The staff are nice and they look after us well."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. A member of staff told us, "We try to give as much choice as we can to the residents."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. One person told us, "I have breakfast in bed, but most lunchtimes I go to the dining room."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service.
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A member of staff told us, "We encourage people to do things for themselves, so that they can hang on to their skills."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that the service responded well to their care and recreational needs. A relative told us, "Every time I visit there are activities taking place."
- There was a varied range of activities on offer which included, music, arts and crafts, quizzes, exercise and visits from external entertainers. Themed events also took place, such as a barbecue for the Queen's Platinum Jubilee. A relative said, "My [relative] likes to stay in bed. They do take activities to her room, like making a card and she participates."
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns. One person said, "I've not complained about anything, but I'd go to the person in charge."

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital.
- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with were caring and focused on providing care which met people's needs. We identified concerns in respect to the culture of the service and the morale of staff. There had recently been a change of ownership at the service, and new systems and ways of working were being implemented. Staff told us this had affected morale. They felt they had not been supported or engaged adequately with regard to the changes and this was impacting on their ability to deliver care. One member of staff told us, "Staff work well together, but they are all so stressed out, we raise our concerns, but they're not listened too." Another member of staff said, "The new company don't seem to be focused on the best interest of the staff. They say they'll listen to us, but they don't change anything." A further member of staff added, "We're not supported, I wish it was different. I just hope things will improve for the staff here."

- We received mixed feedback from people and relatives in respect to the management of the service and how the service was run. One person told us, "Standards are very high. There are good staff who are very dedicated. They work well together and muck in together." A relative said, "I can't fault them. I am so pleased he is there. They look after him and everyone else." Another person told us, "The staff themselves and the ones in the office are all dedicated, but the managers need to sort out the staffing issues and help them, or they'll lose them." A further relative added, "Something needs to be done, the communication has really gone downhill with the new company. The staff are so busy."

- We spoke with managers of the service about the issues with culture and morale. They explained how they were implementing systems to engage and support staff further with the changes at the service. At the time of our inspection, staff did not feel supported in their roles and the feedback we received was negative.

- The provider undertook a range of quality assurance audits which included medicines, infection control, care plans and health and safety. The results were analysed to determine trends and introduce preventative measures to keep people safe. However, the systems and processes developed by the provider were not fully implemented in day to day practice and needed time to embed and be effective. Systems were in place for the recording of incidents and accidents. Staff understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved. Each incident/accident then considered any further action and what that meant for the person involved.

- Mechanisms were not in place to monitor incidents and accidents on a regular basis over time to help identify any emerging trends or themes. Overarching analysis of incidents and accidents had stopped in

February 2022. Providers and registered managers are required to have systems and mechanisms in place to enable them to identify patterns or cumulative incidents, so any common causes can be identified and prevented.

- We raised this with managers at the service and was told that the overarching analysis had stopped, because staff did not have an adequate understanding of how to use the new system of audit put in place.

We have identified above issues in relation to systems of audit and governance, and staff morale and support as areas of practice that need improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were involved in developing the service. For example, people had influenced new food choices and activities. There were systems and processes followed to consult with people and relatives. Meetings were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and to assist each other in investigating any concerns. These meetings were to assist the provider to improve the service and staff were engaging with other stakeholders to do this.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured they had robust systems and processes to enable them to identify where quality and/or safety are being compromised and to respond appropriately and without delay.</p> <p>Regulation 17(1)(2)(a)(b)</p>