

Tradstir Limited

# Sycamore Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Sycamore Court is a care home with nursing registered to provide accommodation for up to 40 people with various health conditions, including dementia, frailty and sensory impairment. There were 31 people living at the service on the day of our inspection.

### People's experience of using this service

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. One person told us, "I've got no problems, I'm very happy."

People told us their choices and needs were met. They enjoyed the food, drink and activities that took place daily. People thought the service was well managed and they enjoyed living there. A relative told us, "This home is very well run. I can't fault them. We're happy with the care and I know [my relative] is."

Staff had received training considered essential by the provider. It was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "I would be happy for any of my relatives to live here."

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.

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 provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this. People received good care that met their needs and improved their wellbeing from dedicated and enthusiastic staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 11 August 2020).

### Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. The information CQC received about the incident indicated concerns about the management of choking and staffing levels. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the key questions of caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

### Follow up

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement. If we receive any concerning information we may inspect sooner.

## 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 ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

The inspection team consisted of one inspector and an inspection manager.

#### Service and service type

Sycamore Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was to determine the COVID-19 status of the service and to ensure we followed appropriate infection prevention and control (IPC) procedures.

#### What we did

On this occasion we did not ask the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes

developed and implemented by the provider. We reviewed five people's care records.

We spoke with two people living at the service on the day of the inspection, and two visiting relatives. We also spoke with eight members of staff, including the provider, the registered manager, the deputy manager, a registered nurse, as well as care and ancillary staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At the inspection on 21 and 22 July 2020, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- At the inspection on 21 and 22 July 2020, we identified areas of improvement. This was because we needed to see that the provider had appropriate staffing arrangements over a defined period of time, to ensure that the sustainability of good care could be achieved for people. We saw that improvements had been made.
- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us the service had enough staff to keep people safe. A relative told us, "There's always someone around if we need them." A member of staff said, "We have enough staff and we can get agency staff too. The agency staff are actually very good."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. A relative told us, "I've got no concerns, [my relative] is super happy here."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant professionals after any specific incidents.
- We saw specific details and any follow up measures to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

### Assessing risk, safety monitoring and management

- 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. For example, some people were at risk of falls. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their mobility.
- The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

- 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.

#### Using medicines safely

- Nursing and care staff were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- We observed a member of staff giving medicines sensitively and appropriately. We saw they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

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

At the inspection on 11 and 12 September 2019 this key question was rated as Inadequate. We identified breaches of regulations 11 (Need for consent), 12 (Safe Care and Treatment), 15 (Premises and equipment) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of these regulations. This key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At the inspection on 11 and 12 September 2019, we found issues in relation to the environment of the service, such as signage and flooring not supporting people to live safely and independently. We saw that improvements had been made.
- 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 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.

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

- At the inspection on 11 and 12 September 2019, we found issues in relation to assessments of people's care not being adequately detailed and not providing staff with enough information to meet people's needs. We saw that improvements had been made.
- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. The assessments considered people's health needs, including oral healthcare and communication, and any protected characteristics under the Equality Act (2010).
- Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the inspection on 11 and 12 September 2019, we found issues in relation to obtaining consent from people and staff having an understanding of DoLS. We saw that improvements had been made.
- 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.

Staff support: induction, training, skills and experience

- At the inspection on 11 and 12 September 2019, we found issues in relation to staff training and support, and providing consistent care to people. We saw that improvements had been made.
- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. One member of staff told us, "We get lots of training, we're regularly told by the manager that more training is available."
- 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.

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

- At the inspection on 11 and 12 September 2019, we found issues in relation to people having their specialist diets assessed and followed by staff. We saw that improvements had been made.
- The provider met people's nutrition and hydration needs. There was a varied menu, specialist diets were recorded in people's care plans and catered for. Staff told us that specialist and culturally appropriate diets could be available if they were required.
- We observed the lunchtime meal. People were supported in a timely and appropriate way. Staff were on hand to assist and encourage people where required.
- Snacks were placed around the service for people to help themselves to and drinks were always available.
- People were complimentary about the meals served and told us they were supported to eat how they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received effective care and their individual needs were met. A relative told us, "They know [my relative] really well. They know he loves his horse racing and what makes him tick."
- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GPs, chiropodists and social workers. Feedback from staff and documentation we saw supported this.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the inspection on 21 and 22 July 2020, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

At the inspection on 21 and 22 July 2020, we identified areas of improvement. This was because many of the systems and processes put in place to improve the service have not yet been fully embedded and assessed to ensure they maintained continuous improvement. The service needed to demonstrate appropriate systems and processes and care delivery over a defined period of time, to ensure the sustainability of good care could be achieved for people. We saw that improvements had been made.

- The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control, care plans and health and safety. The results of which were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of other 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "I can't fault it here and I'm here most days. [My relative] is very well cared for and they help me out as well."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. A member of staff told us, "I think people get really good care. I know it sounds cliché, but we're like a family here."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and staff were actively involved in developing the service. For example, people had influenced food choices and activities.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. For example, topics discussed at staff and residents' meetings included up to date guidance to follow in respect to the COVID-19 pandemic.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We all work together, but with different approaches, so we learn off each other. We communicate really well."
- Up to date sector specific information was made available for staff including details of specific topics, such as dementia care and the MCA, to ensure they understood and had knowledge of how to assist people.

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 learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- The registered manager was 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 guideline's providers must follow if things go wrong with care and treatment.