Care Quality Commission

Sycamore Care Limited

Sycamore House Care Home

Inspection report

Wawne Road
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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

Overall summary

Sycamore House is situated in Hull. It is a single storey building; it is registered with the Care Quality Commission to provide care and accommodation for a maximum of 36 people, some of whom may be living with dementia. The service has 34 bedrooms for single occupancy and one shared bedroom. There is a range of communal rooms throughout the service.

This inspection was undertaken on 11 December 2015, and was unannounced. The service was last inspected on 26 August 2014 and found to be compliant with all of the regulations that we assessed at that time.

There was a registered manager at the service at the time of our inspection. 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.

Staff told us and records confirmed safeguarding training had been completed. Staff told us they felt confident the registered manager would investigate any concerns they

Summary of findings

raised. Risk assessments were in place to reduce and mitigate the known risks to people who used the service. People were supported by suitable numbers of staff. Medicines were managed safely and administered by trained staff.

Staff had completed a range of training that enabled them to meet people's assessed needs effectively. Staff received support and mentorship from the registered manager. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made. The registered manager understood their responsibilities in relation to the deprivation of liberty safeguards (DoLS). People ate a balanced and varied diet of their choosing; their nutritional needs were assessed and monitored. Advice from relevant health care professionals was requested and their guidance was recorded as required.

People were supported by attentive and caring staff that understood their preferences for how care and support was to be delivered. Staff knew the people they supported, their likes, dislikes, hobbies and interests and provided them with person centred care. Staff respected people's privacy and dignity.

People were involved in the planning of their care and records showed that reviews took place periodically. We saw that when possible people or an appointed person had signed to show their agreement with the contents of their care plans. People were encouraged to follow their interest and participate in activities. A complaints policy was in place, we saw when complaints were received they were responded to in line with this.

A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service. When shortfalls were identified action was taken to improve the service as required. The registered manager was a constant presence within the service and understood the requirement to report notifiable incidents to the Care Quality Commission.

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?

Good

The service was safe. People were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

People were supported by appropriate numbers of suitably trained staff. Recruitment practices ensured staff and volunteers were safe to work with vulnerable adults.

People's medicines were ordered, stored and administered safely by staff who had completed relevant medicines training.

Is the service effective?

Good

The service was effective. Staff had completed a range of training which enabled them to meet people's assessed needs.

People were supported to eat a balanced diet of their choosing and their dietary intake was recorded when concerns had been identified.

People's consent was gained before care and support was provided.

A range of healthcare professionals were involved in the care and treatment of the people who used the service.

Is the service caring?

Good

The service was caring. Staff spoke to people in a friendly, inclusive and familiar way.

People's preferences regarding care and support was recorded in their care plans.

Staff respected people's privacy and supported them to ensure their dignity and independence was maintained.

Is the service responsive?

Good

The service was responsive. People's assessed needs were planned for and met. People's care was reviewed on an on-going basis to ensure they received the most appropriate care to meet their needs.

People were encouraged to maintain relationships with their families and friends. Staff encouraged people to participate in activities in the service and the community.

There was a complaints policy and procedure in place which provided guidance to people who wanted to complain or raise a concern.

Is the service well-led?

Good

The service was well led. Staff we spoke with told us the registered manager was extremely supportive.

Quality assurance systems were used to ensure shortfalls were highlighted and that corrective action was taken to improve the service.

The registered manager understood their responsibilities to report notifiable incidents as required.

Sycamore House Care Home

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 registered 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 11 December 2015 and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, the provider completed 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. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement about the service.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

During our inspection we spoke with five people who used the service and three visiting relatives. We also spoke with the registered manager, the deputy manager, five members of care staff, the handyman, two cooks and a visiting professional.

We looked at five people's care plans along with the associated risk assessments and their Medicines Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation in relation to the management and running of the service. This included quality assurance information policies and procedures, stakeholder surveys, recruitment information, staff training records and records of maintenance carried out on equipment and facilities. We also completed a tour of the premises to check infection control practices.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service, their comments included, "Oh yes, I'm very safe", "Very safe" and "The staff make sure I'm safe." People also told us they felt they were supported by suitable numbers of staff. One person said, "All I know is when I need them they are there." Another person said, "Yes there are lots of staff, they are always buzzing about." A third person commented, "I've been here three months and in all that time I can't remember ever having to wait for anything, the staff check on me all the time and always ask if I need anything."

Relatives confirmed staff were deployed in adequate numbers to meet the needs of the people who used the service. One visiting relative told us, "There are plenty of staff, we don't wait two minutes to be let in and if we ever want someone to help mum they are never far away. Another relative told us, "Whenever mum needs someone she pulls her nurse call and they are there really quickly."

People were supported by suitable numbers of staff. The registered manager confirmed a dependency tool was used to calculate staffing levels within the service. The dependency tool utilised 20 indicators including people's abilities regarding their mobility, bathing, orientation and memory, behaviours and eating and drinking. People needs were then categorised as low, medium or high and used to ensure staff were deployed in adequate numbers. The registered manager confirmed staffing levels were adjusted as people's needs changed. Throughout the inspection we noted call bells were answered quickly which provided assurance people received the care and support they required in a timely way.

We saw evidence to confirm staff were recruited following the registered providers recruitment policy. Prospective staff were interviewed before references were requested and a disclosure and barring service [DBS] check was completed. A DBS check is completed during the staff recruitment stage to determine whether an individual has a criminal conviction which may prevent them from working with vulnerable people.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse. During discussions staff were knowledgeable about the different types of abuse that may occur and understood their responsibilities to report anything they witnessed or became aware. One member of staff told us, "I would report it [abuse or poor care practices] to my manager immediately. I have done it before [reported abuse], and I would do it again." Another member of staff said, "I wouldn't hesitate to report anything I saw; I know the manager would investigate. It's our duty to protect people."

Accidents and incidents that took place within the service were recorded and investigated as required. The registered manager told us, "I look at all of the incidents, I analyse them individually and collectively to see what action I need to take" and "I contact other professionals such as the falls team or to request medicines reviews when it's required." We saw evidence to confirm that advice and guidance was implemented to improve the level of service and prevent incidents re-occurring.

The service had a disaster recovery plan in place which contained guidance for staff and other professionals in the event of an emergency situation. The plan covered eventualities such as fire, floods or the loss of services including gas and electricity. Evacuation plans were in place which detailed the level of support each person required and markers were discreetly displayed within the service to reiterate who would require the highest level of support. The registered manager told us, "We have an agreement with another local service, if we needed to evacuate we would move people there." This helped to ensure people would continue to receive the care and support they required, during and after a foreseeable emergency.

A medication policy was in place at the time of our inspection that outlined how to order, store and administer medicines safely. We observed a medicines round and saw people received their medicines as prescribed. Medicines Administration Records (MARs) were utilised by the service and included photographs of people which helped minimise potential administration errors from taking place. The MARs we checked were completed accurately without omission. Body maps were used to record where topical creams were applied and protocols had been developed to ensure PRN [as required] medicines was used consistently and safely.

The service had a dedicated medication room for the safe storage of medicines and further specific arrangements were in place for controlled drugs and medicines that required refrigeration. The storage room had no form of

Good

Is the service safe?

ventilation so an air conditioning had been installed to ensure temperatures did not exceed the manufactures guidelines. The registered manager informed us that audits were completed by a local medicines team and we saw advice and guidance was implemented to improve the service as required.

Good

Is the service effective?

Our findings

People and their relatives told us staff supported them effectively. Comments included, "The staff are very good", "I get all the help I need. The girls [the staff] are really helpful" and "This place has been amazing for mum, she couldn't walk when she moved in but she can walk now. That's down to this place [the service] the staff, the manager; all of them." A visiting healthcare professional said, "It's a good service, the staff are very good, the manager knows what she is doing."

Staff had completed training pertinent to their role which ensured they had the skills and abilities to support people effectively. The registered manager told us, "We try and alternate the training between class room based an on-line, everyone learns in a different way so we have some staff who prefer the on-line and others who prefer the face to face." We saw evidence to confirm staff had completed training with regard to safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), effective communication, dementia awareness, moving and transferring, health and safety, fire, food safety, diet and nutrition and infection control. A number of staff had completed a nationally recognised qualification in care and the registered manager told us, "We support people to develop whenever we can, if they want to complete further training I will support them and they know that."

Staff told us they were supported during one to one meetings and yearly appraisals. One member of staff commented, "We get supervisions quite regularly but [name of the registered manager] doesn't just shut herself in the office so if I need to speak to her she is always available." Another member of staff said, "We have a really good team, some staff have had things happen in their private lives this year which have affected us all but we all pulled together and made sure we support each other."

People were supported to eat a varied and nutritious diet of their choosing. A four week rolling menu was in place and staff enabled people to make choices with the use of picture menus when required. The cook told us, "Everyone chooses what they want but usually when it gets to lunch time people will see what someone else is having and decide they want that instead so I always make extra of everything" and "We get fresh fruit and vegetables delivered every week, I can order anything I want really, the manager has never told me I spend too much." They also informed us that they were aware of people's preferred portion sizes, likes and dislikes, allergies and specialist dietary requirements.

The dining room had numerous tables which had been set with cutlery and condiments and made to look inviting. Staff provided support to people at a suitable pace to meet their needs. People choose where they wanted to sit and we saw people engaging in conversation at their tables. One person who used the service told us, "I have my place where I sit every day and have my meals with my friends." A self-service kitchen was available for people to make drinks or small snacks. The registered manager explained, "Families use it and help themselves to drinks but none of the residents really use it at the moment."

People's health care needs were met by a number of healthcare professionals including GPs, emergency care practitioners, occupational therapists, falls prevention professionals, speech and language therapists, dieticians and specialist nurses. When concerns were highlighted on-going monitoring of people's food and fluid intake, sleep patterns and behaviours were undertaken, to ensure professionals had a clear understanding of people's needs. This helped to ensure people continually received the most effective care to meet their needs. One person who used the service told us, "When I am under the weather they get the doctor to come and see me." A visiting professional told us, "They [staff at the service] contact us whenever someone needs our help" and "They listen and implement our advice which helps people recover quicker."

Pictures of people were displayed outside their rooms to help them orientate themselves, signage indicated bathroom and toilets. The deputy manager told us, "I have posters and pictures from the olden days, stars like Elvis, Marilyn Monroe, Frank Sinatra and they will all be put up in the lounge as soon as it's decorated. Hopefully people will recognise who they are and maybe it will trigger some memories or start some conversations."

We observed staff gaining people's consent before care and treatment was provided. People's capacity to provide consent to the care and treatment they required was recorded in their care. Best interest meetings had been held when assessments had been completed and it was apparent people lacked the capacity to make an informed decision themselves. Best interest meetings were attended

Good

Is the service effective?

by relevant healthcare professionals and other people who have an interest in the person's care, like their relatives or advocates. Their role is to ensure any decision is made in the person's interest and is in-line with their known wishes.

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. The application procedures for this in care services are 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 were being met. The registered manager understood their responsibilities in relation to DoLS and applications were being made to the supervisory body which, as far as reasonably practicable, ensured if people were deprived of their liberty it was done lawfully and in line with current legislation.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by kind and caring staff who were attentive to their needs. One person told us, "This one [referring to the registered manager] is my favourite, she always helps me. Everyone here is lovely though." Another person said, "I'm 88 years old, they can't be doing a bad job for me to get to this age" and "They are a lovely bunch; I like a laugh and joke and someone to sit with me, they do all those things." A third person told us, "I'm happy; I enjoy living here and wouldn't move for anything."

A visiting relative told us, "It's my Nana that's here; she has only been in for a week. She told me she thought I was abandoning her when we left on the first day but now she loves it here. The staff got to know her really quickly, they are all so friendly; things are going really well." Another relative commented, "What we like about it is the laughter, we hear it all the time when we are here" and "The staff are amazing, we couldn't ask for better." A healthcare professional said, "The staff know everyone really well so whenever we come they can put people at ease. You can see they have good relationships."

Staff understood the importance of treating people with dignity and respect, we saw staff offering people support discreetly and knocking on people's doors before they entered their rooms. During discussions staff told us, "When I am going to provide personal care, I always close people's doors and curtains. I always explain what I am doing while I am doing it", "When I have helped someone onto the commode, I give them a buzzer and let them have the privacy, they can use the buzzer to let me know when they need my help again. I don't have to stay in the room with them" and "I call people by their preferred name and respect their wishes, if they want to do activities or sit in their room that's their choice and I respect that."

During a medicines round we saw one person presenting with behaviour that challenged the service; they refused to take their medicines and became vocal and aggressive. The member of staff remained professional and used their knowledge and experience to ensure the situation did not escalate. They spoke to the person in a calming way and reassured them using distraction techniques; asking the person about their interests and employment history before leaving them to settle. We saw that when the person was calm the member of staff returned to ensure they had taken their medicines and received the care and support they required.

We saw one person walking with purpose around the service who appeared to be disoriented to time and place. Staff used their knowledge of the person's life history and family to interact with them and quickly engaged them in conversation which visibly calmed the person. Staff spoke to the person in a reassuring way and demonstrated kindness and compassion when supporting them.

During the inspection we saw numerous visitors coming to see people who used the service. A member of staff told us, "We are lucky most people here have families and friends who come and visit quite regularly." The registered manager informed us there were no restrictions placed on visiting times and the service actively tried to involve people's families in their care whenever possible.

Staff were aware of their obligations to keep people's private information confidential. The registered provider had policies in place to guide staff regarding when and how people's information could be shared; for example with other healthcare professionals. The registered manager confirmed people's personal and private information was stored electronically and access was granted with the use of passwords. This help to ensure information was kept confidential and respected by staff.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us they knew how to make a complaint or raise any concerns they may have. One person said, "I tell the manager if I want something doing and she sorts it out straight away" and "I've only ever had little grumbles really." Another person told us, "I've never had to complain in all the time I have lived here." A visiting relative commented, "We have spoken to the manager about one thing we wanted doing a bit differently and it never had to be mentioned again [because action was taken in a timely way]."

Before people were offered a place within the service a pre-admission assessment was completed. The assessment was used to capture people's needs, abilities and levels of independence. The registered manager told us information was obtained from people and their families when possible; as well as the local authority commissioning team to ensure they could meet people's individual needs before a place in the service was offered. They also said, "We won't let people move in until we have all of the equipment we need to support people."

We saw that reviews of people's care, treatment and support were conducted periodically. The deputy manager told us, "People's care plans are reviewed every month to make sure they are accurate" and "Care reviews are done every year or when people's needs change or when they have returned from hospital." The registered manager said, "I will go and re-assess people if they have been admitted to hospital to make sure we can still meet all of their needs." This helped to ensure people continued to receive the care and support they required as their needs changed or developed.

We looked at five people's care plans; each plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. People's care plans had been written in a person centred way and re-enforced the need to involve people in decisions about their care and to promote their independence. The care plans we saw covered all aspects of people's care and support needs including medicines, communication, mobilisation, personal hygiene, sleeping, recreational, social and religious needs, moving and transferring and breathing.

People were supported to follow their hobbies and interests. One person who used the service told us, "I don't know if you noticed how well decorated [for Christmas] this place is, but I helped with all of that." We saw that one person had a push hoover [not electrical], the registered manager told us, "She [the person with the push hoover] likes to help so we bought her the hoover, it gives her purpose and keeps her happy." A member of staff said, "Some ladies like to help set the dining tables or fold laundry, one gentleman likes to help with the things in the garden in the summer." The cook told us, "We have baking days when some people will come in the kitchen and bake with us."

People were supported to maintain contact with important people in their lives. One person commented, "Christmas is an important time in my family, they [the person's family] will all come and see me on Christmas day." A visiting relative said, "I try and come to see Mum most days, I like to pop in and see how she is doing."

A range of equipment was readily available within the service which ensured, as far as reasonably practicable, people were supported to maintain their independence. We saw numerous handrails, in corridors, bathrooms and toilets, raised toilet seats, bath chairs, a walk or wheel in wet room shower, an independent self-service kitchen, large light switches as well as stand aids and hoists.

The registered provider's complaints policy was displayed in the main entrance to the service. The policy outlined acknowledgement and response times, how the complainant could escalate their complaint if they felt the response from the service was unsatisfactory. It also included an overarching statement that all complaints would be used to develop and improve the service. The registered manager told us, "The complaints information is also given to people in a large print format in the service user guide and it's displayed on the back of everyone's bedroom door."

During discussions staff told us that they would try and help anyone who wanted to raise a concern but would ensure the registered manager was aware so further action could be taken as necessary. We saw that when complaints were received they were managed in line with the registered provider's policy.

Good

Is the service well-led?

Our findings

Throughout the inspection we noted that people who used the service approached the registered manager and were clearly relaxed and content in their presence. The registered manager explained that a key part of their role was to be available for the people who used the service whenever they required support or reassurance.

When we asked people who used the service and their relatives if the service was well led we received comments including, "She [the registered manager] is worth her weight in gold; she is", "The manager is great, anytime we need anything she is there to help" and "We couldn't ask for a better place."

Staff we spoke with were very complimentary about the registered manager. One member of staff told us they were extremely grateful for the support the registered manager had provided them. They said, "Something happened in my personal life and the manager went above and beyond, she is not just my boss, she is my friend. She was so supportive and I don't think I could have got through it without her." Another member of staff told us, "The manager is always there, anything we need, she sorts it."

The registered manager confirmed there were resources to develop the staff and drive improvement within the service. They told us, "We do a wide range of training but I would support the staff to do anything [any other training] they were interested in as long as it was beneficial to the service." We saw training and staff's career prospects were discussed in the supervision meetings. A member of staff told us, "I have just done my NVQ [a nationally recognised qualification in care] level three; I'm sure the manager would support me to do any training I wanted."

The registered manager used a number of ways to ensure that care and support was provided in line with current best practice guidance including the deprivation of liberty safeguards and The Care Act. The registered provider utilised the service of an external health and safety officer who provided regular updates to the registered manager and completed health and safety audits within the service.

We reviewed the minutes of staff and senior meetings. The meetings were held bi-monthly and provided staff with a forum to discuss people's care needs and make suggestions about the running of the service. The registered manager raised training requirements, shift cover and best practice updates. A member of staff explained, "The meetings are really useful, it's the only time we can all get together and talk about what needs doing differently or upcoming events." The registered manager told us, "We also have a health and safety meeting with the health and safety officer, they complete audits and feed back to me anything that needs doing in the meetings."

Service user meetings were held quarterly and used as an opportunity to inform people of any improvements or planned maintenance work, activities, events and the daily menus. Surveys were completed by people who used the service, their relatives or people with an interest in their care and relevant professionals. The survey results we saw were consistently positive and there was evidence that comments or suggestions were implemented when possible. This helped to ensure people who used the service had an opportunity to develop the service and their views were heard.

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. The Care Quality Commission and the local authority safeguarding team had received notifications as required. We saw actions plans were developed when incidents took place which included timescales to ensure their re-occurrence was prevented. The registered manger discussed incidents during team meetings and ensured learning was shared with staff.

The service's maintenance person provided evidence that regular checks were completed on all fire equipment; including emergency lighting, hoists, stand aids, wheelchairs and water temperatures as well as testing for legionella. This helped to ensure people were supported in an environment and by equipment that was fit for purpose. The maintenance man said, "If I find anything that needs attention I will inform the manager and she organises it if I can't."

The registered manager conducted a number of audits on different aspects of the service such as general maintenance, the kitchen, room inspections, medicines, infection control and safety inspections. We saw evidence to confirm when shortfalls were highlighted action plans with appropriate timescales were developed to improve the service as required.