WCS Care Group Limited

Sycamores

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Sycamores is registered to provide residential accommodation and personal care for up to 36 older people, including people living with dementia. At the time of our inspection visit there were 31 people living at the home, however one person was in hospital. Bedrooms were across three floors with communal facilities and a main dining and lounge area on each floor. People had their own ensuite bedrooms and access to an outdoor area.

People's experience of using this service and what we found
Safety for people continued to be maintained because enough staff protected people from known or poor practice. Staff knew what to do to minimise people's exposure to known health risks and staff said they could respond to people's request within accepted timescales. Staff followed safe principles for infection control which meant the potential for cross infection risk was minimised.

Staff knew people well, such as their individual preferences which helped staff tailor their approach to each person, especially those living with a cognitive impairment. Staff training was up to date and monitored by the provider.

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. People's records included decision specific mental capacity assessments. Staff knew how to support people in line with those choices to limit unnecessary restrictions.

People found staff were respectful, kind and caring. People had individual care plans and assessments that met their health and social needs and they were supported by other health professionals.

People were involved in pursing their interests and hobbies. People's life history information was used to inform staff about their hobbies and interests. Care plans were clear and they provided staff with the information and guidance they needed to support people in line with their individual care needs. Staff could support people who were at end of life and people's advanced wishes and preferences were discussed and followed.

People and relatives were provided opportunities for feedback on the service. The registered manager had an open-door policy. They and the deputy manager worked 'on the floor', providing frequent opportunities for people and staff to share any feedback or opinions.

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 30 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Sycamores

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 Care Act 2014.

Inspection team
This inspection was completed on 20 February 2020 by one inspector and one expert by experience. The expert by experience has experience of caring for someone in this type of service.

Service and service type
Sycamores is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. This included information sent to us by the provider and information received from the public, the local authority and health agencies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with 10 people and three visiting relatives to get their experiences of what the quality of care was at the home. We spoke with the registered manager, a deputy manager, four care staff including a lifestyle assistant, one kitchen assistant and a maintenance person. We also spoke with a regional manager and a director of quality and compliance.

We reviewed a range of records related to four people's care such as care plans, risk assessments, medicines administration records and daily records. We reviewed audits and checks, complaints and how people's feedback led to providing good care outcomes.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
- People's risks had been assessed, recorded and regularly reviewed to ensure they continued to keep people safe.
- People's identified risks included information to help minimise for example, the risk of falling, skin breakdown and to manage people with distressed behaviours and anxiety.
- Staff knew the type and level of assistance each person needed to help keep them safe. Safe risk management included regularly repositioning of a person or helping a person mobilise with specialised equipment.
- Environmental, health and safety and infection control checks were completed at regular intervals. This ensured the environment remained safe for people and visitors.
- Fire safety and fire equipment checks were completed and each person had a plan to support them in an emergency situation.

Using medicines safely
- People received their medicines safely. One person told us, "My meds are all given on time, I'm diabetic so it's important."
- Medicines were administered by trained staff. Medicine administration records (MAR) showed staff had correctly signed MAR's when medicines had been given. Medicines that needed to be applied via a patch, were documented to show where on the body the patch was applied and when. This minimises the potential for skin irritation or an over dose of medicine.
- As and when required medicines were administered in conjunction with safe protocols.
- Medicines were stored safely and regular temperature checks ensured medicines remained safe for use.

Systems and processes to safeguard people from the risk of abuse
- People were protected from abuse and people told us they felt safe. One person told us why, "I never wanted to be here but, oh God I'm safe here, if I can't be at home then I want to be here. It's the staff you see, they're top of the range."
- Staff knew how to protect people from potential abuse. Staff knew who and how to raise their concerns to. This included referrals to their management team, police or to us (CQC).
- The registered manager was clear about their responsibilities and how to safeguard people.

Staffing and recruitment
- People and relatives said staffing levels met their needs and people did not wait long to be assisted. However, people and relatives said staff were always busy so on occasions, people did not want to always

request help if needed.
● The registered manager assessed people's dependencies and changing health conditions which helped them to continue to provide safe staffing levels. In some cases, additional staff were provided, at key times of the day.
● The registered manager had a thorough knowledge of people's needs. They told us they worked a shift which helped them get to know people's needs and how long certain tasks took. This gave them confidence, staffing levels continued to meet people's needs.
● We did not look at staff recruitment files, however the registered manager explained the processes for safe recruitment. Staff told us they had to supply references and had a criminal record check before they started work.

Preventing and controlling infection
● People were satisfied with the cleanliness of the home and how staff supported them.
● Regular cleaning and deep cleaning measures minimised the risk of cross infection. Water quality checks also helped control potential infection risks such as legionella.
● Staff told us, and we saw, they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection such as wearing aprons and gloves. One person said, "The staff wear gloves and aprons for my personal care."

Learning lessons when things go wrong
● Analysis of falls, incidents and accidents were reported and investigated at the home, as well as by the provider's own quality teams. Patterns were looked for and any analysis showed actions were taken to reduce the potential for further incidents. Clinical audits linked in with this to ensure positive actions had been implemented.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments included people's care needs, life histories and individual preferences. This ensured people's needs could be met from the start of care and protected characteristics under the Equality Act 2010 were considered.
- Assessments were reviewed to ensure they continued to support the right levels of support people required. This was to make sure people's needs could be fully met and that they were happy with the support that was available.

Staff skills, knowledge and experience

- People felt staff were knowledgeable about them and the support they needed. One relative said, "The staff are in tune and they keep an eye on them." Some people told us it made a positive difference to them knowing staff knew them well and staff were capable.
- Staff training records showed training was completed. Staff were confident they had the knowledge and skills to meet people's physical and mental health needs.

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

- We received mixed feedback about the food choices. Some people said they had a choice, others did not. Choices were asked the day before, but those with a cognitive impairment, were given visual choice to help make an informed choice.
- Staff encouraged and informed people about the importance to eat and drink. Staff supported people who needed support. Some people used adapted cutlery to promote independence to feed themselves. Staff knew people's dietary needs.
- Food and fluid monitoring records were completed for those identified at risk of malnutrition or dehydration. However, these needed to be more descriptive of what people had consumed. The director of quality and compliance said this was an area already identified for improvement.

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

- People accessed medical professionals and health care support at the right time. For example, specialist nurses and mental health teams supported people in the home.
- One relative said staff had included their relative on an 'eye test list' so they could have their eyes checked at Sycamores. They said, "That's good." Another relative said, "The dentist, optician, chiropodist and many more come here too."

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.

● Where people required authorisations to be made under the Deprivation of Liberty Safeguards these were completed and followed.

● Staff understood and followed the principles of the MCA. Staff sought consent and offered people choices. Staff promoted choice and waited for people to decide and agree, before offering help.

● Staff told us when they needed to act in people's best interests to maintain their overall health and wellbeing. Records showed why these decisions needed to be made. Decisions were specific to relevant topics, such as administering medicines covertly and personal care interventions.

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

● People were supported to personalise their bedrooms and encouraged to bring their own possessions.

● The registered manager planned to improve the home environment. We were told by staff, storage presented problems. Wheelchairs, laundry bins and continence products were left in a communal bathroom. These were relocated during our visit.

● The home was purpose built and met people's needs, such as hand-rails along corridors and people could use a passenger lift. However, over a long period of time, the passenger lift was regularly out of action. People gave us examples of how this affected them, even though the provider always acted to make repairs. During our visit, the lift was being repaired. The provider was hopeful this would reduce it consistently being out of action.

● Use of colours and large print and pictorial signage, particularly where people living with dementia lived, helped guide people through the home.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives praised staff and spoke positively about their kind and caring nature. One person told us, "I like it here, It's the staff that matter, I love them all." A relative said, "They're (staff) very caring." Another person said it was not the building, but the staff that made the difference.
- Our observations showed staff knew people well and we saw respectful interactions between staff and people. For example, one person was becoming distressed and we saw staff talking to them in a kind and reassuring manner. Other staff supported them as well, engaging in light hearted conversation and giving constant reassurance and prompting. One staff member told us, "We have good banter."
- One person explained how staff made sure they were happy and well cared for. They said, "They (staff) keep my room comfy and clean, now I need looking after they do it really well here for me." They described two staff who cared for them as, 'lovely, they make sure I'm okay.' A relative was pleased with the service their family member received. This relative said, "They're caring towards us all as a family, I try to come at mealtimes to help out, (relative) is very slow at eating their meals, they'd help them if I wasn't here."

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

- People told us they were supported to make choices about their care. Planned 'residents' and relatives' meetings were held. People were encouraged to be involved in decisions about activities, the environment and future menu choices.
- People and their relatives had been involved in developing their care plans and reviewing them. A variety of care records confirmed this.
- Staff continually involved people in choices of where to sit, what to do, what to drink and what people wanted to do during the week. Staff encouraged people in conversation and this was done to explore new experiences for people to become involved in.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how they respected people's privacy by knocking on people's doors before entering and ensuring the curtains were closed.
- People were supported to be independent. People were able to make their own drinks, help themselves to snacks and some people liked to go into the local community to buy personal items. One person helped to set the tables and to take cutlery round to people's rooms at lunch time.
- Relatives told us they were welcomed into the service and were made to feel comfortable.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection has remained the same. 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

● People told us the service was personalised to them and they felt included in how their care was delivered. For example, one person told us, "I like to be in the dark at night and the corridor light is on all the time, they turned my bed around so it is less of a problem." One person said, "I have difficulty balancing to wash…they have ordered me a perching stool to help." A relative said the care their family member received met their changing needs. They told us, "(Person) changes a lot day to day and they (staff) change their care accordingly."

● Reviews of care were completed regularly and more frequently when people's health conditions changed.

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.

● There was a programme of activities but during our inspection, a planned morning activity did not go ahead because of staffing levels (unexpected sickness). One staff member said they would plan to do an alternative activity with people in the afternoon. People's comments to us was mixed. Some people were bored, others said due to the lift being out of action for many weeks, this limited their participation.

● Staff said for most of the time, activities were tailored to people's needs. We saw some people doing art work that was going to displayed on the wall. Some people liked to read, others enjoyed external musicians and visits from local schools.

● The registered manager showed us evidence of activities being completed and this continued to be improved upon. Lifestyle coaches responsible for activities were committed to provide meaningful activities. Regular meetings with other lifestyle staff from other provider homes shared good ideas and initiatives.

● The registered manager said activity sessions were beneficial to people. They included children from local schools, arts and craft club and external entertainers, such as singers. For those who stayed in their room, individual activities took place to reduce social isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Information about how people communicated was included in their care records. From our observations, staff knew who wore glasses, hearing aids and who needed to be given visual cues.

● Pictorial signage helped people orientate around the home.

● Staff said they were confident that the methods they used to communicate with people, met people's

needs. Staff told us they spoke to people face to face and spoke in a way people understood.

Improving care quality in response to complaints or concerns

● The provider had a formal complaints procedure. Although some people shared some less than positive experiences to us on the day (lift out of action), no one we spoke with had raised a formal complaint. People and relatives knew who and how to raise their concerns.

● Complaints made had been investigated and responded to in line with the provider's policy.

End of life care

● At the time of our visit, some people received end of life care and some people received palliative care. Some people had life limiting illnesses.

● Sycamores received referrals to take people on an end of life pathway.

● Recent increases in expected deaths was identified during our planning. The registered manager said they had a number of care packages that were specifically end of life care.

● The staff team worked with other healthcare professionals and family members to support people to make decisions about the treatment they would like to receive if they became very poorly.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility

- Effective audits and checks were regularly completed. Where audits and checks were delegated to others, the registered manager ensured these were completed, for example maintenance and fire checks. Health and safety checks, care records and clinical checks were reviewed by the provider's internal quality team to ensure people received good care.
- Staff were clear of their responsibilities and they said communication was more effective which helped and reduced unnecessary work, which improved team work.
- The registered manager and provider understood their responsibilities of what to report to us. They understood when to send us statutory notifications for notifiable incidents. The registered manager had displayed their rating in the home and on their website.

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

- People and relatives said the home was well managed by a registered manager they said was, "Good, she sorts it all out." One person said, "It's well run because they put us first."
- People and relatives felt involved and able to share their feedback and opinions. People were confident their concerns would be listened to and acted upon by a registered manager who wanted to promote positive experiences.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The director of quality and compliance told us there had been learning from other CQC inspections across the provider's other services. This learning and known identified actions, formed a 'back to basics' plan. This included important areas of care delivery and increased checks and closer operational scrutiny, would continue to drive and sustain improvements.
- Good professional links with the local authority, other health professionals and links with the local community continued to be strengthened.
- People, relatives and records showed they were involved and kept up to date about developments within the home, for example through planned meetings and updates.