

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Sycamores

60 Stockingate, South Kirkby, Pontefract, WF9  
3RA

Tel: 01977652638

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

## Details about this location

Registered Provider	Holly Bank Trust
Registered Manager	Mrs. Karen Makings
Overview of the service	The Sycamores provides accommodation and personal care for up to eight people who have a physical disability and who may also have a learning or sensory disability. People are encouraged and supported to live as independent a lifestyle as possible.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Management of medicines	11
Requirements relating to workers	12
<hr/>	
<b>About CQC Inspections</b>	13
<hr/>	
<b>How we define our judgements</b>	14
<hr/>	
<b>Glossary of terms we use in this report</b>	16
<hr/>	
<b>Contact us</b>	18

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We looked at the care plans of two people who lived at the home. We found that care and support plans provided detailed personalised information about the care and support people needed, how it should be provided and in a format that the service user could understand. Each person living at the home had a designated key worker. This meant that people were able to build positive and trusting relationships with care staff.

We found that the service took appropriate steps to identify risks of abuse and prevent abuse from happening.

Care workers who administered medicines to people had received suitable training and had been assessed as to their competence. The manager confirmed that only care workers that had completed the assessment to administer medicines did so. Medicines were securely stored and discontinued medicines were disposed of by a pharmacy as described in the home's policy.

As part of the recruitment process we saw that care workers had completed application forms which provided sufficient information to ensure prospective employees were of good character.

There were effective recruitment and selection processes in place. The manager explained to us that care staff were interviewed and that they were subject to Criminal Records Bureau (CRB) or more recently Disclosure and Barring Service (DBS) checks.

We spoke with a general practitioner who told us "I have absolute confidence in the staff here, they are so caring and meet the needs of the residents very well".

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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### Reasons for our judgement

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At the time of our inspection seven people were using this service and we looked at the support plans for two of them. We found that these support plans included detailed information about the person and their views, preferences, likes and dislikes. These support plans were produced by the service user or the service user supported by their relative or key worker. This meant that people expressed their views and were involved in making decisions about their care and treatment.

Some of these documents were produced in a pictorial format so that people using the service could fully understand what was written about them in their care and support plans.

We found that the support plans included detailed information about all their daily tasks and what level of assistance they needed to fulfil these tasks. Where people were able to carry out certain tasks themselves, they were supported to do so to maximise their independence. This meant that the service was promoting people's independence.

Where a person had relatives, there was information on important dates the service user wished to be reminded about, for example Mother's Day. We found evidence that relatives had been consulted in the assessment and support planning process, and their views were taken into account. We also saw evidence that service users' consent had been sought prior to communicating with relatives. This was further demonstrated during a discussion with one service user. She commented "If the staff need to contact home they would always ask me if it was alright before doing so".

Monthly service users' meetings took place with records showing items people wished to be discussed. We saw evidence that suggestions made by service users had been put into effect, for instance, suggestions about social events that people wished to participate in.

During our inspection we spoke with one person using this service. The person told us that

whilst she would prefer to live more independently in her own flat she recognised her limitations. She said "the staff here are really good, they know what I need and do their very best to support me looking after myself". She also said she liked to spend time out with her friends saying "when I want to see my friends I just tell the staff when I want to go and they arrange transport".

We observed staff supporting a person who could not communicate verbally. Staff were seen to use alternative methods as documented in the person's care plan which enabled the person's wishes to be met.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Most people who use the service were not able to tell us about their involvement in the care they received due to difficulties with their verbal communication. We were however able to speak with one service user.

The service user we spoke with told us "I have a good relationship with the staff here and I have received the care and support I need". Each person living at Sycamores had a designated key worker. This meant that people were able to build positive and trusting relationships with care staff.

During our inspection we observed that staff interacted well with people and involved them in their daily routines. For example we observed how a staff member engaged with one person who was only able to communicate with the blink of an eye yet the person's wishes were understood and acted upon. We saw that the person was being respected and that they were involved and responded positively with a smile.

We looked at the records of two people using the service and found both had a detailed assessment of their personal and care needs. We found evidence that these assessments were updated as a person's needs changed and both records we looked at had been reviewed in the three months prior to our visit.

We found that the assessments contained detailed information about how the person wished to be addressed and their preference with regard to all aspects of their care. For example, one document recorded how the person wished to get ready for bed and prepare for sleep. It recorded the support needed to get washed and help required to clean teeth. It then described how many pillows the person wanted, a preference for a duvet and the preferred temperature of the room.

Staff we spoke with were knowledgeable about people's interests and preferences. This meant that people's choices were being respected by the staff. We also spoke to a general practitioner visiting the home, she said "I have absolute confidence in the staff here, they are so caring and meet the needs of the residents very well".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Any risk identified was followed up by a detailed assessment and care plan to show how these were managed. For example a person's care plan showed that due to their communication needs they may be at risk of not being understood. This may impact on their behaviour and the way they would interact with people. There was a plan in place showing how to support that person.

People's diversity, values and human rights were respected. Each person had their own room decorated and furnished to their wishes. Staff were seen to knock and wait before entering people's bedrooms. The one person we were able to speak with confirmed they had no concerns about their privacy.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We found that the service took appropriate steps to identify risks of abuse and prevent abuse from happening. We spoke with two support care workers and the manager during our visit and asked them about their understanding of safeguarding and the safeguarding processes within the service. They all demonstrated a good knowledge of safeguarding. Both the support workers were able to describe and talk about the different types of abuse.

The support workers we spoke with were able to tell us about their knowledge of identifying the signs of potential abuse. They told us that they would report a safeguarding concern to their line manager in the first instance. However, they were aware of other people in the organisation that they could report a concern to.

All the staff had up-to-date training in safeguarding. This demonstrated that the service was providing staff with the appropriate training to ensure they had a good understanding of safeguarding policies and procedures.

We found that staff had a good understanding of the whistle-blowing process, the definition of whistle-blowing and why staff might want to report concerns. Staff we spoke with could tell us of prescribed regulators to whom they could report concerns.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the storage and recording of medicines. During our visit we inspected the storage and records of medicines held in the home. We saw that all medicines were stored in locked cabinets. This meant that medicines were kept securely.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. Controlled medicines were kept in a separate locked cabinet. We inspected the controlled medicines register and found procedures for recording were accurately kept. However we found that one bottle of oral Morphine Sulphate was out of date. This was immediately taken out of use by the staff and arrangements made to supply new stock. No person had been dispensed the medicine after the expiry date.

We also checked the medicines refrigerator. This was found to contain only appropriate drugs. However our inspection of the temperature log book showed that the temperatures were not checked daily as the procedure required. The manager at the location said this would be remedied immediately.

Where people were prescribed 'as required' medicines there was a detailed care plan. The care plan set out what the medicine was for and the circumstances in which care workers should support people to take it. We saw that care workers had recorded the medicine taken which matched the daily records of care provided. This meant that medicines were prescribed and given to people appropriately.

Care workers administering medicines to people had received appropriate training. We saw that all care workers responsible for administering medicines had completed training and an assessment of their competence. The manager had systems in place to ensure that there was always a trained member of staff available to administer medicines.

Creams and ointments were separately prescribed for people and all found to be within date and appropriately stored.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff commenced employment. We looked at the personnel files for three care workers. These confirmed that they had been interviewed, that references had been requested and received and that the employer had completed appropriate background checks before they had started work at Sycamores.

We saw that care workers had completed application forms which provided evidence of their employment history, with reasons for leaving their previous jobs. This helped the provider to ensure that potential new care workers were of good character.

Staff files held a record of the interview showing questions asked and the quality of the responses given. The interview record also showed the interview panel members.

Care worker personal records included proof of identity, including photographic identification, proof of residence and two references, one of which was from a previous employer. We saw that checks had been undertaken for all new staff with the Criminal Records Bureau (CRB) or more recently Disclosure and Barring Service (DBS). The manager confirmed that care workers only started working at the home once the results of CRB or DBS checks were known.

We saw that the service had procedures in place to check that prospective employees were legally entitled to work in the United Kingdom.

We saw that new care workers had completed an induction programme with appraisals every two weeks for the first six months. Thereafter records showed supervision meetings occurred every six to eight weeks with formal appraisal four monthly. The two care workers we spoke with confirmed this had been their experience.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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