

Burlington Care (Yorkshire) Limited

# The 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

The Sycamores is a residential care home providing support and accommodation for older people who require nursing or personal care for up to 56 people. At the time of our inspection there were 49 people using the service. The care home provides accommodation across two floors.

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

Systems were in place to safeguard people from the risk of abuse. Staff understood their responsibilities to protect people from avoidable harm. People we spoke with told us they felt safe. Risks to people were assessed and up to date. However, records did not always clearly indicate how staff should use hoist slings appropriately. Staff were recruited safely and there were sufficient staff to meet people's needs. Medicines were managed safely. Infection prevention and control measures were in place. The registered manager monitored incidents in the service and took action to reduce risks to people.

Staff were knowledgeable about people's needs and how these should be met. Staff received regular appraisals and supervisions to support them in their role. People were supported to make choices for their meals and where they would like to eat. The service had strong links with local healthcare services and weekly GP visits were facilitated to meet people's healthcare needs.

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.

Staff treated people with compassion and kindness. People told us they felt cared for and well looked after. The registered manager promoted dignity and respect in the service. People's views were obtained to drive improvements. Relatives told us staff were friendly and people's wishes were met.

Individualised assessments and care plans detailed how to meet people's day to day needs. People were involved in choosing daily activities, which were meaningful to them. Complaints and concerns were recorded and fully investigated with lessons learned and action taken appropriately. End of life care plans were individualised and respected the wishes of people.

The registered manager had systems in place to improve quality in the service. Staff felt supported in their roles and relatives told us they felt able to speak to the registered manager if they had any concerns. Complaints were dealt with effectively and lessons learned when things went wrong.

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 and update

The last rating for this service was requires improvement (published 23 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this

inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Sycamores is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Sycamores is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, activities coordinator and support workers. We spoke with relatives about their experience of the care provided.

We reviewed a range of records. This included four care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager and staff were aware of action they should take if they suspected abuse.
- Staff had received training and the provider had systems in place to safeguard people from the risk of avoidable harm.
- People felt safe, one person told us, "I feel happy and safe here. Staff are great and there's enough staff."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and monitored. However, records seen did not always clearly indicate how staff should use hoist slings appropriately. The registered manager was made aware of this on the day of inspection and took action to rectify the records.
- Environmental risks were assessed to keep people safe and staff conducted a daily walk round of the premises to identify any concerns. Audits were in place to ensure equipment was well maintained and safe for use.
- The provider had recently implemented a digital system which promoted safety for people, for example staff were alerted when people needed repositioning.

Staffing and recruitment

- There were sufficient staff to support people. The registered manager advised of occasional use of agency staff, but recruitment processes were underway to increase the permanent staff team.
- People and relatives felt there were enough staff to meet people's needs. One relative told us, "There's always someone around, people coming around with tea and someone always pops in to see [Name]."
- Staff were recruited safely. Records showed that pre employment checks were carried out, including obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Medicines were safely managed. The provider had systems in place to ensure people received their medicines as prescribed.
- Staff were suitably trained to administer medication and staff completed records accurately.
- Where medicines were prescribed 'as required' or 'as directed' there were protocols in place to give staff clear guidance on when these should be taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements were in place and people were receiving visitors

#### Learning lessons when things go wrong

- The registered manager analysed accidents and incidents to mitigate future risks to people. This helped the provider learn from incidents.
- The provider carried out regular audits in the service to ensure people were kept safe.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Peoples needs were assessed, and detailed care plans were in place. This enabled staff to deliver care and support to people in line with their choices and preferences.
- People felt listened to. For example, one person requested a double bed to feel more comfortable and this was provided.

Staff support: induction, training, skills and experience

- Staff were trained and competent to carry out their roles effectively. New staff underwent a thorough induction programme.
- Staff received regular supervisions and felt supported by the registered manager. One staff told us "I feel 100% supported and can go to the registered manager with anything, we have a lovely staff team."

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

- People were given choice about what, where and when they would like to eat. Staff were knowledgeable about people's needs and preferences.
- We observed staff promoting choice and dignity during mealtimes. For example, one person required assistance to eat. Staff explained where the food was, what was on the plate and provided adapted crockery to enable the person to maintain independence.
- People told us they enjoyed their meals. One person said, "We always have a good meal, I haven't had a bad meal yet" and another person said, "The food is marvellous."

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

- The home maintained strong links with the GP and regular ward rounds were held to discuss people's healthcare needs. We reviewed care plans that showed people had access to other agencies where required.
- Staff kept records of any healthcare concerns and these were acted upon. For example, people's weight was monitored, and action taken to mitigate risk to people.

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

- The environment was homely and met people's needs. People had access to gardens and private areas for visitors.
- The home had recently had some refurbishments and people were involved in a gardening group.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff received training in MCA and DoLS and understood how to apply the principles of this legislation.

# Is the service caring?

## Our findings

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

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

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

- We observed people being treated with kindness and respect.
- People and relatives told us they were well cared for and staff knew them well. One person told us, "The staff are very nice you can have a laugh and joke with them, they do care," and a relative told us, "[Name] gets looked after well, appears happy, well-kept and staff are friendly."

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

- We saw staff offering choice to people about what they would like to eat and drink and how they would like to spend their day.
- People were involved in resident's meetings that involved decisions about activities, meals and any changes they wished to make about their care.
- People felt involved about decisions about their care. One person told us, "Staff do my hair just the way I like, they do my nails how I like too, in red."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured privacy and dignity was maintained for people, and treated people in a respectful way.
- We observed staff knocking on doors before entering rooms. One relative told us, "Staff always knock," and another relative told us, "When staff change [Name] they always have the door shut and let them know what is happening."

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's preferences were recorded in person centred care plans. Care records were reviewed regularly and reflected people's needs.
- Staff provided individualised care and were knowledgeable about how people wished to be supported. One relative told us, "[Name] gets up and goes to bed when they want, they have a glass of Guinness in the evening."
- The home employed a full-time activities coordinator who provided stimulating activities for people, on a one to one basis or as a group.
- People were encouraged to maintain relationships. One relative told us, "Staff encourage [Name] to join in conversation and sit in the lounge, [Name] knows someone is always around," and another relative told us, "Staff are always welcoming when we visit and offer us a drink."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples care plans contained their communication needs and we saw staff communicating with people effectively.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record and respond to any concerns or complaints.
- The registered manager investigated and acted upon complaints made. Staff and relatives felt comfortable to raise concerns. One staff told us, "If anything concerns me, I report it to the registered manager and they always take action."

End of life care and support

- The service worked in partnership with people's GP's and palliative outreach teams to ensure people's health needs were met.
- End of life care plans were in place and detailed people's wishes.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the systems in place did not effectively monitor and improve the quality and safety of the service. The provider had failed to keep up to date and accurate records. This was a breach of regulation 17(2) 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 regulation 17

- Staff, relatives and people felt the registered manager was approachable and supportive. We observed people interacting positively with the management team. One relative told us, "They [registered manager] is organised, whenever we ring up about anything it is sorted. They have gone over and above to cater for my relative's needs."
- The provider and registered manager had implemented new audit and recording systems since our last inspection, this helped them identify any issues and improve quality in the service
- The provider had relevant, up to date policies and procedures in place.

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

- Staff provided person centred care for people. The home had an open and transparent culture.
- People were engaged in activities they liked, and choice was promoted by staff.
- People and relative's we spoke with were happy with the home and the care provided. One person told us, "The home is lovely, it's like a hotel," and a relative told us, "It's lovely, [Name] is happy and doesn't want to live anywhere else."

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: Continuous learning and improving care.

- The provider and registered manager were aware of their legal responsibilities and regulatory requirements. The registered manager sent us notifications about important events, as required.
- The registered manager completed a monthly report to the providers which identified any concerns and what action was taken to improve care and safety for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Feedback was sought from people, relatives and staff to drive improvements in the home. The results were displayed in the entrance in the format of 'you said, we did.' For example, one person had said they made a

complaint, and this was dealt with promptly by the registered manager.

- People were involved in decisions about the service and were listened to. For example, one person wanted a cooked breakfast daily and this was provided.
- Staff attended regular team meetings and we saw staff were actively involved in improving the service. Staff we spoke to felt supported and told us the team worked well together.
- Care records seen showed other professionals were involved to improve care for people. Staff worked in partnership with others such as healthcare professionals and the local authority.