

Allag Care Limited

# Sycamore Cottage Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Sycamore Cottage is residential care home providing accommodation for people requiring personal or nursing care for up to 14 people. The service provides support to older people and younger adults. At the time of our inspection there were 13 people using the service.

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

Expected food hygiene standards could not always be met because the kitchen was old and required replacement. The provider had ordered a replacement kitchen and was waiting for dates for delivery and installation.

Safety checks and routine maintenance was carried out to ensure the premises and any equipment were safe to use. The provider was in the process of refurbishing and redecorating the building.

We made a recommendation about protocols for medicines prescribed on an 'as required' basis. Staff managed people's medicine in a safe way. There were enough staff to meet people's needs and keep them safe. Staff were recruited in a safe way.

People were safe because staff had training about protecting people from abuse. People had confidence in staff and managers. Risks were assessed and staff knew how to reduce risk and how to provide reassurance if people became distressed.

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 and staff were involved and consulted about the day to day running of the service. People had choices and their feedback was used to improve care and support. Care and support was person centred and achieved good outcomes for people. Staff and managers knew people well and understood the things which were important to them.

Checks and audits were carried out and areas for improvement were identified and implemented. The provider and managers had a very hands on approach and were supportive to people and staff.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 October 2019).

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Sycamore Cottage Residential Home

## **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.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Sycamore Cottage 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. Sycamore Cottage 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was an acting manager in post. They told us they intended to apply to become the registered manager.

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people about their experience of the care provided. We spoke with 6 members of staff including the provider, the nominated individual, the acting manager and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed staff providing care to people. We reviewed a range of records. This included 4 people's care records and multiple medicines administration records. We looked at 3 staff files in relation to recruitment and training. A variety of records relating to the management of the service 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. The rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to employ enough staff to provide safe and timely care. This was a breach of regulation 18(1) 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 18(1).

- People told us there were enough staff. We saw staff spending time with people and responding to their requests in a timely manner.
- Staff told us they had enough time to meet people's needs and keep them safe. Additional staff were deployed if people's needs changed. For example, at the time of our visit a person had become distressed and required additional support to keep them and others safe. The provider responded quickly and organised additional staff and attended the service themselves to provide support and organise this.
- Staffing numbers and skill mix were determined depending on people's needs. Some people required additional staff at certain times of the day to ensure they were safe and could take part in the activities they enjoyed. Staff rotas showed required staffing numbers were usually fulfilled.
- Staff were recruited in a safe way. Checks were carried out before staff were offered employment to make sure, as far as possible, only staff with the right skills and experience were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- The provider had identified risks within the environment and had a refurbishment plan with the required action. The kitchen was not fit for purpose because it was old and required replacement. The provider had ordered a new kitchen and was awaiting a delivery and installation date.
- Risks were assessed, and management plans were put in place. Staff knew what triggered distress and risky behaviour in people, they knew how to reassure people and diffuse any risky situations in the safest way.
- Physical risks such as risks of developing pressure sores or risks of choking due to swallowing difficulties were also assessed. One person had a pressure sore, staff followed community nurse advice regarding positional changes and the use of a specialist mattress. The pressure sore was healing and reducing in size.

### Using medicines safely

- Staff knew when to administer medicines prescribed on an 'as required' basis. Staff told us and records showed psychotropic medicines for the management of behaviour were only ever used as a last resort. However, the instructions for when these medicines should be given were not always recorded.

We recommend the provider records clearly in 'as required' medicine protocols when and in what circumstances these medicines should be given.

- Only staff who had received training and been assessed as competent managed people's medicines. Medicines were stored securely and correctly. Administration records were accurate and up to date.
- Audits and checks were carried out to make sure people had their prescribed medicine in the right way and at the right time.
- Staff had received additional training from the community nursing team regarding the administration of insulin. Staff we spoke with knew how to give insulin safely, what checks to carry out and when it should not be given.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They had confidence in the staff supporting them. People were comfortable raising any concerns they had and felt sure staff would take action.
- Staff had training and knew how to recognise the signs of abuse. They knew how to report it and this included contacting other authorities such as the Police, the local authority or the CQC when required to.
- Staff knew people well and understood how to keep people safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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. Any conditions related to DoLS authorisations were being met. Staff supported people in the least restrictive way, so people continued to do the things they enjoyed and had their human rights upheld.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach

#### Visiting in care homes

- There were no visiting restrictions and people's friends and families were supported to visit in a safe way.

#### Learning lessons when things go wrong

- The provider had made improvements since our last inspection and were no longer in breach of regulations. Improvements had been made to staffing numbers and identifying which staff were supporting which people through the implementation of team working.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Since our last inspection, the provider had redecorated and refurbished many areas of the home and garden. Flooring in communal areas had been replaced and furniture was being replaced. A new kitchen had been ordered.
- The deployment of staff had improved so staff knew who they were responsible for and had time to meet people's needs and keep them safe.
- Additional training was being arranged regarding mental health. Senior staff had completed training known as 'restore'. Restore is a tool to support the recognition of deteriorating health so staff could promptly identify and take action when people became unwell.

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

- The culture at the service was person centred. Staff and managers shared the same values. They knew people well and achieved good outcomes for people. For example, people spent time following their own interests and hobbies, they were consulted and involved in planning their care and support.
- Staff followed people's care plans and communicated effectively. We observed staff reassuring people when they became distressed. Some people required the additional support of one or more staff to be with them all of the time to keep them safe. Staff did this in an unobtrusive and respectful way.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest when things went wrong.

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

- Regular audits and checks were carried out by staff and by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Spot checks were carried out at random times including during the night-time shift to ensure staff were following safe policies and procedures.
- Staff received the training they required to carry out their role and meet people's needs. They had opportunities to discuss their learning and development needs and had their performance appraised.

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

characteristics.

- Staff understood and met people's equality and diversity needs. People's protected characteristics under the Equality Act 2010 were respected, and staff supported people to have their social, cultural and religious needs met. For example, people were supported to follow their chosen religion and had culturally appropriate meals.
- People and staff told us they were engaged and involved. People's care plans included their individual needs and preferences. People and where appropriate, their relatives were invited to care plan reviews to check care and support met their needs or if any changes were required.
- Staff told us they were consulted and involved. They told us their managers listened to and valued their opinions.

Working in partnership with others

- A visiting healthcare professional told us communication was good and staff followed their advice and guidance. Staff worked with other authorities such as the local authority and the mental health teams.