

Burlington Care (Yorkshire) Limited

# The Sycamores

## Inspection report

Norton Road  
Wakefield  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Sycamores can accommodate up to 56 people who require support with personal care needs. At the time of our visit, 39 people were living at the service. The Sycamores is situated in Wakefield.

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

The registered provider did not always have effective governance in place to maintain and improve the quality and safety of the service. Quality assurance audits were not always effective in identifying and addressing areas requiring improvement such as, care records and infection control.

People told us they felt safe living at The Sycamores and were supported by kind staff who knew how to support them. Enough staff were deployed to support people safely. Staff were knowledgeable about how to identify and report safeguarding concerns. Accidents, incidents and falls had been documented and reviewed to look for trends and help prevent a reoccurrence. Medicines were managed safely.

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 19 March 2020).

### Why we inspected

The inspection was prompted in part due to concerns received. A decision was made for us to undertake a focussed inspection to review the key questions of safe and well-led only. 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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Sycamores on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

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 one inspector and one bank inspector.

#### Service and service type

The Sycamores is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from the local authority. 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.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with 12 members of staff including; registered manager, regional manager, care and housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We also looked a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked various documents including, equipment checks and medicines competencies.

# 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 requires improvement. At this inspection 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 ensure there were sufficient numbers of competent, skilled and experienced staff deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection there had been improvements made and the provider was no longer in breach of Regulation 18.

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.
- The provider used a dependency tool to ensure there was a safe number of staff to meet people's needs. There were enough staff to care for people safely and the feedback from people and most staff living at the home was current staffing levels were sufficient. One member of staff said, "We always have enough staff to keep people safe." One person told us, "There always seems to be someone around whenever I need them. Staff are smashing."

### Preventing and controlling infection

- We were not always assured the provider was promoting safety through the layout and hygiene practices of the premises. We found food debris on the walls and skirting boards of the servery area. We found further issues regarding marks and staining surrounding the waste bin and worktop area and uncovered and unlabelled food in the fridge. These issues had not been identified during the registered manager's daily walk around audit. The registered manager assured us this would be addressed with staff supervision and renewal of some items.
- There were appropriate protocols and policies in place to support the home around infection control.
- We observed staff wearing appropriate personal protective equipment (PPE) through the home. There were appropriate hand washing facilities throughout the home to minimise the spread of infection.
- The home was conducting appropriate Covid-19- tests for all staff and residents.
- 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 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.

#### Assessing risk, safety monitoring and management

- A number of standardised risk assessments had been completed for each person covering areas such as environmental risks, staff safety, infection control and use of equipment. Where people had any specific needs, individual risk assessments had been completed. However, some people's plans did not contain clear information to support staff to reduce identified risks safely. For example, one person's repositioning assessment documented a different frequency to that which was being used in practice. The registered manager believed this was due to records not being updated following a recent visit by a district nurse and assured us the records would be updated immediately. Another person's dietary preferences were not clearly recorded which placed them at risk of receiving food they may not have ordinarily requested.
- We spoke with staff about people's current risks and the recording of these. One staff member said, "I make sure not to rush anything; I always want to do things right. I feel we give 100% if not, I would not work here. We all know people very well."
- Risks associated with equipment and the premises were managed safely. Relevant safety checks were up to date.
- Staff confirmed they had received training and support to use any equipment in place, such as a hoist and felt confident in doing so.

#### Using medicines safely

- Medicines were managed, stored and administered safely.
- Controlled drugs were accurately monitored and recorded.
- Protocols were in place to support the administration of 'as required' medicines. Protocols were in place should it be required to administer people's medicines to them covertly (hidden in food or drink).
- Staff received training and their competence and practice was checked regularly.
- The provider had appropriate policies in place to support safe medicines management.

#### Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I'm sure I am very safe" and, "I have no worries about my safety, the staff are lovely."
- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.
- The provider understood their safeguarding responsibilities.
- The provider followed correct safeguarding procedures. Events were reported to the local authority and appropriate records were maintained. At the time of the inspection there were no open safeguarding cases.

#### Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the registered manager.
- Records showed the provider monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns which may help to inform or improve people's care when needed.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider and registered manager used a range of audits and monitoring systems to assess the quality and performance of service delivery. Auditing of areas including care records, continuity of care, complaints, safeguarding, training, medicines and infection control had been completed on a regular basis.
- We saw action plans developed following audits to ensure the home remained safe. However, a compliance assessment report carried out in April 2021 by a member of an internal quality team identified people's records suggested they had not always been repositioned in line with their care plan and assessed needs. On the day of our inspection we found this issue remained.
- Despite the governance systems in place, the issues we found on inspection with records and infection control had either not been identified or it was not clear what action was being taken to address any shortfalls.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate risks were effectively managed and complete and contemporaneous records were in place in respect of each person. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team and provider promoted a positive culture within the home.
- Most staff felt the culture was person-centred, open, and inclusive. One staff member said, "I know how supportive they [registered manager] can be as I have experienced it myself." Whilst one staff member told us, "I don't believe the manager is always approachable," another commented, "I think we have a very good, close knit, team."
- People we spoke with told us they found staff and the management team very approachable. One person told us, "I want to say the staff here are excellent. We have always got something to do, knitting, ball games, bingo and crafts."

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

- People using the service and staff were engaged and involved with the service. We saw a recent, 'You said, we did' survey displayed.

- People told us they were confident to request a change to how their care was delivered. One person told us, "Staff always ask how I want something done, I like that."
- The provider worked in partnership with other agencies to ensure people's care met their needs. A visiting nurse said, "The home is nice, communication is very good, I have no concerns here."
- People had been supported to keep in touch with their relatives using technology during the pandemic.

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

- Complaints we checked showed when things went wrong, the provider took action to address shortfalls and improve practice.
- Notifications about significant events such as expected and unexpected deaths, serious injuries and abuse or allegations had been submitted to CQC and showed appropriate action was taken in response.

Continuous learning and improving care

- The registered manager understood their responsibilities towards learning and improving. They were receptive to feedback and responded quickly to address concerns and improve the service.

Working in partnership with others

- The management team and staff worked with other professionals to benefit people using the service. Health professionals, such as, GP's and pharmacists were contacted when staff wanted advice and guidance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  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. Regulation 17 (2) (a) (c)