North Yorkshire County Council

Sycamore Hall

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

We carried out this announced inspection 1 and 3 November 2017.

Sycamore Hall provides personal care to people in their own homes. The service also provides personal care to people living at Kirkwood Hall in Leyburn. Both services are carried on and managed from the Sycamore Hall location.

The service can be provided to adults over 18 years, older people, people living with dementia or mental health difficulties, physical disabilities, autistic spectrum disorder or people with sensory impairments. At the time of our inspection, the service was providing care for 44 people.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service at Sycamore hall lived in apartments. The Kirkwood Hall facility had apartments and bungalows that were situated in the grounds.

Sycamore Hall has a room reserved for people from the community who need additional support following discharge from hospital or to prevent them from being admitted to hospital. Kirkwood Hall has two of these rooms. These are known as step up / step down beds. Health professional's work alongside staff to ensure people who require this level of support have their needs met.

The service did not have a registered manager. The previous registered manager left in May 2017. The manager in charge of the service had applied to be registered.

At the last inspection, the service was rated good. At this inspection, we found the service remained good.

People were protected from harm by staff that recognised the signs of abuse and were confident to raise concerns. Care plans and risk assessments were in place and there was enough staff to safely provide care and support people.

There were safe recruitment processes to prevent unsuitable staff working with vulnerable people. The administration of medicines was well managed and people received support from health professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Arrangements were made for people to see health professionals when they needed to and to have a healthy balanced diet to promote their wellbeing.

The care and support people received was person centred to meet individual needs. Staff were kind, treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights as their choices and preferences were respected.

People's independence was promoted and they were supported to have maximum choice and control of their lives.

The service was well-led. Staff said the management team were approachable and supportive and there were good working relationships with health and social care professionals. The safety and quality of support people received was monitored and the provider completed quality assurance audits to drive continuous improvement of the service.

Feedback systems were in place where the views of people and relatives were sought. People were given information on how to raise a complaint should they choose to do so.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Sycamore Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a Coroner's and safeguarding investigation after which we will consider any next steps. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from moving and handling equipment. This inspection examined those risks.

This inspection took place on 1 and 3 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted them to be present on these days to provide us with the information we needed.

Inspection site visit activity started on 26 October and ended on 6 November 2017. It included reviewing the information we held about the service, speaking to people who used the service, staff and professionals.

We visited the office location on 1 and 3 November to see the manager and office staff; and to review care records and policies and procedures. An expert-by-experience carried out telephone interviews to seek the views of people who used the service and their relatives. On day two, the adult social care inspector visited the provider's office and the service at Kirkwood Hall. An expert by experience also visited Kirkwood Hall and spoke with people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts had experience of caring for older people or people with disabilities.

Before our inspection, we looked at information we held about the service such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information

about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

As part of this inspection, we visited five people within their own homes and spoke with nine people and one relative when we visited the extra care services. We spoke with three people who used the service and eight relatives via the telephone.

We spoke with the manager, four team leaders and three care and support workers. We spoke with managers who were responsible for the maintenance of the premises and three health and social care professionals for their feedback on their experiences of the care provided.□□

We looked at eight people's care records, three staff recruitment and training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service which included the providers quality assurance audits.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe because they received support from a small team of regular workers that knew them well. One person told us, "I do feel very safe and very comfortable with the carers." A relative said, "The service is absolutely brilliant. My relative is very safe and secure with the care workers." People we spoke with told us that the workers arrived on time. One relative we spoke with said that the carers were sometimes late. Nobody we spoke with said a visit to them had been missed.

The manager understood their responsibilities in relation to safeguarding people from abuse. Safeguarding records and the local procedural arrangements we looked at showed concerns had been raised correctly and appropriately. Staff could explain the signs of abuse and understood their role to protect people. A member of staff said, "I am very confident to raise a concern and have had training." Staff were aware of the impact on people if they were subject to discrimination or harassment. One told us, "If somebody's rights were affected, I would speak to the manager." This meant people were protected by staff who knew what to do and how to raise concerns.

We looked at care plans and risk assessments, which had been reviewed and gave staff information they required to safely meet the needs of people they supported. For example, we observed two carers transferring a person from their wheelchair to a chair. This was completed in accordance to the moving and handling part of this persons care plan and was undertaken at the persons pace, with clear explanations from the carers.

We saw records that showed when a person lacked the capacity to understand risks to them; decisions had been made in their best interests. For example, the potential risks if they were going out of the extra care facility.

Accidents and incidents were documented and the manager we spoke with showed us the system they were developing to help analyse trends and patterns within the service. We checked documentation when a medication error had been identified, how this was reported, supervision of the member of staff involved and the action taken. The provider received copies of all accidents and incidents to review centrally. This meant that actions had been taken to reduce the likelihood of a reoccurrence and consider lessons learnt.

The manager of the service attended regular meetings with the mangers responsible tor the maintenance of the buildings and updated about general maintenance issues concerning the premises at both extra care facilities. We saw that fire risk assessments had been completed and equipment used was maintained. A member of staff had been nominated to ensure equipment was regularly checked and to support staff if they needed advice.

Personal emergency evacuation plans (PEEPs) were seen which gave staff and emergency services details of people's needs if they had to evacuate the building.

We spoke with the manager and looked at the staff rotas. We could see there were sufficient numbers of staff to keep people safe and meet their needs. People we spoke with told us they did not feel rushed. One person said, "Carers take their time." Another said, "They are always on time, there has never been a missed call; no grumbles from us or my relatives."

We looked at the arrangements in place to ensure staff were recruited safely. Records we looked at showed relevant pre-employment checks had been completed and that recruitment practices remained safe.

We looked at medicines arrangements for people who needed this support. in place to ensure the safe administration of medicines to people who needed this support. People and their relatives told us they received their medicines on time and records we looked at confirmed that medicines were administered correctly. One person told us, "They have been doing all my medication for me. It is correctly administered and they write it in the care plan."

There was a medication champion whose role included promoting best practice, mentoring and updating their knowledge. We saw that the service had a copy of the new good practice guidance issued for managing medicines in people's own homes and the provider was updating their policy to ensure this guidance was implemented.

We undertook a spot check on two people's medicines records. The records were completed correctly and the total number of tablets remaining matched their medicine administration records.

We observed care workers wearing gloves and aprons when they supported people and no environmental concerns were identified in relation to control of infection.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the quality of care provided. One person told us, "[The staff] are very good and know what they are doing." A relative said, "They are absolutely brilliant with my relative and they understand their needs."

We looked at care records and assessments which showed how people's physical and emotional needs were met and how they wished to be cared for. For example, information recorded included what was important to people, their goals and how their outcomes were achieved. Information was recorded sensitively and respectfully demonstrating people were cared for as individuals. Staff we spoke with understood the effect of discrimination on people's lives. "One member of staff said, "I would not accept any form of abuse and would report it."

Health and social care professionals we spoke with confirmed the service was meeting people's needs effectively. One told us, "The communication with the staff team is excellent, they follow our recommendations and I am confident that the staff are well trained." Another heath care professional told us that staff were eager to learn about specific health needs of people, they would ask questions and had been provided with additional training for stoma care.

We looked at training records which showed staff had access to a range of courses relevant to their roles including, safeguarding, dementia, autism, moving and handling, dignity and respect. Staff completed an induction course and spent time working with experienced staff before they were allowed to support people unsupervised. This meant staff had the appropriate knowledge and skills to support people effectively.

Records showed staff were supported in their roles through appraisals and supervision that took place every two months. Supervision and appraisal is a process, usually a meeting, by which an organisation provide guidance and support to staff. One member of staff told us, "I can talk about anything in my supervision, even if I need to let off steam. We talk about what training I might benefit from. It is very supportive."

The Sycamore Hall staff team had won the provider's 'Working Together' award in recognition of the successful joint work undertaken with health care professionals.

We observed the dining experience at both Kirkwood and Sycamore Hall and saw staff supporting people to eat and drink sufficiently for their needs. Care plans we looked at included if a person needed support to eat and drink and their preferences. Where people had food provided at the restaurants, staff informed the chefs of any specialised dietary requirements.

We received mixed feedback about the food at Kirkwood Hall in terms of menu choices and serving arrangements. We brought this to the attention of the housing association employed manager, as the service was not involved with these arrangements.

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.

We checked whether the service was working within the principles of the MCA. We saw the policy and procedure the service had on the MCA and Deprivation of Liberty Safeguards (DoLS) to protect people. Applications to deprive a person of their liberty when they live in the community must be made to the Court of Protection.

We saw a care plan of a person who lacked capacity that included a MCA assessment, best interest decisions and a request for an assessment to deprive a person of their liberty. This demonstrated people's rights had been protected and upheld.

Staff we spoke with understood the principles of the MCA and had received training. A member of staff told us, "I always presume that somebody has capacity. If they do not, decisions are made in people's best interests."

Good

Is the service caring?

Our findings

People and their relatives without exception told us staff were kind and compassionate and treated people with respect. One person said, "I have wonderful caring staff. I do not have any issues at all." A relative told us, "They are very caring, very kind and sometimes go beyond the call of duty. They have a great relationship with my relative and will always pop in to see if they are ok."

We observed staff showing kindness and respect to people they supported. For example, we saw a person with a sight impairment being support to the dining area. The member of staff guided them carefully and explained what was happening in a manner that did not draw attention to them, which demonstrated dignity and respect.

We observed staff spending time with people and enjoying a joke. It was clear that staff knew people well and had time to spend with them. Staff demonstrated how they communicated with people who had difficulties expressing themselves. For example, we saw a member of staff giving a person time to speak and reassuring them when they became anxious. The member of staff spoke in a manner that reduced this person's anxiety which enhanced their ability to communicate.

A health and social care professional was very complimentary about the staff approach to people they supported. They said, "The person is at the centre and staff are very kind and caring. They respond to any changes in people's needs quickly." Another told us, "We have a nice working relationship with the team which benefits the people here tremendously."

We saw records that showed people and their relatives were involved in decision making and their preferences known. One person told us, "The staff discussed the care plan with me. I have no complaints." A relative said, "Any issues I have, the office will always contact me and update me when I come in."

Information about advocacy support was available to people. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Staff understood the importance of maintaining people's confidentiality. For example, one member of staff told us, "We know not to talk about people's needs in the corridor; we know that we have to maintain confidentiality."

The service enabled people to do as much for themselves as possible. A person we spoke with said, "The workers leave me to get on and dress myself, but they will get stuff out of the cupboard for me and ask which clothes I prefer." A member of staff told us, "I encourage people to do as much as they can for themselves. I give them time and let them lead me." Another said, "I support people thoroughly, but I make sure people have the chance to do as much as they can for themselves."

Good

Is the service responsive?

Our findings

People received care that was person centred and responsive to their needs. One person we spoke with told us, "The staff are very good and they listen to me." A relative told us, "Management are good. We have discussed the care plan and can check anytime for any issues in the recordings left in my relative's place." Another said, "The workers will fit around my relative if they have an appointment or if they are at the day centre."

People's care plans and assessments included individual preferences, reflected how people wished to receive their care and gave guidance to staff on how best to support people. For example, this included if a person's religious needs were considered when support was offered.

The service was in the process of updating and reviewing everyone as new care plans and assessment documentation was being introduced. Two care plans we looked at needed some updating, as changes in people's needs had not been recorded fully. We brought this to the attention of the manager who ensured the plans were updated during our inspection.

Health care professionals told us staff were responsive to people's needs. One told us about an occasion when staff had been proactive, ensuring medication that a person needed was obtained before they arrived. This meant they did not have to chase this up and were able to administer the medication as planned.

To promote people's health outside office hours, the service used technology via a live video consultation with healthcare professionals. We saw records that showed people in the service had been supported to use this technology. This meant people had avoided unnecessary visits or admissions to hospital.

There was a range of activities for people at both extra care facilities. These included coffee mornings, exercise classes, bingo or religious services. One person we spoke with said, "I do bingo, exercises, go to the coffee morning and attend resident meetings." A relative told us, "My relative does attend the events." We observed people could follow their interests. For example, people were involved in looking after the chickens and the gardens.

Staff were aware that people could choose not to become involved with activities, but they were also aware of the importance of involving people to prevent social isolation.

Each person had use of a call bell system to request support that was easy to use and alerted staff immediately. The system was checked each to ensure people were well and the system was working.

The manager was aware that information could be provided in different formats. For example, in audio form or braille and were available when necessary.

The service had a complaints policy and procedure. People and their relatives knew how to complain and were confident that their concerns would be listened to. One relative we spoke with said they had raised an

issue with the manager, and it was resolved. They told us, "I had a minor niggle. I spoke to the manager and I was happy with the outcome."

We saw compliments about the service that included cards and letters thanking the service and individual workers for their support.

At the time of inspection, no one was receiving end of life care. However, a health care professional we spoke with told us, "When people are very poorly the staff show compassion and work alongside us to support them. They know people very well and have a special bond."

Good

Is the service well-led?

Our findings

The service did not have a registered manager. A new manager had been appointed and was working at the service. They had applied to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager told us that a personal care service was currently only provided in the two extra care locations. They were recruiting staff to provide a personal care service to people living in their own homes in the community.

People had been asked for their opinion of the service. Records showed people were complimentary about the service and how their independence had been encouraged. However, the service did not have a robust process in place to fully analysis people's responses and we recommended this was developed.

People, staff, health and social care professionals told us the service was well led by the manager. One person said, "The manager is very good and always there for me." All the staff we spoke with told us the manager and team leaders were approachable and supportive. One said, "The management will listen and respond if we have concerns."

The manager told us that although they covered two sites, they were available for staff and people they supported and had an 'open door' policy. They were proud of the care provided and had completed additional training in the care of people with dementia to ensure they were up to date with best practice guidelines.

During team meetings, the manager ensured that staff were updated with information about the service and people they supported. Records we looked at confirmed this.

The manager was keen to learn from mistakes and had identified that some staff had struggled to complete new medication administration charts. They ensured reflective practice supervisions were completed and arranged additional training for staff. We looked at the manager's supervision record that showed how the provider supported them and the actions identified to enhance their practice.

The manager had a record of the submitted statutory notifications as required by law, for incidents such as safeguarding concerns. This meant they understood their responsibilities under the regulations.

There were strong links with the community who were encouraged to attend functions and visit the extra care facilities and information about events was displayed.

Systems were in place to monitor the quality of the service. We saw records that showed the manager had undertaken audits which included the management of medicines, care plans and supervisions. The provider

had developed a quality assurance audit tool to check the quality and safety of the service and ensure governance and oversight. For example, on one quality assurance visit, two care files had been audited. This identified good practice and where records needed updating and the action taken. This meant the provider was able to drive continuous improvement and manage future performance.