Ayrus Ltd

Sycamore House Care Home

Inspection report

Wawne Road
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Tel: 01482878398

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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

The inspection took place on 7 January 2019, it was unannounced. It was the first inspection of this location under this provider.

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

Sycamore House Care Home is registered to provide care and accommodation for a maximum of 36 people some of whom may be living with dementia. Accommodation was provided on ground level. The service is situated in Hull.

A registered manager was in place. 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.

Minor infection control issues found during the inspection were addressed straight away. People told us they felt safe living at the service. Staff understood how to identify signs of abuse and harm, and issues were reported appropriately.

Staff understood the risks present to people's health and wellbeing and they gained advice from relevant health care professionals to minimise these risks. There were sufficient numbers of competent staff to meet people's needs. Medicine management was robust and general maintenance and improvements to the environment were undertaken.

Accidents and incidents were monitored. Staff understood the action they must take in the event of an emergency to protect people's health and safety.

Staff completed training and received supervision and a yearly appraisal to maintain and develop their skills. Performance issues were addressed.

People told us staff were caring and kind and they protected their privacy and dignity. People's diversity was protected and their communication needs were recorded. Information was provided to people in a format that met their needs. Advocates were available for people to help them raise their views. People's confidentiality was maintained and care records were stored securely, in line with current data protection legislation.

Staff were knowledgeable about people's full and current needs. They worked as a team to support people. People's care records contained relevant information to ensure their holistic needs could be met. Staff

promoted people's independence even if there were risks present to maintain people's independence and choice.

People were offered a choice of food and drink and their special dietary needs were provided for.
Care and support was provided in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make decisions about their care best interest meetings were held with relatives and health care professionals. This helped to protect people's rights.

Staff accessed health services to help to maintain people's health and wellbeing. People received person-centred care and support. A programme of activities was provided.

There was a complaints policy in place and the provider welcomed feedback from people living at the service, relatives and staff. Issues raised were investigated and this information was used to maintain or improve the service.

The management team were open and transparent. Checks and audits took place and the infection control audit was strengthened during the inspection to prevent minor infection control issues from re-occurring. The service was being improved and enhanced by the management team. Further environmental improvements were scheduled to take place and people's views were sought and were acted upon. Maintenance checks and servicing of equipment took place to help to protect the health and safety of all parties.

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?

Good

The service was safe.

People were safeguarded from harm and abuse.

Staffing levels were monitored to ensure there were enough skilled and experienced staff to meet people's needs. Recruitment systems were robust.

Medicines were managed safely. Audits and maintenance checks were undertaken to protect people's health and safety. Accidents and incidents were monitored. Minor infection control issues found were addressed straight away.

Is the service effective?

Good

The service was effective.

Staff were provided with training, supervision and a yearly appraisal to maintain and develop their skills.

Staff understood the principals of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's care was provided with their consent or in people's best interests.

People's dietary needs were met.

The home's environment continued to be enhanced for the benefit of people living at the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect, and their diversity was protected.

Information about the service was provided in a format that met people's needs. Confidential information was stored securely in line with current data protection legislation.

Is the service responsive?

Good

The service was responsive.

People needs were assessed and monitored by staff and health care professionals to maintain their wellbeing.

Activities were provided for people to take part in if they wished. Complaints were acted upon and this information was used to improve the service.

End of life care was provided in line with people's individual wishes.

Is the service well-led?

Good

The service was well led.

The registered manager and directors were improving the service.

People living at the service, their relatives and staff were asked for their views and these were listened to and acted upon.

Audits and checks were undertaken to monitor the quality of service provided.

Sycamore House Care Home

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 inspection took place on 7 January 2019, it was unannounced and was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). 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 looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk present and make a judgement about this service.

During our inspection we looked at a variety of records including three people's care records, three staff files, staff training, supervision, appraisal and recruitment documentation. We looked at records relating to the management of the service including policies and procedures, quality assurance documents, staff rotas, complaints and compliments. We spoke with the registered manager, two directors, administrator, chef and three care staff. We spoke with three people living at the service and with three relatives who were visiting to gain their views.

Some people living at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of people which included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that staff understood people's individual needs and preferences.

We asked the local authority commissioning and safeguarding team for their views prior to our inspection. We also contacted Healthwatch (a healthcare consumer champion) to ask if they had any feedback to share about this service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I am safe with the staff. I press my buzzer and they come." Another person said, "My safety is not in doubt." Relatives told us their relations were safe. One said, "I feel [Name] is safe here with the staff, without a doubt." Another told us, "[Name] is very safe and secure here with the staff."

During our tour of the service we found minor infection control issues. For example, the bath hoist required cleaning underneath and some paint was flaking off small areas of the bathroom walls. These issues were fully addressed during the inspection. Staff were provided with personal protective equipment, such as gloves and aprons, and undertook infection prevention and control training.

The provider had safeguarding and whistleblowing policies and procedures in place. Staff undertook training about the action they must take to protect people from harm and abuse. Staff told us they would report safeguarding concerns immediately. One said, "I would say If I saw any abuse." Safeguarding issues were reported to the local authority and Care Quality Commission (CQC) which helped to protect people.

Risks to people's wellbeing were identified and recorded. For example, the risk of falls, pressure damage to skin due to immobility, weight loss or choking. People had individual risk assessments that were reviewed and updated as people's needs changed. Staff contacted relevant health care professionals for help and advice to reduce the risks present. We observed staff supported people to maintain their independence even if there were risks present which, promoted their independence and choice.

We observed there were enough staff to meet people's needs in a timely way during the inspection. Staff told us people received the care they required. Staff worked as a team and covered sickness and holidays to provide continuity of care for people. The management team had increased staffing levels in the morning and they continued to review the levels provided.

The provider had medicine management policies and procedures for staff to follow. Staff had to complete training in how to administer medicines safely before they could undertake this. People had medicine administration records (MARs) in place which contained a photograph for identification. Information about people's allergies were recorded so staff and health care professionals were informed of any potential hazards. We found MARs were completed correctly and these were audited to make sure people received their medicines as prescribed.

The registered manager monitored accidents and incidents that occurred. Advice was sought from health care professionals and corrective action was taken to help to prevent any further re-occurrence. People had personal emergency evacuation plans in place (PEEPs). These contained information for the staff and the emergency services about the support people needed to receive in the event of an emergency.

Recruitment at the service was robust. Checks were undertaken to ensure potential staff were suitable to work in the care industry.

Audits and checks of the premises were undertaken. The audits were changed during the inspection to make sure the minor infection control issues we found could not occur again. Systems were in place to maintain and monitor the safety of the premises. Checks were undertaken, for example on hoists, slings and wheelchairs. Fire equipment was checked including fire doors and emergency lighting. Environmental checks on water temperatures, window restrictors and the call bell system were in place. Action was taken to address any issues found which, helped to protect the health and wellbeing of all parties.

Good

Is the service effective?

Our findings

People told us the staff were effective at supporting them and they met their needs. One person said, "The staff cannot do enough for you." Another person said, "My needs are met by the staff." Relatives told us their relations received effective care and support. One relative said, "I cannot fault anything. If staff are worried about [Name] eating and drinking, they let us know."

Training was provided for staff in a variety of subjects. For example, dementia care, infection control, moving and handling, food hygiene, the Mental Capacity Act 2005 (MCA), fire safety and safeguarding. This helped to develop or maintain the staff's skills. Equality and diversity training was provided for staff which helped them encourage people to live their lives with no restrictions.

New staff undertook a period of induction and worked with senior staff until they had developed their caring skills. They undertook the Care Certificate, (an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector). A member of staff said, "There is plenty of training provided and it is good."

Staff were provided with regular supervision and had a yearly appraisal where they reflected on their practice and discussed any further training or development needs. Staff confirmed this helped to support them. The registered manger told us performance issues were dealt with effectively through staff supervision.

We observed staff worked well as a team to deliver care and support to people. We found staff had developed a good working relationship with people living at the service and their relatives. One relative we spoke with told us, "It is a friendly place. Staff make an effort and we do too."

People's dietary needs were assessed and monitored, their special needs, preferences or food allergies were recorded and this information was monitored by the chef and staff. Staff encouraged and assisted people to eat and drink with patients and kindness. Staff reported nutritional concerns to health care professionals to make sure their needs could be met.

We observed lunch, this was a sociable relaxed occasion and the food served looked appetising and nutritious. People were given a choice of meals and there were pictorial menus in place to help people living with dementia understand what was available for them. One person told us, "The food is always nice. The crumble was delicious today." Another person said, "We get choices. I have gone off food a bit and the chef asks me what I fancy. They are happy to work around me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager informed us 14 people had a DoLS applications granted and 22 were pending. If people lacked the capacity to make their own decisions care was provided in people's best interests after discussion with people's relatives and relevant health care professionals. This helped to protect people's rights. One member of staff said, "We continually give people choices. We do not assume anything. We give people the same choices as we would have ourselves."

The provider had invested in the environment since they acquired the service and further improvements were planned to take place. Windows and doors had been replaced and hand rails had been put in the corridors to aid people's mobility. New lounge and dining room furniture had been acquired. People were asked for their views about the changes being made at the service and their views were listened to, and acted upon. People's rooms were personalised and their bedroom doors were different colours and were numbered, memory boards where pictures could be displayed were present to help people living with dementia find their room. Pictorial signage helped people find their way round. A programme of re-decoration and re-carpeting was taking place, as bedrooms became vacant this work was undertaken to improve the facilities provided for people. One person told us, "They are doing the home up, they have done this over the last year to improve things. That is nice."

Good

Is the service caring?

Our findings

People told us staff were caring and kind. We received the following comments, "I am quite happy here. It is a friendly place", "The staff are really nice. They are good and help me as much as they can" and, "The staff are good they are friendly, caring and kind."

Relatives confirmed staff were caring and supported their relations appropriately. We received the following comments, "The quality of the care staff is good. Our relations are treated by staff as if this is their own home and we were told to do the same", "The staff are very caring. We are full of admiration for the staff who work here."

People's likes dislikes and preferences for their care and support were recorded and were understood by staff. People we spoke with confirmed they made decisions about their care and support. Staff spent time talking with people to provide emotional support. Staff we spoke with said they loved working at the service and enjoyed supporting people and their relatives and confirmed good working relationships were in place. We observed friendly banter took place between people living at the service and staff which people enjoyed.

Staff respected people's privacy, treated them with privacy, dignity and respect and valued their diversity. We observed if people became anxious or upset staff attended promptly to provide comfort and support. Staff gained good eye contact with people by kneeling or bending down and they used gentle appropriate touch to aid communication to help to reassure people. The service had dignity champions in place. (staff who were ambassadors for promoting dignity). Personal care was provided to people in their bedroom or in bathrooms behind closed doors. People told us the staff were friendly and addressed them by their preferred names.

Staff told us they would not wish to work anywhere else. We received the following comments, "I love it here with the residents. The staff are all very supportive", "We make a good team all the staff are local and there is not a high turnover because we all love it here with the residents we care for" and, "The manager and directors think about us and they value us."

We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs in respect of the nine protected characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were provided with information about the service in a format that met their need in line with the Accessible Information Act. Advocates were available to people to help them raise their views. Confidential information was held securely, computers were password protected and filing cabinets and offices were locked to maintain data security.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs and they were provided with the care and support they required. One person told us, "The staff are here if I am not feeling well to look after me. They get the doctor for me and keep a good eye on me. If I press my buzzer staff come quickly." Another person said, "I am looked after well." Relative's told us the service provided was responsive to their relations needs. One relative told us, "We are kept informed of any issues and invited to events." Another said, "If the staff are worried they ring us straight away. They know what they are doing and they get on with it."

People's needs were assessed to help staff understand the care and support they required. Information was gathered from people, their relative's, from the local authority, discharging hospitals and from relevant health care professionals. Information about all aspects of people's lives, their family history and hobbies were gathered to enable staff to understand their holistic needs. People and their relations were encouraged to visit the service to see what was on offer to them. A relative told us, "We came and had a look round and chose this home." Once people were admitted their person-centred care records were created which, described their preferences for their care and what people were able to do for themselves to help to maintain their independence.

Where risks to people's wellbeing was present, such as weight loss, falls, swallowing problems or choking staff monitored people's wellbeing. If special equipment was assessed as being required this was provided, for example pressure relieving cushions and mattresses to help prevent skin damage or hoists to help to transfer people safely. Risks present were monitored and assessed by the management team.

As people's needs changed help and advice was sought from relevant health care professionals to maintain their wellbeing. A health care professional we spoke with told us "Staff are knowledgeable about the people they support and contact us for help and advice."

We found people were encouraged and supported to maintain their relationships with their family and friends. Visitors were made welcome and could attend at any time. Family and friends were invited to events, for example the Christmas Pantomime, Jack and the Beanstalk.

Activities were provided which considered people's preferences, hobbies and interests. A part time activities co-ordinator promoted arts and crafts, one to one activities, quizzes and social events. Activities were advertised in a pictorial format and discussions were held with people living with dementia to make sure they understood what was available for them to take part in. Photographs of activity undertaken were displayed with people's permission, so that people could reminisce. A hairdresser attended the service weekly so people could have their hair done. People's religious needs were recorded and acted upon. Local clergy visited to provide spiritual support to ensure people's religious needs were met.

A complaints procedure was in place, this was made available to people in a format that met their needs. Complaints received were acted upon and this information was used to improve the service. People we spoke with told us, "I would tell staff or the manager if I had a complaint" and, "I have no complaints to

raise."

End of life care was provided and people's specific wishes were recorded and followed. Health care professionals supported the staff to make sure people remained comfortable and had a dignified and pain free death. Compliments had been received about this type of care.

Good

Is the service well-led?

Our findings

People told us the service was well-led. A person said, "The manager has improved things, it is nice here." Another person said, "It is fine for me here." Relatives confirmed the service had improved over the last year and their views were sought. Comments included, "We cannot fault anything. We are invited to meetings" and, "I am very happy with all aspects of the service."

Staff told us the service was led effectively. They confirmed the registered manager and new providers were making positive changes to the environment which benefitted people living there. Further improvements were scheduled to take place. Staff told us, "In the last few months action has been taken to make the home better for people because a lot of things needed updating. The management team are a godsend." and, "The management team value us and us them. They are approachable and think of us and everyone who lives here."

The registered manager was supported by the directors who visited regularly to monitor service provided to people. They worked together to prioritise changes being made and engaged with people, their relatives, visitors and staff to gain their views. There was an open and transparent culture at the service and the management team were determined to continue improving the service, where possible.

The registered manager and directors undertook a range of checks and audits, any shortfalls found were immediately acted upon. They kept up to date with good practice and developments in the care sector. For example, nutritional monitoring was used to monitor and maintain people's dietary health.

People were provided with information which told them what was available to them. The registered manager operated an 'open door' policy, so people, their relatives, visitors and staff could speak with them at any time. People were sent surveys to gain their views. Resident and relative's meetings took place and areas such as, the premises, food, and activities were discussed. The registered manager told us feedback of any type was welcomed. A comments book was available to people for them to raise issues or make suggestions.

Staff meetings were held. Areas discussed included policies and procedures, training, rotas and ideas to improve the service. Staff told us their feedback was welcomed. Minutes of the staff meetings were available to those who could not attend.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission (CQC) of accidents, incidents and other notifiable events that occur. We found the registered manager reported issues to CQC which meant we could check appropriate action had been taken.