

SLW Limited

Sycamore Care Centre - Boldon

Inspection report

New Road
Boldon Colliery
Tyne And Wear
NE35 9DR

Tel: 01915364517

Date of inspection visit:
15 December 2021

Date of publication:
29 March 2022

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

Sycamore Care Centre - Boldon is a care home that provides personal and nursing care for up to 69 people, some of whom are living with dementia. At the time of the inspection there were 44 people living in the home.

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

People felt safe living in the home and with the support they received from staff. People and relatives spoke very highly of the staff and said they were kind, patient and compassionate. Comments included, "They are absolutely wonderful, staff fall over themselves to help you" and, "Everybody is fantastic. They make you feel at home - best thing ever."

Staff safeguarded people from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks. Medicines were safely managed. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19. A relative said, "Since there have been new owners, the home is immaculate."

People's needs were assessed before they moved into the home and on an ongoing basis. Staff were suitably trained and received regular supervisions. People were supported with their nutritional needs and to access a range of health care professionals. 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.

People were well supported and cared for. Staff treated people with respect and supported them in a dignified manner and in line with their wishes. A relative told us, "Good thing [about the service] is the care and patience of staff, they are fantastic. I can't think of anything that needs improving." People were encouraged to be as independent as possible, where it was safe to do so.

People received person-centred care and care plans detailed how they wished to be supported. Staff knew how to effectively communicate with people and communication methods were detailed in care records. People and relatives had no complaints about the home but knew how to raise concerns. Any complaints received were fully investigated and actioned. People enjoyed a range of activities inside the home and accessed the local community.

The home was well managed. People and relatives were complimentary about the home and care people received. The provider had an effective quality assurance process in place which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through surveys, meetings and reviews.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 15 November 2019 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 29 September 2018.

Why we inspected

This was a planned inspection to formally rate the service.

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 ●

Sycamore Care Centre - Boldon

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 included checking the provider was meeting COVID-19 vaccination requirements. 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 team was made up of one inspector 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

Sycamore Care Centre - Boldon is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 announced. We gave the registered manager short notice of the inspection to ensure it was safe for us to visit the home.

What we did before the inspection

We reviewed information we had received about the service since the provider registered the location with us. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with three people and 11 relatives about their experience of the care provided. We spoke with nine members of staff including the owner, operations manager, company secretary, registered manager, nurse in charge, team leader, activities manager and two care assistants. 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 documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including three people's care records, medicines records and quality audits. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training information, supervisions, appraisals, policies and procedures, medicines management, accidents and incidents, complaints, surveys, newsletters, quality assurance records and various other documentation.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe. Comments from people and relatives included, "The staff are looking after me very well" and, "Yes, [family member] is as safe as houses, no problems whatsoever. I could trust them [staff] with anything."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training.
- Safeguarding alerts were raised with the local authority in a timely way, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way. One relative said, "[Family member] did have a couple of falls, but [staff] let me know, and dealt with it appropriately."
- Management monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to meet people's needs safely. The registered manager determined staffing levels in line with people's needs.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines.
- Staff had received medicine's training and regularly had their competencies assessed.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they received support. This meant the registered manager could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people.
- Staff completed a comprehensive induction at the start of their employment. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported in their roles through regular supervisions, observations and annual appraisals.

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

- Staff encouraged and supported people to maintain a balanced diet. Comments from people and relatives included, "I like vegetables, I'm not a meat eater. I have been offered vegetarian options" and, "[Family member] likes the food. It's [traditional] home cooked food and the meals look fantastic. There are choices and there are always snacks."
- Care records detailed any specific dietary needs people had and what support they required from staff.
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans.

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

- People were supported to maintain their health. One relative said, "[Staff] called in the doctor straight away when [family member] was poorly."
- Staff assisted people to access support from health care professionals such as GPs, speech and language therapists and dentists, when required.
- Care records documented engagement people had with health care professionals and recommendations were incorporated into care plans.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with MCA and best practice guidance.
- Staff had received MCA training and sought consent from people prior to providing support.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People felt respected, listened to and well cared for. People and relatives told us, "The staff can't do enough for me, they are friendly" and, "The staff are caring; I have never seen anything but care. They are dedicated and professional."
- Equality, diversity and human rights policies were in place to make sure the person was treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff spoke fondly about people and interacted with them in a warm and friendly manner.

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

- People were involved in making decisions about their care.
- Some people had relatives who advocated on their behalf which was clearly documented in care records. Relatives told us, "I have been involved with the care plan, and it has been reviewed" and, "For the care plan [staff] asked me about [family member's] background, interests and hobbies."
- Staff knew people's choices and preferences in relation to their care. Care plans detailed these. People and relatives told us, "I can go into the garden [when I want to]" and, "If [family member] doesn't feel like getting up, she doesn't."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their wishes and choices. A relative told us, "Staff love [family member]. They really respect and care for him, like they would treat a member of their own family"
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with.
- People's personal information was stored securely. Care files were electronic and encrypted. They could only be accessed by authorised staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received person-centred care which met their needs. Care plans instructed staff how to support people in line with their needs and wishes.
- Staff regularly reviewed care plans to ensure they reflected people's needs.

Meeting people's communication needs since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Alternative ways of communicating with people detailed in care plans such as using short closed questions.
- People could access information in different languages, easy read and in large print, if needed.

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 enjoyed and took part in a wide range of activities in the home. A relative said, "[Activities Manager] does all kinds with [people] e.g. seated exercises. He has just won a [Great British Care] award – Best Activity Organiser. He makes sure everyone is involved; he does one to one and group work."
- The home had dedicated activities staff including an activities manager who was very passionate about their role and tailored activities to what people wanted to do.
- People were supported to maintain and develop relationships, and to follow their own interests and social activities.

Improving care quality in response to complaints or concerns

- People and their relatives had no complaints about the home but knew how to raise concerns if needed. People and relatives told us, "The staff are really nice. I have no complaints about the food or anything, everybody is happy, and I feel safe" and, "If I had a reason to complain, I would speak to [registered manager], but I have no complaints."
- All complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith

as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.

- At the time of the inspection there was no one receiving end of life care. The provider was working through the pathway and training towards gaining Gold Standards Framework (GSF) accreditation for the home. GSF is a practical systematic, evidence-based end of life care service improvement programme.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff promoted a positive culture in the home. Comments from relatives included, "Each and every member of staff goes over and above to help. [Registered manager] is fantastic, the cooks are friendly and they are [all] interested in the people. It's a really nice place to be and I'd recommend it 100 percent, fantastic, staff should be rewarded" and, "They have absolutely lovely staff. They know us by our names, and we know theirs. The family are very welcome."
- The home was well-managed and had recently undergone some refurbishment. Relatives told us, "The home provides a very professional service, and staff have a caring attitude. Nothing to improve" and, "It is run like clockwork."
- The registered manager communicated changes and updates to people and relatives in a timely way. One relative said, "They keep me updated on absolutely everything. They leave texts and us the [secure social media application] group to keep me informed."

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

- The provider and registered manager acted on the duty of candour. They conducted themselves in an open and honest way. Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.
- The registered manager and staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement.

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

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via meetings, surveys and reviews.
- The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, district nurses, speech and language therapists and dieticians.