

Sydenham House Care Home LTD

Sydenham House

Inspection report

High Street
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Gloucestershire
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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

Sydenham House is a residential care home which accommodates up to 19 people in one adapted building. Sydenham House is registered to provide care for older adults who may be living with dementia, physical disability and/or sensory impairment. At the time of this inspection 16 people were living there.

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

We found improvements were needed to ensure people's risks were assessed and mitigated to keep them safe, such as the management of people's weights, moving and handling and nighttime support.

We found improvements were also needed in relation to medicines administration and the management of environmental risks to people in areas such as the management of legionella and fire safety.

Improvements were also needed to strengthen the provider's quality auditing systems and processes of the service delivery.

The registered manager was aware that improvements needed to be made to the service and was in the process of addressing these.

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

People and their relatives told us they felt safe living at the service.

Staff understood their responsibility to report concerns and poor practice. Staff knew how to report any incidents and accidents.

Systems were in place to engage with staff and people who use the service.

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

Rating at last inspection

The last rating for this service was good (published 02 July 2018)

Why we inspected

We inspected this service because the previous inspection was more than 5 years ago, and we wanted to check the provider was still providing good quality and safe care. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sydenham House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance. We made a recommendation to support the provider's systems of assessing and recording people's mental capacity.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sydenham House

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 met 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 was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practices we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors 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

Sydenham House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of the monitoring activity that took place on 05 May 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We observed staff interacting with people and looked at the premises. We spoke to 6 people who use the service and 8 people's relatives about their experience of the care provided. We spoke to the registered manager and deputy manager, who were also the service owners, a senior care assistant, a care assistant, and the cook.

We reviewed a range of records. This included 4 people's care records and medicine records. We looked at 1 staff file in relation to recruitment and records relating to the management of the service, including safety checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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.

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

- People's individual risks had been identified and were managed by staff. However, the assessment of risks and the control measures to mitigate the risk had not always been recorded.
- Risk management plans for people who experience risks related to their nutrition intake did not provide details about how this should be monitored by staff.
- Some people had an emotional risk assessment in place. However, these assessments did not always provide staff with information on how to keep people safe and support people's emotional needs.
- Some people had door alarms in place to alert staff at night if the person was leaving their bedroom so the staff can carry out a safety check. However, there were no risk management plans in place in relation to this safety measure.
- People who required support from staff with their moving and handling, including repositioning, did not have risk management plans in place. This put people at risk of not being supported safely.
- People were not always protected from the risks of their environment. The service had not considered the risks of legionella bacteria through risk management plan or related checks.
- Some fire safety checks, and environment checks were completed; however, the service overlooked updating their annual Portable Appliances Testing (PAT) as per their fire risk assessment. The checks of window restrictors were not being documented, and some of the fire risk related checks lacked details and needed to be strengthened, such as the nighttime evacuation support for people and timing in relation to fire drills.
- The risks related to people and staff in relation to the Control of Substances Hazardous to Health (COSHH) had not been assessed and mitigated. The service did not have a risk assessment in place to identify, assess and control the risk of these substances to staff and people.

Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were positive about the care and support received at the service. One relative told us, "She is completely safe, there are adequate staff, it is immaculate, people are beautifully dressed, it is warm and friendly, the staff chat to people, they are very professional, the care is wonderful and very good. Mum has her up and down days, they understand her moods and feelings, they let her do what she wants to do, in a safe and secure environment."

- The service had plans in place to migrate people's care documentation onto an electronic system. As part of this process, the provider was planning to review everyone's care documentation and include more robust and detailed information related to people's care and support.
- The provider was very receptive to our feedback during the inspection and started to action some of these shortfalls immediately.

Using medicines safely

- People were receiving their medicines; however, they were not always protected from risks associated with medicines as provider processes were not always followed, and medicines audits were not carried out to identify these shortfalls.
- Handwritten medicines administration records (MARs) were not always signed and countersigned by staff in line with national guidance. (Countersigning reduces the risk of 'transcribing errors', which are mistakes made when writing information.)
- The provider policy was not followed in relation to carrying out medicines stock checks, this limited opportunities for early identification and management of medicines errors, including seeking timely medical advice and identifying staff who may need further training.
- Where people were prescribed medicines on an 'as required' basis, individual protocols were not in place to guide staff on appropriate administration. This put people at risk of not receiving their "as required" medicines as prescribed.
- Homely remedies' systems aligned with the provider policy were not in place. This placed people at risk of receiving medicines which were not suitable for their needs.
- People did not have any care documentation in place related to their medicines. This placed people at risk of being administered medicines incorrectly or not meeting their needs.

The provider did not always ensure that people's medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with how medicines are managed.
- The registered manager told us that medicines training was offered to staff and staff competencies to administer medicines were checked every 6 months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Care documentation contained basic information about people's mental capacity and how to support them to make their own decisions, information related to people's legal representatives identified and risks associated with this. However, care documentation did not always clearly evidence people's mental capacity, particularly in relation to decision specific areas of their care and support.
- We found the service was working within the principles of the MCA, and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. No one living at the service was subject to a

DoLs authorisation at the time of the inspection.

- Staff were aware of the principles of mental capacity and how to support people to be involved in decision making.

We recommended that the provider reviews their systems of assessing and documenting people's capacity related to specific decisions.

Staffing and recruitment

- The service had a long term established staff team. Since the last inspection there had been some recruitment however these staff were no longer working in the service. Therefore, we were only able to review 1 recruitment folder during the inspection.
- As part of our inspection, we reviewed the provider's recruitment policy and found that this was not in line with the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3). Please see our judgement under the key question of Well Led below in relation to this aspect.
- The service told us that they had enough staff to meet people's needs safely. People told us they did not have to wait too long for staff when they required support. During the inspection, we observed people being supported in a timely manner.
- People's relatives told us they felt the staffing levels were satisfactory. Comments included; "I would say that they have plenty of staff" and "There are always plenty of staff around".

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to respond and safeguard people from abuse.
- People were protected from the risk of abuse by staff who knew and understood the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any concerns relating to people using the service and were confident to do this.
- People and their relatives told us they felt safe living in the home. Comments from relatives included; "she is completely safe" and "she is safe, they are excellent". One person told us when we asked if they felt safe; "Oh certainly".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could receive visitors without any restrictions. During the inspection, we observed people receiving visitors throughout the day.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have an effective system of audits to monitor the quality of the service; therefore, they had not identified the issues we found during the inspection, such as people's risk management plans, medicines management and environmental risk management.
- While people were receiving their medicines, there was no system of auditing medicines, and the service's policy was not always followed.
- The provider's recruitment policy did not reflect safe recruitment processes as required in health and social care.
- We identified shortfalls or gaps in systems to monitor environmental risk management. For example, the service had not implemented effective systems to manage the risk of legionella. There was no system to monitor equipment service dates by external contractors.
- The registered manager was aware of training needs for staff and told us they kept records in individual files; however, there was no formal system to monitor this. Staff confirmed they were receiving the mandatory training they needed and additional resident specific training.
- There was no formal system in place to audit people's care documentation, including monitoring people's care delivery and records findings. The registered manager told us that this is updated as soon as changes are identified.
- The registered manager told us they were aware of shortfalls in the service, particularly related to documentation and that they were aware of the areas which required improvement. However, there was no clear action plan to prioritise and manage the areas of improvement and timelines.

The provider did not operate effective systems to monitor and improve the safety and quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we found areas that required improvement, the impact on people was mitigated as the registered manager and deputy manager were consistently present in the service, working alongside the staffing team and directly with the people. They were knowledgeable in relation to the oversight of the service and the needs of the people. They were keen to make improvements.
- The deputy manager told us that they monitor people's care delivery most days and provide feedback on

any concerns and areas of development to the team.

- The management team was in the process of expanding the use of their electronic care system and were considering ways in which to implement an auditing system to monitor the quality of the service.

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

- Feedback about the staff, management and culture was positive. One person told us that they loved still being in the Forest of Dean and being supported by locals.
- One person's relative told us; "The atmosphere is lovely, like a big family, it is well run, everybody understands each other, they are all on first name terms, staff know everyone, the person's individual needs. They really have their heart in it."
- The staff we spoke with were very complimentary of the management of the service and the support they received. One staff member told us they see working at the service as "home from home", while another described the support received from the registered manager on a personal level.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their responsibilities to be open and honest and to apologise if things went wrong.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken
- The service worked in partnership with people, their families, friends and community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them.

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

- Staff told us they felt supported, listened to and able to provide feedback. The service held staff meetings periodically.
- The provider had a system in place to gather feedback from people and their relatives. Newsletters were produced regularly for staff and people.
- People's relatives were complimentary about the atmosphere of the home. One relative told us; "They are excellent, everybody seems to so happy and content there. It is small, but it's ideal, it is personal. The staff are so caring, I have no concerns at all. They are kind to her and know her by name ... they know her well."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service.</p> <p>The provider did not always ensure people's medicines were managed safely.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to monitor and improve the safety and the quality of the service.</p> <p>Regulation 17(1)</p>