Sydmar Lodge Ltd

Sydmar Lodge

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Sydmar Lodge 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 is registered to provide accommodation and personal care for up to 57 people, although the registered manager told us the maximum practical occupancy was 50. There were 45 people using the service at the start of this inspection. The service specialises in dementia care and is operated by a small independent provider that bought the company shortly after the last inspection.

The service had a registered manager, which 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.

This was a comprehensive inspection, to make sure the service was providing care that is safe, caring, effective, responsive to people's needs, and well-led.

The inspection was brought slightly forward due to two separate cases of information of concern about the service being conveyed to us. This information included suggestions of poor personal care, poor cleanliness, poor nutritional support, and understaffing resulting in people not being attended to. However, we found the service was upholding standards in all areas.

At our last inspection of this service, in February 2017, we found two breaches of legal requirements. These were in respect of safe care and treatment, and good governance. The service was rated 'Requires Improvement.' The provider completed an action plan to show what they would do and by when to improve the key questions of 'Is it Safe?' and 'Is it Well-Led?' to at least good.

At this inspection, we found the necessary improvements had been made. There was better communication in support of the effective care of people, and care records were consistently up-to-date. Risks associated with the prevention of Legionella were now being properly managed, and professional passenger lift maintenance was occurring. However, we have recommended the provider review national guidance on upholding health and safety in care homes and embed procedures relating to this.

We found the service was providing people with care and support that enabled them to have a good quality of life. Staff and managers responded to people's individual needs, preferences and routines. We saw people always being treated respectfully and in a friendly and caring manner. There was consistently positive feedback about the approach of staff, and that they knew people well as individuals.

Most people using the service praised it highly. A typical comment was, "I think the standard of care here is

very good. I can recommend this care home to other people."

All the relatives and representatives we spoke with commented positively on the service. One said, "I believe Sydmar can be rightly very proud of the services it is offering. There is a very special atmosphere at Sydmar created by very kind and caring staff and a real family environment." People's visitors were welcomed at any time of the day.

We found the twice-daily activity programme to be outstanding in its breadth and depth. It engaged people well, was at times highly original, and was attuned to involving everyone using the service including those who tended to stay in their rooms. People's past interests were explored in order to set up opportunities for them pursue them again. For example, one person was supported to go swimming, an activity they had once regularly enjoyed.

The service had strong links with community healthcare professionals, which particularly helped people to receive prompt and effective healthcare support. Community professionals praised how the service worked with them to enable high quality care of people. One told us that Sydmar Lodge provided an invaluable service which they would have no hesitation recommending to anyone. It was evident the service went to great lengths to keep people's health and welfare under review, and acquire support from the most appropriate healthcare professionals to increase the chances of good outcomes for people. The service also supported people at the end of their life to have a comfortable, dignified and pain-free death.

The service was very capable at supporting people to eat and drink well. Good attention was paid to helping people enjoy the mealtime experience set in a restaurant-style environment. There was effective oversight of people's nutrition and hydration, with dietitian advice sought and acted on where needed. The service found creative ways to support people at nutritional risk.

The service was strong at ensuring people received personalised care that was responsive to their needs, preferences and routines. It promoted a Jewish ethos but welcomed people of all faiths. Many Jewish customs and celebrations were therefore practiced at the service, which people and their representatives fedback positively about.

The new provider had invested well in the physical environment. Many areas of the premises had been redecorated, and there was ongoing work to complete this with minimal disruption to people using the service. Good standards of cleanliness were maintained regardless.

The service monitored people's personal safety in a variety of ways to help minimise the risk of accidents occurring or health and welfare concerns developing. This was supported by staffing levels being kept under review, to help ensure people's needs were consistently met. The service also followed procedures to keep people safe from abuse, and respond accordingly should any allegation of abuse occur.

Medicines were properly and safely managed. We made a few good practice recommendations which the service promptly addressed.

The service ensured staff received comprehensive training and good support to deliver effective care to people. There was good team work in support of this.

There was a positive working culture at the service in support of providing people with high quality care. The service was quick to respond to any concerns raised or suggestions made. The registered manager and the deputy kept up-to-date with good practice recommendations, worked co-operatively with local services,

and provided clear leadership and governance of the service. This helped to ensure that everyone involved in whatever capacity worked with appropriately caring and responsive approaches in their interactions and support of people using the service.

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. Systems, processes and practices safeguarded people from abuse.

The service assessed and managed risks to people to balance their safety with their freedom. However, we have made a recommendation to strengthen the service's procedures in this area.

The service worked to ensure the proper and safe use of medicines, and protected people by the prevention and control of infection.

There were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

Systems were in place to ensure that ongoing learning took place when things went wrong.

Is the service effective?

Good

The service was effective. It co-operated well with other organisations to deliver effective care and support. This helped ensure people were supported to maintain good health and access appropriate healthcare services.

The service was very capable at supporting people to eat and drink enough, maintain a balanced diet, and enjoy the mealtime experience.

Consent was obtained where before personal care was provided. Where anyone could not make that decision, it was assessed in line with the Mental Capacity Act 2005.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support.

The adaptation, design and decoration of premises supported people's individual needs to be met.

Is the service caring?

Good

The service was caring. It ensured that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. People were supported to develop and maintain relationships that mattered to them.

Staff had built good relationships with people and communicated well with them.

People were supported to express their views and make their own decisions about their care and support.

Is the service responsive?

Outstanding ☆

The service was highly responsive. It was particularly strong at supporting people to follow their interests and cultural beliefs, and enjoying active and engaging lifestyles.

The service was very capable at ensuring people received personalised care that was responsive to their needs, preferences and routines.

The service supported people at the end of their life to have a comfortable, dignified and pain-free death.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care.

Is the service well-led?

Good ●

The service was well-led. The management team promoted a positive and inclusive culture to deliver the high quality care and support that people, their representatives, and community professionals told us of. People, their families and staff had opportunities to help develop the service.

The service worked very well in partnership with other agencies to support care provision and development.

Sydmar Lodge

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 was planned to check 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 unannounced inspection took place on 10 and 17 April 2018. It was undertaken by one inspector, a pharmacist specialist, and two Experts 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.

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.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority and various community healthcare professionals who have a role at the service, for their views on the service. We received eight replies.

There were 45 people using the service at the start of our inspection visit. During the inspection we talked with 19 people living at the service and 15 of their relatives and representatives. We spoke with six care staff, a domestic staff member, the cook, the maintenance worker, the activity coordinator, the deputy manager and the registered manager. We also took on board views of some relatives and representatives that the registered manager emailed to us after our first visit.

During our visits, we looked at selected areas of the premises including some people's rooms, and we observed the care and support people received in communal areas including at meals. We looked at the care plans and records of six people using the service, 20 people's medicine administration records, the personnel files of three staff, and some management records such as for health and safety, accidents and incidents, complaints, and staff rosters. We then requested some further specific information from the

registered manager about the management of the service following our visits.

Good

Is the service safe?

Our findings

At our last inspection, we found risks associated with the prevention of Legionella were identified many months before the inspection but had not been addressed. Proper maintenance of one passenger lift was also only being completed at the time of that inspection. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements were made. There were no concerns arising from the latest professional check of the building for the prevention of Legionella. Regular in-service checks of boiler flow temperatures were in line with guidance on the prevention of Legionella. The service's maintenance worker was recording checks of health and safety matters routinely. For example, water temperatures in people's rooms were regularly checked, and where one was found to be too high, the tap had been turned off pending repair. New thermostatic controls had also been fitted to help regulate temperature.

Records showed professional servicing of the two passenger lifts, and a prompt call-out when one lift malfunctioned earlier this year. When we pointed out guidance on appropriate health and safety practices, the provider ensured that a competent person inspected the lifts to ensure their safety. We recommend the provider review national guidance on health and safety in care homes and embed procedures relating to this.

There was a fire evacuation strategy in place, which the registered manager told us was reviewed monthly. Individual fire risk assessments were in place for each person, and a service-wide risk assessment had been undertaken by a fire professional and acted on. Records showed senior care staff had been retrained in September 2017 as fire wardens, which some staff confirmed to us as useful. The fire alarm was professionally serviced recently and confirmed to be in good working order. This was backed by the service's regularly checks and drills, and regular discussion in staff meetings.

People told us they felt safe using the service. Comments included, "I've often felt it's a safe place to be" and "I am safe, even at night." Relatives and representatives provided similar feedback, for example, "I do feel satisfied my mum is safe; it gives me peace of mind."

Community professionals praised the safety of the service. One told us of never seeing choking incidents. Care plans for people at choking risk provided clear guidance on how to support them safely. For example, one person needed to be upright, have staff support to eat, and for three swallows to occur between mouthfuls. A staff member we spoke with could describe in detail how different people's choking risks were to be alleviated. We saw staff sitting with people at identified risk of choking when meals were served, to help ensure risks were minimised.

People's care files included a number of risk assessments such as for nutrition, mobility, prevention of falls and pressure ulcers, and keeping safe around the premises. These were quickly set up when people started using the service. They were kept under review and resulted in action being taken if risks increased. They also resulted in care plans that provided staff with good detail on the specific safety matters to be mindful

of, for example, on exactly what hoist and sling was to be used if someone needed to be hoisted.

We saw no obvious safety hazards around the service such as obstructions in corridors. People walked around the service freely, but a member of staff was nearly always visible in communal areas. We saw appropriate moving and handling interactions when staff assisted people to move. Where people could mobilise independently but needed staff oversight, staff provided this patiently. Records showed all staff completed online training courses on various safety topics including in relation to fire and moving and handling. The service was therefore providing appropriate support to balance people's safety with their freedom.

The service had systems to learn lessons and make improvements when things went wrong. Individual accident forms ensured reviews of circumstances occurred and risk assessments were duly updated in support of minimising the risk of reoccurrence. The registered manager then reviewed these, and looked for trends across the month. These processes resulted in, for example, referrals to the local falls clinic, new or changed equipment such as walking frames, or medicines reviews. Duty of candour processes were followed, as the service wrote to people or their representatives following significant injuries to explain what had occurred and what actions were being taken to prevent reoccurrence. Updates were provided to staff where needed, through handovers, communication books and staff meetings. The registered manager told us there were also now monthly head of department meetings that helped to ensure lessons were learnt across all parts of the service.

The service's systems, processes and practices safeguarded people from abuse. Records showed all staff completed an online training course on safeguarding. Staff we spoke with knew what could be seen as abuse of people and what actions were required if they saw or suspected abuse. They said the registered manager reminded them of safeguarding and whistle-blowing processes at staff meetings. Records confirmed this.

There were posters displayed pertinently around the service on safeguarding and whistleblowing. Monthly meetings for people using the service included reminders about safeguarding arrangements. The registered manager duly informed us of any safeguarding cases occurring at the service, and kept us updated on actions taken. Whilst infrequent, this showed the service made appropriate safeguarding referrals to the local authority in support of keeping people safe from potential abuse.

Recruitment records showed the service undertook checks of prospective staff before employing them. These included for identity, criminal records, right to work in the UK and employment histories. These processes helped ensure only appropriately-vetted staff worked with people.

Most people told us there were enough staff to support them when needed. Comments included, "Yes, there are enough staff. I don't like it too busy" and "There could always be more, but it's ok." However, a few people thought there should be more staff in the evenings and at night. One person said, "There is no-one around after dinner. There's people who can't walk on their own." Another person told us, "It can be longer at night." People's representatives had no such concerns, however, telling us for example, "There's piles of staff" and "There's always enough staff."

We heard call-bells ringing occasionally during our visits, but not for any length of time or repeatedly. Staff responded to call-bell activations. Relatives confirmed this, for example, "They came quickly whenever I've rung for my mum." People in their rooms all had a call-bell within reach, with the exception of those who did not have capacity to use a bell. Some people also carried call-bell pendants with them when moving around the service.

We checked a week of call-bell records that the registered manager had already reviewed. There were occasionally longer response times highlighted. However, these either had documented explanations, or the registered manager could explain to us in good detail what had happened and any actions being taken to prevent reoccurrence. For example, cleaning staff had accidentally activated call-bells connected to alert mats on the floor of a couple of bedrooms, and it was evident staff did not always promptly turn off the call-bell when responding to people. The registered manager also showed us records of three night checks undertaken across the last two months, in support of ensuring appropriate night-time care and hence sufficient staffing levels. Records also showed call-bell use was discussed at staff meetings.

We checked staffing rosters for the previous two weeks. These showed a care staff presence of ten in the morning, eight after lunch, and four at night. This did not include the deputy manager who we saw to be much involved in care and support too. Staff confirmed this, and they generally felt there were enough staff working. Rosters also showed increased staffing levels on some days, which was due to celebrating a significant cultural festival that affected most people using the service. We therefore concluded that the service kept staffing levels under review to ensure a safe service that met people's needs.

The service ensured the proper and safe use of medicines. People told us of getting good enough medicines support. Comments included, "The times you get your pills does vary, but you do get them." A relative said, "I believe the staff are giving out the medicine on time."

Medicines were stored safely and appropriately including medicines needing refrigeration and controlled drugs, which require additional security. People who were able to manage their own medicines had a locked cabinet in their rooms to store their medicines. Risk assessments had been completed for people to assure that they were able to self-administer their medicines without causing harm to themselves or others.

Senior staff administered medicines and had all received medicines administration training and competency checks in the past 12 months. We saw senior staff giving people medicines and allowing people time to understand what they were doing. Medicine administration record (MAR) were clear and medicines were recorded accurately.

Medicines guidance records for each person included a photo to aid identification, information about any allergies, and how they liked to take their medicines. People that needed to take medicine only when required had protocols in place to provide staff with information about when the medicine was to be given. However, we saw that this information was not always specific to the person, which meant people might not always be given their medicine consistently, and at the times they needed them. For example, two records had the wrong person's name recorded on them.

Staff supported people in the treatment of minor illnesses with medicine bought over the counter. Administrations of these medicines were recorded on people's MAR. Records showed recent GP contact to obtain up-to-date medicines reviews for everyone. We saw that the supplying pharmacy had carried out a medicines audit and the service had implemented many of the improvements suggested.

Senior staff checked MAR at the end of every medicine round, to help to identify errors and near misses quickly. There were no records of near misses or errors in the past 12 months. However, we identified a minor medicines recording error that should have been captured through these checks. This undermined the purpose of the check, of reporting shared learning or improvements in response.

The registered manager promptly sent us new and adjusted medicines forms and records, to show the minor medicines concerns we identified above had been addressed.

The service protected people by the prevention and control of infection. People and their relatives told us the service was kept clean. A relative said that, compared to the past, "It's much cleaner, it doesn't smell." Another relative told us, "The premises are cleaned thoroughly and to what I would consider a very high standard." No concerns were raised about the laundry service.

We saw all areas of the service to be kept clean and tidy throughout our visits, and we came across no lingering unpleasant odours. Staff and the registered manager told us most people were supported to bath or shower daily. Care plans confirmed this. There were monitoring sheets on toilet and bathrooms doors to demonstrate regular checks. Hallways were kept clear and there were many hand sanitizers around the premises. Bedding was clean and well-presented, usually matching room décor, which the registered manager told us was through buying new sets except where people objected.

Records showed all staff completed an online training course on infection control. All staff handling food completed food hygiene training. Meeting minutes showed staff were reminded of good infection control practices. There was also evidence considering how to keep hoists clean on a day-to-day basis, and of deep cleaning occurring across the service before a recent cultural festival.

There were infection control audits recorded, both in respect of the whole service, and focussing specifically on laundry and kitchen hygiene. There were also hand hygiene audits of staff practices. Where necessary, improvements were marked off as completed.

Good

Is the service effective?

Our findings

The service supported people well to live healthier lives, have access to healthcare services and receive ongoing healthcare support. People's representatives provided strong feedback in this area. One said, "They have done things we didn't expect; they organised a hip X-ray for example as she was having pain." Another spoke of how the service's interventions, including accessing community professional support, had resulted in improved well-being of their family member. A third said of their family member, "Last year she had broken her hip; she is okay now physiotherapy has finished." A fourth told us of being pleased staff attended hospital appointments as standard with their family member, and a fifth commented on how "unbelievably efficient" staff were when their family member needed medical attention.

People using the service also praised the service's effective support of health matters. Comments included, "I have had good healthcare; they have a dentist and they made me glasses", "They look after me; I can see a doctor" and "I know the manager and I can speak to her to book my GP appointment."

Community professionals praised staff for being professional and proactive in working with them to enable effective care and treatment of people. One told us, for example, that staff always provided pertinent information on the person's current situation, carried out recommendations, and liaised further when needed. Another described staff as being very "conscientious" about people's medical care, for example, acting immediately on any recommendations made. A third told us the service sought medical advice appropriately when anyone's condition deteriorated or any concerns arose. A fourth said the service worked well with them to enable people to return from hospital quickly and safely.

People's care files had hospital transfer forms that reflected their needs and which were easily accessible. Staff also showed us the 'Red Bag' system. This was a newly set-up system to ensure everything needed was sent with the person to hospital, for example, care documents, clothing, and personal equipment such as hearing aids. It also helped ensure everything was returned when they came back to the service. A community professional spoke highly of how the service worked with them to ensure people temporarily admitted to hospital were assessed to ensure needs would be met on returning to the service. This all helped demonstrate the service worked well in co-operation with other organisations to deliver effective care and support.

People's care files included extensive information on health needs and community healthcare professional input. This clearly showed the service liaised well with specialists in support of people's changing health needs. Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were up-to-date and prominent within applicable people's care files. This helped ensure the forms would be easily accessible when needed.

Staff demonstrated good knowledge of pressure care management, and had been specifically trained. They told us of following district nurse advice to help people recover from pressure ulcers. Records confirmed this was recently the case for one person, following a period of involvement that began with the service making a referral for additional support. A specific wound care plan was set up and kept under review during this

period.

Staff told us of knowing people well and reporting any changes in their condition. One staff member spoke of someone having signs of an infection, for which the GP was called and which resulted in antibiotics. Records showed the person started taking the medicine the same day as it was prescribed, which showed a prompt response from the service in support of the person's recovery.

The registered manager had previously informed us of someone being at significant risk of choking from solid foods, but that the person did not understand this risk. They were losing weight and could become upset if not able to follow their mealtime preferences. Much work was undertaken with them, their family and community professionals to manage the situation. The service resolved matters through the purchase of moulds that enabled pureed foods to be presented as if they were in their original form, for example, a chicken drumstick, carrots and peas. The cook had also identified ways in which stodgy puddings could be pureed and presented as if in their original form. We saw the person to be eating well during our visits, and they praised the meals provided. Records showed they had regained weight previously lost. The service had gone to great lengths to address safety and nutritional risks for this person whilst maintaining the quality of their mealtime experience.

The service undertook extensive nutritional assessments of each person, including for swallowing, dietary needs and preferences, appetite and weight. This helped produce an individual eating and drinking plan that identified, for example, any foods the person did not eat, food consistency, and how they best liked their meals. The registered manager told us this had helped people needing pureed diets to eat more and enjoy the experience.

Records showed all care and kitchen staff completed an online training course on nutrition awareness. A staff member we spoke with was aware of who was losing weight and what plans were to counter this. The cook also knew people's individual needs such as for soft, pureed or diabetic foods. They told us of regular meetings with the registered manager to ensure people received the right nutritional support. The registered manager showed us oversight records of everyone's weight, which helped keep everyone under review.

We checked food and fluid charts soon after starting the inspection, and found they were checked on a daily basis to ensure each person was receiving enough support. There was guidance available for staff on sizes of different drink containers, to help record fluid intake accurately. Some people's files included evidence of community dietitians ceasing contact due to the person having gained weight or otherwise now being at reduced nutritional risk. This indicated the service had worked well with dietitians to provide effective care.

People generally praised the food and drink provided at the service. Comments included, "The cooking it wonderful", "It's great; things I like", "There's plenty", "They help people that need help with meals" and "The supper is improved these days." However, some people felt improvements were needed, such as "I make the best of it; some of the food is too salty, some is too sweet" and "The food isn't of my taste, they always overcook."

The registered manager told us of recent ways in which the service had tried to improve people's mealtime experience. For example, less salt was being added to meals after feedback, however, this was now resulting in some other people saying the food lacked taste. She noted the cook was always present at mealtimes, helping serve and talking with people to understand and respond to their feedback, plus she attended herself. New ideas were being regularly tried out, such as making kippers available again at breakfast, and providing home-cooked quiches for the evening meal.

People's representatives all spoke positively of the food provided. One relative cited "the quality of food", another that their family member received good support to eat and drink including build-up drinks, and a third that the meals were from experience "very palatable."

We saw a calm atmosphere at meals in the large dining area. Many staff were present, both in serving roles and to support people to eat where needed. No-one lacked support, including those needing it in their rooms. Meals were attractively presented. The homemade soup for lunch seemed to be particularly popular. We also heard people complimenting the meals.

There were notices around the premises about drinking more water and the benefits of doing this. Water coolers and clean glasses were easily accessible. We saw regular hot and cold drinks being served throughout the day, along with home-cooked snacks. One person said, "Tea and coffee with biscuits is served three or four times a day. They bake marvellous cakes."

We concluded the service provided a lot of support to people to eat and drink enough and maintain a balanced diet, plus good attention was paid to making sure people enjoyed the mealtime experience.

A community professional told us of clear care plans that reflected people's individual needs, for example, on what constituted behaviours that might indicate diabetic concerns. This connected to a staff member telling us of receiving useful face-to-face diabetes training and how this influenced their work.

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. People had extensive care plans in place that reflected their care needs and preferences, for example, on health needs, skin care, mobility and activities. Central to the plan was a 'My Day' section that explained, in detail, how the person liked a typical day to occur. For example, one person needed a lot of patient support in the morning but was better orientated after breakfast. The document guided staff on how to interact with them and what their specific support needs were. Plans were backed by pre-admission assessments, and were quickly set up when people first started using the service.

Care plans were usually reviewed on a monthly basis, to ensure they remained up-to-date. This included a short summary of key progress and changes in the person's condition and their quality of life across the previous month.

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 so that they can 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 found the service was working within the principles of the MCA.

There was an oversight record of any DoLS applications and outcomes for people using the service. The registered manager showed this was used to ensure renewal applications were made in good time. They told us only one person had a condition on the authorisation to deprive them of their liberty. Records showed the condition was being met.

Records showed all care staff completed an online training course on the MCA. The registered manager showed us carry-cards distributed to staff, to remind them of key principles. Staff had good practical knowledge of the MCA. They spoke of people making their own decisions, but of providing them with information and encouragement if their decisions could be considered unwise. Where care was needed but was being refused, and the person lacked capacity for the decision, they also used strategies such as returning after a few minutes or trying other staff. People told us staff asked for consent to provide any care and support.

Access to leave the premises and to stairwells was by key-code. There were individual risk and capacity assessments in place for these, to help ensure safety and rights were not compromised. Where people were assessed as lacking capacity for the decision, there were best interest meetings where the views of relatives and representatives were sought. Similar processes were followed where anyone used bed-rails.

The adaptation, design and decoration of the premises supported people's individual needs to be met. For example, there were two accessible lifts in the service that gave ample time for people to enter and exit before moving. People's rooms were highly personalised, with photos and mementos for example.

The new provider had a programme of redecoration and refurbishments for the whole service. Many bedrooms, toilets and corridors had therefore been recently redecorated to good effect, including a couple of newly converted rooms upstairs, but work was ongoing to complete for other areas of the premises. This included some of the communal carpets being noticeably stained, particularly outside the dining room. The registered manager told us this was to be shortly changed, to match the new wooden-effect flooring of the dining area. Soon after our visits, we were sent photos of the new carpets and flooring.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. New staff spoke of good initial training and support. A newer staff member told us of receiving practical moving and handling training along with online courses covering the 15 standards of a national care induction program. Records showed staff completed a competency assessment of each standard that was signed off by an experienced staff member, along with completing a quiz to demonstrate moving and handling knowledge.

Online training covered a range of courses, with requirements to complete based on job roles. For example, all employees were required to complete courses on dementia care, emergency first aid, valuing people, and safeguarding. Care staff courses included the safe use of bedrails, allergen awareness in care, equality and diversity, conflict resolution, and pressure ulcer prevention. Additional training for senior staff included risk assessment, medicines, and complaint handling. The service organised face-to-face training where pragmatic, such as for fire safety, dementia care and inhaler use. There was also specific face-to-face training on Judaism, to help staff understand the culture of most people using the service. Oversight records showed high levels of training completion, including for refresher courses. Records also showed most staff had an annual appraisal around the start of the year, and received regular developmental supervision meetings.

People praised the capability of staff. Comments included, "They know what they are doing; can't fault them really", "They're fantastic: They should get danger money for the way they handle the people who can't help themselves" and "They all know their jobs, they are very good." People's representatives were similarly positive about staff. Two told us that staff "go beyond the call of duty in many of the tasks which they perform."

Good

Is the service caring?

Our findings

People spoke highly about the caring nature of staff. Comments included, "They are so good, some of them; nothing is too much trouble", "They look after you properly; I don't think they could do more for me" and "They're like my family, they look after me."

People's representatives were also highly complimentary of the approach of staff. One said, "They are genuinely caring staff, client focussed." Another told us, "I always find the team cheerful and helpful" and spoke of their "genuine kindness." A third described "incredibly kind" staff. A fourth said their family member was always "spotless" and people were never ignored.

Community professionals praised staff for providing a pleasant and caring environment for people. One told us people using the service appeared to be "very content", another praised the "homely" atmosphere, and a third noted the "devotion" and "affection" shown towards people.

We found there to be a calm atmosphere in the service. Staff approached people respectfully and with patience at all times. Staff noticed and responded to people well, for example, checking on someone who was coughing a little and offering them water. We also saw non-care staff interacting with people or joining in with songs.

People's appearance, demeanour and interactions with staff indicated they were well-cared for. One person said, "Care assistants are very nice and kind, they know my name, they put nail colour on my nails." Many female residents had manicured nails.

Staff felt that caring approaches was one of the service's strengths. They described many different caring approaches and outcomes. Many spoke of treating people as if their own relative, one saying, "Sydmar Lodge is like big family." One staff member told us of being particularly pleased with how people's birthdays were celebrated, as they could see how happy this made people. We saw one person's family visiting, and their birthday being celebrated by many people in the dining area with a home-made birthday cake and piano tunes. A relative praised the service for how valued this made the person feel.

We saw staff support one person for a short walk outside the home as they were getting anxious, through their dementia, about not being able to visit family who they said lived across the road. A staff member told us this response was not unusual and that another person was similarly supported to walk in the garden. They also spoke of trying to find out what was wrong and trying to calm the person.

Many staff had worked at the service for a long time. One staff member told us of having the opportunity for promotion elsewhere, but deciding to stay due to the supportive working conditions. Some people's representatives commented on the low staff turnover which helped support people using the service, especially those with dementia. We agreed, as consistent staffing helps people's needs and preferences to be acted on through familiarity, and helps trust develop.

The service ensured people's privacy, dignity and independence was respected and promoted. People fedback positively about how they were treated. One person said staff "always knock on my door and ask if they can come in." People spoke of regular access to a bath or shower if they wished. The registered manager told us most people received daily support in this respect.

People who did not want to attend communal areas could stay in their rooms. One such person told us, "They let me stay in my room. They bring my meals to me." Another person explained they used to be troubled by someone using the service who kept wandering into their room, however, "Now I have a key and I lock it [the door], and the carers have a key too." This helped the person maintain privacy but meant staff could access the room in an emergency.

At mealtimes, staff were attentive and encouraged or supported people to eat where needed. A few people were provided with aprons to help them keep clothes clean. Meals were unhurried; people were served at their own pace and were not kept waiting.

The service had helped one person continue to eat preferred meals despite identified choking risk, by presenting pureed foods as if in their original form. The registered manager explained that the person perceived a loss of dignity in not being able to continue eating as they had before the choking risk was identified, so it had been important to find ways of alleviating the risk without changing how they ate.

Staff told us of ways in which they were respectful to people, for example, knocking on people's doors before entering, closing doors when helping with personal care, and offering choices. We saw them doing this. We also saw someone being supported to a private area, for a visiting professional to take a blood test.

The service supported people to develop and maintain relationships that mattered to them. People told us the service enabled them to maintain contact with friends and family, and of good visiting arrangements. One person said, "My family visit me and can come and go as they want." Another person told us, "I can go out with my family. I don't feel like I am trapped here." A third person said, "My friends come once a week to play cards with me." We saw arrangements made for this to occur in private.

People's care plans included contact details of their representatives and guidance on who should be contacted. Update notes were added if they were on holiday and who should instead be contacted. Care plans also included information on friends, to the extent of which other people using the service the person liked to sit with. We saw a lot of talking amongst people at dining tables during meals, which reflected the social nature that the meal arrangements encouraged.

People's representatives told us of no restrictions on visiting times, and of being kept informed on their loved one if, for example, they were unwell or injured. We saw many visitors coming and going throughout our visits, including relatives with young children and pets. The service made them welcome.

The service hosted a private discussion and information forum on a social media website. This enabled, for example, pictures and videos of recent activities to be shared. The pictures and videos were also displayed in the entrance area. This helped show representatives how people were involved in and enjoyed activities that they may subsequently forget due to dementia. For example, staff told us how one person tended to tell their family how unhappy they were in the service. The videos showed how much they were enjoying the events, which helped reassure family members.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. We saw staff informing people of events such as activities and

meals, and asking if they wished to attend. People could, for example, eat in their rooms or in quieter areas such as the lounge if they preferred. A daily menu of two main choices was provided for lunch. People showed awareness they could ask for alternatives if kitchen staff were provided with a little time to prepare.

Each person's file had information on whether or not any Lasting Power of Attorney (LPOA) arrangements were in place. The registered manager told us she requested to see documents where relatives or representatives stated this arrangement, to ensure any requirements of the arrangements were followed. The arrangements were also independently verified.

Where possible and willing, people had signed consent to care plans and other arrangements such as use of photos. The registered manager told us people's representatives were requested to sign if the person would not, but this was to confirm awareness of the care plan unless formal consent arrangements through LPOA were in place. We also saw occasional care review meeting records, sometimes with social workers, which showed some involvement of the person depending on their willingness and ability.

Outstanding ☆

Is the service responsive?

Our findings

We found the service went to great lengths to support people to follow their interests and enjoy an active lifestyle. People provided strong praise of the service's activity provision. One person said, "There is always something going on; lots of music, and lots of other things too." Another person told us the activities coordinator "knows what we like." A third person added, "I like challenges so my favourite activity is the quiz, and I also like singing."

Comments from people's representatives included, "I am particularly impressed with the large variety of entertainment always on offer" and "Something is always happening, lots going on." A relative told us the activities co-ordinator was always trying to find new ways to engage with people, especially those who tended to stay in their rooms. They also praised care staff for joining in, for example, with singing.

The activities coordinator showed us an extensive programme of activities that changed daily. This included sessions they ran such as bingo and quizzes, and regular visiting entertainers. Some people showed us they had copies of the programme.

Recent activities included arts and crafts, to support touch and dexterity, reminiscence work, baking, food and drink tasting, and a clothes show. Some of these events tied in with cultural festivals, such as people making Rosh Hashanah cards and baking Challah bread. The activities coordinator told us one great success was the beer-tasting event due to the large number of people getting involved. It helped that drinks could be taken to people who stayed in their rooms.

During our first day of visiting, the activities coordinator played piano to a number of people in the morning. They engaged people well, and hence many people joined in. We saw different musical entertainers in the afternoons of our visits. Their audiences were 25-30 strong, including a few visitors and staff. Again, many people sang along or clapped, with the occasional person getting up to dance. There were high levels of engagement amongst many of the people present. The registered manager noted guest entertainers had to be clearly enjoyed for return invites to be booked.

The activities coordinator told us of involving people in doing something personal to them. This could be quite simple, like talking about and cooking their favourite meal, but also for them to do things 'one more time' or 'something new'. For example, we were shown photos of someone being supported to go swimming, an activity said by a family member to be something they had always enjoyed and which they could not believe was now happening again. The process had included finding somewhere with appropriate mobility access and privacy. Further sessions were now planned.

The service enabled some local nursery, primary and secondary-age children to visit people and join in with music, art and reading sessions. Some also visited people who tended to stay in their rooms. One person told us, "I love the children who come." We saw photos of many different people engaging with young children. Staff said the visits benefitted many people, as they gave a sense of purpose and enjoyment. We were shown an email from a nursery manager praising the service for how the project had made a positive

impact on people using the service. The registered manager also showed us photos of a few people being supported to visit local nurseries at different times, to help educate children on Jewish traditions. As some of these people used to work as teachers, they were ideally suited to the role.

The service's minibus was used for regular trips out for up to six people at a time including those using wheelchairs. People had therefore been to nearby hotels for afternoon tea, places of worship, and garden centres. We saw photos of some people enjoying The Ritz in central London for afternoon tea, somewhere some people said they never expected to go. Further trips there were being planned for everyone based on its success. A relative told us their family member did not tend to socialise, so they were very pleased to have seen photos of them enjoying a trip out. Another thought the trips out showed the service was "going the extra mile."

The service continued to have a hairdresser visit twice-weekly, making use of the on-site salon. This supported many people to continue an activity they had enjoyed throughout their lives. However, we were also shown photos of the service helping someone to attend a local barber following discussion on which best suited them and at what time.

People had their own newspapers and there were ample supplies of the local free and cultural newspapers near the front desk. We saw the activities coordinator presenting the day's news verbally, which they explained as important to those people with visual impairments. We were told newspapers were also delivered to people who preferred to stay in their rooms.

We saw photos of how the service involved people in celebrating many national and international events such as Dignity in Care Day, a reggae day, and Don't Step on a Bee Day. World Photo Day enabled many people to take photos for the first time in a while and enjoy the results. The registered manager told us of families bringing in about 10 pet dogs recently as part of the service celebrating Crufts weekend. The photos showed people's involvement and enjoyment of the events.

The registered manager and activities coordinator told us videos were sometimes made in which people were encouraged to describe their feelings on the event or activity they were involved in. As well as capturing feedback individually or as a group, this helped some people living with dementia to recall their involvement and enabled representatives to see the impact events had on their loved ones.

The registered manager told us visiting students from Israel had recently enabled some people using the service to converse in Hebrew, and to join in with traditional Israeli folk songs, something the service could not ordinarily offer.

The service promoted a Jewish ethos but welcomed people of all faiths. People praised that the service celebrated many Jewish festivals. One person said, "They celebrate the Sabbath on Fridays, the Rabbi is here, and there's outings to the Synagogue." We were shown a picture of the Chief Rabbi's visit to the service as part of a recent festival. The registered manager told us it was a great honour for the service that they chose this care home, and also for some people using the service that he took the time to speak with. The service also informed him of anyone reaching 100 years of age, as he sent cards if made aware.

A relative praised the service in saying, "Celebration of all the Jewish festivals and the weekly Sabbath is so important to the residents." Another told us their family member "commented that this year's Passover Seder was the best he has ever experienced." Records showed people were provided with clear information on Passover plans. A Jewish staff member continued to train other staff on Jewish awareness, which helped ensure the service was responsive to the different Jewish customs and practices that were important to

people.

The service enabled people to receive personalised care that was responsive to their needs. People generally told us of staff being responsive and so receiving care that attended to their preferences. Comments included, "It's the little things, like trouble with the door; he [member of staff] always gets things done" and "I can get my hair done the way I want."

People's representatives spoke highly of individualised care from staff who were committed to understanding what people's preferences were. One relative told us the management team took the time "to genuinely understand what was important to my husband," to enable staff to provide responsive support to the person. Another relative said, "The current group of carers have a genuine desire to form a close bond with the residents and take a real interest in getting to know them well." A third told us, "They know her and encourage her to join in."

Staff we spoke with described people's individual needs that matched what the registered manager told us and what people's care plans indicated. This was in respect of many different aspects of care, for example, safety risks, end-of-life support, what different people preferred to eat, and what routines people had. People's care files showed their preferences and routines were recognised, with guidance to staff taking these into account. This included, for example, what people liked to wear, how they liked their meals, how they communicated, and how they slept best. This reflected the feedback we received about how people were well-known individually.

The service supported the communication needs of people with a disability or sensory impairment. People's care plans provided specific guidance under a 'communication' heading for what their communication needs were. This included glasses and hearing aid information, language ability, and how dementia affected their communication where applicable. A staff member told us of knowing people well, hence understanding what they were communicating. For example, one person did not speak, but if they stood up, they wanted something which staff could check until they nodded their head.

The service supported people at the end of their life to have a comfortable, dignified and pain-free death. A relative told us of being called when their family member was appearing to approach their final days, but that the staff support had helped "bring her round and get her back to normal again." Community professionals praised the service for setting up end-of-life care plans that enabled people to die peacefully in accordance with the wishes of the person and their family. In particular, this helped people avoid hospital admission where possible in their final days.

People's care plans included basic end-of-life information such as who to inform, whether non-resuscitation arrangements were in place, and funeral arrangements. However, where end-of-life care was in place, a more extensive care plan was followed that focussed much more on palliative needs such as medicines, relieving pain or anxiety, pressure care and hydration. The plan was kept under review, including through consultation with relevant community healthcare professionals.

Records showed all care staff completed an online training course on end-of-life care. Staff told us of making people as comfortable as possible and attending to any pain. They knew how different people might express pain, such as through facial expressions. We found this to be in line with people's care plans. Records showed end-of-life pain relief medicines were in place for individuals where needed, and staff were aware a palliative nurse may be needed to be called to administer them. Staff also told us attention was paid to regular repositioning and creaming, in support of preventing skin deterioration. For example, making sure bedsheets did not have any folds. Any skin deterioration was reported, to help ensure a specific care plan set

was set up and appropriate individual care was provided.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. One person said, "There have been minor concerns, but I have raised them and they have been dealt with." Another person told us, "I don't need to complain; they listen to me." A relative said, "I can approach the manager with any issue and it's always sorted out." Another told us the management team are "very responsive." A third mentioned, "My concerns were addressed very quickly and competently and I'm very happy with the result."

Monthly meetings for people using the service included reminders about raising complaints along with service updates and general requests of people's opinion of the service. One person told us of attending these meetings, adding, "I asked for Rye bread after the bread tasting session. Now I get Rye bread just for me."

The service kept extensive records of any formal complaints made. Complaint forms included lessons learnt. Responses to complainants were open and apologetic about where the service could or should have done better, but explained why they believed standards had been upheld when applicable. Records showed complaint outcomes were discussed in staff meetings, to help ensure learning from them was carried out.

Good

Is the service well-led?

Our findings

At our last inspection, we found systems for governance of the service were not always effective at ensuring appropriate improvements were made. There were also some weaknesses in terms of service-wide communication and ensuring consistently accurate care records. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made. Accurate and up-to-date records about people's care were being kept, including for people newly using the service. A staff communication book was now being used to help ensure important information about the service or specific people using it was passed onto relevant staff. This supported shift handovers and staff meetings for both day and night staff. Consequently, we did not find any instances where care requests or recommendations had not been acted on. Additionally, staff we spoke with knew people well as individuals and what their current needs were. People and their representatives did not report any communication concerns, and community healthcare professionals praised how the service worked in co-operation with them.

The provider's governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. Records showed the management team oversaw a range of significant operational variables. This included complaints, accidents and incidents, people's care reviews, and Deprivation of Liberty Safeguards (DoLS). This helped spot trends and identify service-delivery risks.

The registered manager showed us records of monthly Head of Department meetings. These were used to ensure key personnel were kept updated on operational matters and significant changes to anyone's care, for any concerns to be discussed, and to ensure responsibilities were clear.

The service undertook regular audits of various aspects of service delivery. Records showed this included laundry and kitchen hygiene, staff files, and medicines management. Care file audits we saw were effective at making sure all relevant information required was in place and up-to-date. Where it was not, this was quickly rectified.

We were shown the results of a recent independent-hired auditor's check of care standards at the service, and an older local authority contract monitoring visit. The results of both were predominantly positive. The majority of recommendations had already been signed off as completed. This included some minor matters relating to medicines, fire safety and staff recruitment.

The service promoted a positive and inclusive culture that achieved good outcomes for people. People praised the registered manager's approach. One person told us, "The manager is very, very good, very much in command." Another person said, "The manager and the staff listen to you." We saw the management team interacting politely with people and responding well to them. They knew people and their representatives by name and could speak in detail about people's needs, preferences and care.

People's representatives confirmed the registered manager was approachable and led the service well. One relative told us of speaking with the management team "all the time and they listen." They felt the service had "much improved." Another spoke of the service being "guided by hands-on committed senior staff. They ensure that everyone involved in whatever capacity behaves with care, compassion and caution."

Community professionals praised the leadership of the service. One spoke of always being made welcome and finding families to only ever praise how the service was managed. Another told us of the registered manager and deputy having great empathy and patience, and treating people using the service as individuals, which influenced everyone else working there. They consequently praised all staff working in the service in all roles, as they all contributed to the great atmosphere experienced by all. A third told us of the registered manager's ability to "think outside the box" to help improve people's care, of leading staff well, and hence the service going "from strength to strength."

Staff provided positive feedback about the approach of the management team and the provider. The registered manager was said to be a capable and patient role-model, who as one staff member put it, "Gives energy to others." Another staff member told us the registered manager regularly reminded staff of the service's values, which helped uphold "the way staff talk to residents." Staff also told us of good teamwork, explaining they could ask questions and get support off each other. One staff member said, "We work well together." Another told us, "I always can ask for help, all colleagues share their knowledge and experience."

The registered manager told us there was now a culture of support and praise. They added that there was better teamwork now that everyone working at the service was employed there rather than some roles being contracted out.

The registered manager kept CQC informed of incidents that were required by legislation to be notified. They also informed us of other incidents such as outbreaks of infections that we did not need to be told about. This helped demonstrate a diligent and transparent approach to the operation of the service.

The provider engaged with and involved stakeholders in the development of the service. Recent records showed monthly meetings with upwards of 15 people using the service. Discussions included meals, staff changes, health and safety, activities and special events such as a recent cultural festival. The registered manager informed us that a meeting for people's representatives is held annually in May. These processes helped ensure the service was influenced by people's views.

Viewpoint questionnaires were distributed to people using the service, their representatives, and staff. Analysis of the results for all three at the end of the year showed complete satisfaction for most questions, but with room for improvement in a few areas. The results were discussed in staff meetings and at the service's annual Dignity Awareness Day.

The registered manager said it had taken around 18 months to have the service fully operating the way they wanted it. For example, training and guidance now meant staff were not talking across the dining room at mealtimes, thereby better enabling a calm and pleasant atmosphere for people. They noted the change of provider, to a smaller and more responsive company, meant she had more time and autonomy to manage the service. For example, she no longer had to attend meetings called by the provider in different parts of the country, and complex reporting systems no longer had to be followed.

The registered manager sent monthly reports to the owners on service development. This included consideration of vacancies, staffing, meeting quality standards, management of service risks such as for accidents, injuries and complaints, and health and safety matters. This complemented the owners' weekly

visits, in support of ensuring the continuity of the business.

The service worked well in partnership with other agencies to support care provision and development. Community professional praised how the service worked in partnership with them at learning forums and on projects to benefit people's quality of life. One noted that any feedback received from these projects had been reviewed and discussed with the staff team for the benefit of people using the service, so as to become embedded in the service's culture. We noted the recent 'Red Bag' hospital transfer system was an example of this, as it helped ensure people had what they and the hospital needed on admission, and for it to all be returned to the service with the person if they came back.

The registered manager told us of helping pilot the Trusted Assessor scheme for a local hospital, to ensure good communication when anyone using the service was in hospital. Feedback from the Trusted Assessor team indicated the service worked in co-operation with them to help set the program up and make it beneficial to people using the service. They noted the management team's input was always constructive and focussed on good outcomes for people using the service.

The registered manager told us of actions taken to improve people's dining experience following the generally positive local Healthwatch mealtime experience report. This included new ways of trying to keep heated food warm enough without leading to scalding risks. She also spoke of recently becoming involved in a 'Last Phase of Life' project hosted by the local authority and local community professionals. This would improve staff understanding of people's end-of-life needs.