

Minster Care Management Limited

Sycamore Lodge

Inspection report

1 Edgecote Close
Acton
London
W3 8PH

Tel: 02039885060

Date of inspection visit:
23 November 2021

Date of publication:
17 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sycamore Lodge is a care home with nursing for up to 77 older people. The home is divided into five units. At the time of our inspection 62 people were living at the home. Some people were being cared for at the end of their lives and some people were living with the experience of dementia.

Minster Care Group provides care and support in care homes throughout the United Kingdom.

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

Medicines were not always safely managed. Some risks to people's safety and wellbeing had not been assessed or mitigated. Some people's care plans were not detailed enough with personalised information about their needs and preferences.

The provider had systems for monitoring and improving the quality of the service. These had not always been operated effectively because the provider had not always identified areas of risk or where records needed improving. However, they contacted us after our inspection visit to tell us about improvements they made as a result of our findings.

People were happy with the care they received. They liked the staff and felt their needs were met. They felt involved in planning their own care. They had opportunities to take part in a range of social activities, although some people wanted more variety in activities. People generally liked the food, told us they had access to healthcare professionals and were able to see visitors when they wanted.

The staff were well supported and had the training and information they needed to care for people. There were enough staff to meet people's needs and the recruitment processes made sure staff were suitable.

There were procedures to help protect people from abuse, to investigate complaints and to help make sure improvements were made when things went wrong.

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.

The registered manager was supported by a team of senior staff. People using the service and others knew who to speak with if they had any concerns. The provider had audits and checks which included asking stakeholders for their feedback. Where concerns were identified, the provider made plans to improve 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

This was the first inspection of the service since it was registered with the current provider on 10 March 2020.

The rating at the last inspection when the service was registered with a different provider was good (Published 15 August 2018).

Why we inspected

This was a planned inspection based on the date of registration.

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 practice we can share with other services.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Sycamore Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors, a nurse specialist advisor, a member of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider and location, including records of notifications, complaints and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 12 people who used the service and two visitors. We spoke with staff on duty, who included the registered manager, deputy manager, nurses, care assistants, the activities coordinator, catering and maintenance staff.

We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for 11 people who used the service, staff recruitment, training and support records and other records used by the provider for managing the service, such as audits, complaints and feedback from stakeholders. We reviewed 10 medicine administration records and medicines care plans.

We conducted a partial tour of the premises.

After the inspection

The provider continued to send us records and information which we reviewed. We also received feedback from the relative or another person using the service.

Is the service safe?

Our findings

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

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

- The staff had not assessed, monitored or mitigated the risks relating to the use of bedrails. We observed that some people had bedrails which were not covered or protected by bumpers. The space between the rails was wide and presented a risk of the person becoming trapped. We also observed that where bumpers were in place, these were not always secured and therefore could move causing a risk to these people.

We found no evidence that people had been harmed however, systems were not in place to manage risks 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 .

- Following the inspection, the provider told us they had made arrangements to purchase bumpers for the bedrails in order to make these safer. They told us they would reassess individual people's beds to make sure all risks were identified and mitigated.
- The provider had assessed other risks to people's safety and wellbeing. These included risks related to their health, mobility and nutrition. Assessments were regularly reviewed and had been updated when people's needs changed.
- The staff received training in order to support people safely. They knew how to use equipment and we observed staff following procedures to care for people safely.
- The environment and equipment were suitably maintained, with regular checks on safety.

Using medicines safely

- Medicines were not always safely managed.
- The storage of medicines and other medicines equipment was not always safe. Prescribed thickeners were not stored securely as per national guidance putting people at risk of harm. Oxygen cylinders were not being stored securely.
- Time specific medicines were not always administered as prescribed. Three people who were prescribed medicines to be given at a specific time were not being given their medicines at the times they were prescribed. This meant the medicines may not have the desired effect.
- Seven out of the 10 people's records we reviewed were prescribed medicines such as pain killers, laxatives and anxiolytics (medicines for anxiety) to be taken when required (PRN). However, guidance in the form of PRN protocols or information in care plans was not always in place to help staff give these medicines consistently.

We found no evidence that people had been harmed however, systems were not robust enough to

demonstrate medicines were effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visit, the provider sent us information about improvements they had made as a result of the inspection. These included securing oxygen cylinders to the wall and starting work on PRN protocols.
- There was a process in place to report and investigate medicines incidents.
- The staff received training and were competency assessed to handle medicines safely.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from abuse. The staff received training in these and were able to tell us how they would recognise and report abuse.
- People using the service and their relatives told us they felt safe there. Some of their comments included, "I feel safe, things like leaving my door open at night so I can see the outside light helps me to feel safe, that is my choice", "It is very safe here, there is always someone around" and "I feel very safe."
- Staff had followed procedures when there were safeguarding concerns, working with the local safeguarding authority to investigate these concerns and protect people.

Staffing and recruitment

- There were enough staff to meet people's needs and keep people safe. People told us they did not have to wait for care. There was a low turnover of staff, meaning many of the staff were familiar with people and their needs. There were clear systems for management and allocation of work. Some comments from people included, "I have a call bell and when I use it the staff come very quickly", "I am aware of carers being around, they come around and check on you" and "There seems to be enough staff."
- The provider had procedures for recruiting staff which included checks on their suitability, assessing their competence and providing a robust induction so that staff could get to know their roles and responsibilities.

Preventing and controlling infection

- There were systems to help prevent and control the spread of infection. Staff were aware of these and had training to understand about good infection control and COVID-19. Procedures had been updated in line with government guidance and new legislation since the start of the COVID-19 pandemic.
- Staff and visitors wore personal protective equipment (PPE) and took regular COVID-19 tests. People using the service confirmed this.
- The environment was clean and there were suitable systems for laundry, cleaning and disposal of clinical waste. There were regular infection control audits. People told us their rooms, communal areas and laundry were cleaned to their satisfaction.

Learning lessons when things go wrong

- The staff learnt when things went wrong, and improvements were made to the service as a result of this. For example, all incidents, accidents and other adverse events were recorded and investigated. Staff meetings and individual discussions with staff included learning from these events.
- The registered manager and senior team worked closely with other managers within the organisation and local authority to share experiences and learn from these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out assessments of people's needs when they moved to the service. They spoke with the person, their family/representatives and healthcare professionals to get a good understanding of their needs.
- Assessments were used to create care plans which were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training, skills and experience they needed. New staff completed an induction into the service and managers assessed their knowledge and competencies.
- Staff had opportunities for regular training updates and some staff undertook vocational qualifications. Some staff told us about how they were supported to undertake additional training to learn new roles and take on extra responsibilities. They told us this empowered them and gave them confidence.
- There were regular meetings where staff could discuss their work and the service with line managers. They had enough information about people's needs and their roles and took part in handovers to make sure they knew about any changes at the service.

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

- People were supported to have enough to eat and drink. The staff assessed their nutritional needs and created care plans which described these needs and any additional input they required. Where people were considered at nutritional risk, their food and fluid intake was monitored and the staff had made referrals, so these people could receive support from dietitians when needed.
- An external catering company provided all the food and drinks, prepared and cooked on the premises. The chef and catering team had information about people's needs and offered them a range of menu choices. Food was available outside of the set mealtimes if people wanted this.
- People gave mixed feedback on the quality of food. Which we shared with the management team. Most people were happy with the variety and choices available.

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

- The staff had assessed people's healthcare needs and monitored this to make sure people had the support they needed. They worked closely with healthcare professionals, incorporating their guidance and recommendations into care plans.
- People told us they were able to see the doctor, and other healthcare services, when needed.

Adapting service, design, decoration to meet people's needs

- The building was suitably designed and equipped. There were five separate units, each with their own communal facilities. There was good lighting and ventilation. The décor was appropriate.
- There was enough equipment to meet people's different needs, for example equipment for supporting people to move and adjustable beds.
- There was some signage using large writing and symbols to help orientate people.
- There was space for people to receive visitors in private and communal areas.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had assessed people's mental capacity and made applications for DoLS when needed.
- The provider had consulted with people's representatives to help make sure decisions were made in their best interests.
- People had consented to their care where they were able and were offered choices. The provider consulted with people's legal representatives to gain consent when this was needed, and when people were unable to give this themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They told us they had a good relationship with staff, who were kind, caring and supportive. People's comments included, "The carers are very good, you can have a laugh with some of them. I am treated with dignity", "The staff are exceptional. I am treated with empathy and kindness" and "The carers are kind; they know what I like and things like that make it good here."
- We observed staff being calm, respectful and caring towards people. They demonstrated a good understanding of dementia and people's communication needs; spending time engaging with people and listening to them. We observed staff comforting people who became distressed. One member of staff told us, "[People using the service] are like my family now, I understand them and know what they need and want."
- People's cultural and religious needs were respected and met. Some people told us they used to have more involvement with local churches visiting before the start of the COVID-19 pandemic, but this had stopped. We discussed this with the deputy manager who told us that they were looking at ways to bring back more communal worship.

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

- People were able to make choices about their care and their views were respected. They told us staff asked for their views and we witnessed this throughout our inspection.
- The staff demonstrated a good understanding about supporting people to make decisions and how they could make decision making easier for people, for example making sure people could hear what they said, reducing distractions and using visual clues.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They confirmed this. Information about people was stored securely, staff used people's preferred names and provided care in private.
- People were supported to be independent when they wanted and were able. Their comments included, "I'm encouraged to be as independent as possible", "They are very supportive, but they encourage you to be independent". "I do some things for myself and am supported with other things, there is a good balance and I am never forced to do anything if I am not sure" and "I have a lot of freedom and am able to go out when I want."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care from staff who knew them well. However, we noted that not all care plans had enough personalised information. For example, one person had moved to the service a month before our inspection. Their care plan was incomplete. This meant the staff may not have the information they needed about how the person liked to be cared for.
- We also found parts of other people's care plans lacked detailed information, in particular some care plans about oral care and people's wishes about future care were generic. This was not always the case as some care plans were personalised. We discussed these inconsistencies with the management team who agreed to review these and improve the plans. We will check these improvements have been made when we next inspect the service.
- People felt their care needs were met and they received personalised care. They told us they were offered choices and made decisions about their care. Records of care showed people had received care to meet their needs.
- People were clean and well presented. They were offered regular baths, showers and other personal care to meet their individual needs.
- Some people were cared for at the end of their lives. The staff worked closely with people's families and other professionals to help make sure people were comfortable, pain free and their wishes were respected.

Meeting people's communication needs

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

- People were supported with different communication needs. These were detailed in care plans and the staff demonstrated a good understanding of individual people's needs in this area. For example, they told us how they supported people who did not speak English as a first language, how they provided additional support when people's dementia affected their communication and how they supported people with hearing or sight impairments.
- Information about the service was available in different formats for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of activities and maintain relationships with friends and families, who were able to visit and contact people using video and telephone calling. Some people told us

they were saddened that community visitors, such as churches and schools, as well as external entertainers, had stopped since the start of the COVID-19 pandemic. The deputy manager told us they were looking at way to start introducing these types of activities again safely.

- There was an activities coordinator who planned and facilitated a range of group and individual activities. People enjoyed these. There were photographs and examples of some of the activities and events which had taken place in the past.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for responding to complaints. We saw records of complaints included evidence of investigation, a response to the complainants and learning from these.
- People told us they knew who to speak with if they wanted to make a complaint. They felt confident these would be dealt with.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- The provider had systems for auditing and monitoring the service. These had not always identified risks. For example, medicines audits had not identified where improvements were needed when PRN (as required medicines) protocols were not in place, risking storage arrangements or when time specific medicines had not been given at the right time. Additionally, the provider had not always identified or mitigated the risks relating to bedrails.
- The staff carried out regular reviews of care plans and these were checked during audits by the management team. However, these had not always identified when care plans were generic and lacked personalised details..

We found no evidence that people had been harmed however, systems were not being operated effectively to monitor quality. This placed people at risk of harm. This was a breach of regulation Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider contacted us after the inspection visit and told us about changes that they were making at the service as a result of our initial feedback.
- The provider undertook regular quality audits at the service and had responded when they, or others, had identified concerns or areas where improvements were needed. They had systems for monitoring different aspects of the service, such as staff training, people's experience, adverse events, the environment and care provision. Managers had a good oversight of these systems and shared information with senior managers within the organisation.

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

- There was a positive culture at the service. People were happy living there, felt respected and felt their needs were being met. They told us managers listened to them and asked for their opinions.
- The staff felt well supported and told us the home was well run. They said they liked working there and had the information, training and support they needed.
- The provider's checks and audits included looking at people's experience of different aspects of the service, for example, mealtimes and interactions with staff. The managers made observations and we saw improvements had been made as a result of these.

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

regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers and staff were clear about their roles and responsibilities, including their responsibilities under the duty of candour.
- The registered manager was experienced and qualified. They were supported by a deputy manager and senior staff. People using the service and staff spoke positively about the management team and told us they could approach them if they needed.
- The managers had a good understanding of legislation and good practice guidance. They understood their responsibilities under duty of candour and had shared information about adverse events with CQC and others as required.
- The registered manager told us they were well supported by the organisation. There were a range of policies and procedures which were regularly reviewed and updated.

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

- The provider involved people using the service and other stakeholders considering their equality characteristics.
- People told us staff asked for their views, listened to them and acted on these. People using the service, their families and staff completed satisfaction surveys about their experiences. The provider had created plans to address concerns raised from these.
- Staff completed training in equality and diversity to raise their awareness of people's different needs and how they should support them with these. The staff team was made up of a diverse group of ethnicities and religions and the registered manager told us this helped to reflect the diversity of the people who lived at the service.
- The staff took part in regular meetings to help keep them informed about the service and any changes. The registered manager had stayed in regular contact with friends and families, writing to them about the service, particularly during the COVID-19 pandemic to help reassure them and inform them about changes in government guidance.

Working in partnership with others

- The provider worked in partnership with others. The registered manager attended regular forums and meetings with other care providers as well as managers from within the organisation.
- Staff worked closely with other care professionals to help make sure people's individual needs were being met.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not always provide care and treatment in a safe way to service users. Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered persons did not always effectively operate systems and processes for identifying, monitoring and mitigating risk. Regulation 17