



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Sycamore House Care Home

**700 Mansfield Road
Sherwood
Nottingham
NG5 3FW**

Lead Inspector
Rehana Rashid

Key Unannounced Inspection
27th June 2006 10:50

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Sycamore House Care Home
Address	700 Mansfield Road Sherwood Nottingham NG5 3FW
Telephone number	0115 956 5205
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Mrs Margaret Godfrey
Type of registration	Care Home
No. of places registered (if applicable)	31
Category(ies) of registration, with number of places	Old age, not falling within any other category (31)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 3rd January 2006

Brief Description of the Service:

Sycamore House is situated on a main road, approximately two miles North of the City centre. It is well served by public transport, and is close to local shops. Sycamore House is situated on different levels, with the upper levels being accessed by stairs or a passenger lift. Residents are accommodated in single bedrooms; all communal areas of the home are accessible to residents who have limited or restricted mobility. In addition there are a number of different bathing aids - including seat hoists for those people whose mobility and movement is restricted. The garden is pleasantly landscaped. The layout of the building is well planned, and the fixtures and fittings are of a high standard. There is an ongoing programme of maintenance and renewal of the fixtures and decor. There is a large conservatory, which overlooks the garden, a dining room at the front of the building and a number of smaller sitting areas throughout the building. All areas are decorated to a high standard, and are light and bright. The Manager stated that the current weekly fee range for the home is between £345.49 to £386.55.

SUMMARY

This is an overview of what the inspector found during the inspection.

This unannounced key inspection was carried out on 27th June 2006 for the duration of 4 hours. This was the home's first inspection for this financial/inspection year April 2006. The main method of inspection was case tracking, which involved randomly selecting three residents and examining their care records. Case tracking is used to establish if the needs of the residents are being appropriately assessed by the home and their needs are being catered for. Indirect and direct observation of practice and interaction between staff and residents was also carried out as part of the inspection methodology. The registered manager gave the inspector a partial tour of the building. Which included the communal areas, 1 shower room, 1 bathroom, kitchen and three bedrooms. The garden area was also viewed. Residents were briefly observed during lunch. Other documentation including health and safety records were also examined. The management of medication was partly assessed for the three residents.

On the day of the inspection the home was busy but organised. The manager left towards the end of the inspection to attend a resident's funeral who had passed away recently and a senior care was left in charge.

During the course of the inspection the Inspector spoke with two residents, the feedback was very positive about the level of care received. These residents spoke positively about the care staff and about the service provided by the home. The Registered Manager assisted in the inspection process. On the day of the inspection the home had arranged a falls prevention seminar, which was delivered by a District Nurse, both residents and staff members attended this. One member of staff was spoken with and three staff files were viewed. The registered manager and staff members were helpful and pleasant to the inspector throughout the inspection.

The focus of the inspection was to concentrate on the key standards, which were assessed under the new methodology of Inspecting for Better Lives (IBL). No requirements or good practice recommendations had been made at the last inspection.

What the service does well:

Sycamore House Care Home provides a good quality of care to the residents. Residents spoken with reported that they were happy at the home and liked the staff. One staff member spoken with also reported that they felt that there was a good quality of care. Staff were observed to be respectful towards the residents and good relationships were observed. Care plans viewed provide a clear overview of individual residents care needs. The home has a pleasant and relaxed atmosphere. A Member of Staff spoken with stated she enjoyed working at the home, staff were observed carrying out tasks efficiently and were committed to their work. Medication in the home is well organised and all records checked were up to date. The food in the home was very well presented and nutritious. The mealtime was a relaxed social occasion.

Residents presented as being well groomed, relaxed and in the home.

Residents benefit from a comfortable, appropriately furnished environment, which provides specialist equipment such as hoists. Bedrooms viewed by the inspector were comfortable, clean and personalised. On the day of inspection there was no malodour observed. The standard of cleanness in the area's viewed on the day of the inspection was high. The health and safety of residents is promoted and protected.

What has improved since the last inspection?

No requirements or good practice recommendations were set at the last inspection. The home continues to operate at a good standard.

What they could do better:

Out of the three care plans viewed; there was room to improve one care plan. This is to ensure complex needs have an appropriate care plan in place as to how the resident's needs in respect of health and diet are to be met.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

3,6

Quality in this outcome area is excellent this judgement has been made using available evidence including a visit to this service. Prospective residents individual aspirations and needs are assessed prior to moving to the home. Sycamore House does occasionally take people for short-term care, and those people are helped to maximise their independence and return home.

EVIDENCE:

Residents were assessed prior to moving into the home, and a comprehensive assessment of their needs has been carried out. Relatives and friends are encouraged to visit, and are made very welcome. One resident spoken with stated prior to moving to Sycamore House she viewed other homes and in her opinion Sycamore House was outstanding. The emphasis at Sycamore House is on longer-term care, however the manager said that occasionally residents do come for short-term intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Health care records are well organised within the resident's files. Resident's health, personal and social care needs are generally set out in an individual plan of care. Medication is well organised, and there are robust policies and procedures in place around medication administration. Residents are treated with respect and their right to privacy is upheld.

EVIDENCE:

Three resident's care plans were viewed, each resident has two files one file contains the care plan and the other file contains placement contract and input from health care professionals. There was evidence on all three care plans that they are reviewed regularly. Care plans were comprehensive and detailed. However one care plan indicated the resident has diabetes the care plan needs to be improved. There was no provision made on the care plan to indicate at what frequency blood sugar levels are tested or whether the resident required a specialist diabetic diet. This was discussed with the manager during the inspection by speaking with her it was clear that the resident had diet-controlled diabetes. The manager agreed to amend the care plan to include these significant details.

The files viewed indicated that residents health needs are addressed and when appropriate or necessary the home seek input from local health care professionals such as GP or District Nurse. Visits by health professionals are recorded within communication records.

Medication was observed to be stored securely in the Medical room in a lockable trolley. The medical room was very pleasant and clean. The home uses a monitored dosage system for the majority of the medicines. The inspector was unable to observe the medication round as time was spent in other areas of the inspection. Medication administration record had been filled in and details of controlled medication administered were recorded in the controlled drugs book, which was signed. One Staff training file viewed confirmed the member of staff had received training in medication management.

Observation throughout the inspection evidenced that the staff are sensitive and respectful towards residents. Residents spoken with during the inspection confirmed that they are happy with the arrangements made to promote privacy and dignity. Whilst the inspector was being shown around the home, the manager knocked on bedroom doors and before entering resident's rooms. Residents spoken with stated this was standard practice at the home and staff knocked on the door prior to entering. One resident stated overall staff are friendly and polite. The inspector observed positive interaction between staff and residents. Both residents spoken with stated the staff are welcoming of their visitors and there are no restrictions when residents receive visitors. There is a pay phone for residents in the foyer area. Residents spoken with also reported that they receive their correspondence unopened.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. Residents find the lifestyle experienced in the home matches their expectations and preferences. The home arranges social activities for the residents. They maintain contact with family, friends and exercise control over their lives. Residents receive a balanced diet.

EVIDENCE:

Two residents spoken with stated they are happy with the level of social activities. During the inspection residents were observed sitting in the lounge, foyer and dining area. Some were interacting with staff and fellow residents. On the day of the inspection the home had organised a seminar for both residents and staff regarding falls prevention, a district nurse and physiotherapist delivered the seminar. Residents spoken with stated they were looking forward to this session. Residents were observed in the afternoon going into the lounge to attend the seminar. Those residents that required assistance were assisted into the lounge, whilst other residents went in at their own leisure.

The residents spoken with talked about the different activities on offer at the home. This was movement to music, sing-a-long recital, by a resident from St

Martins – adjacent to Sycamore House. Residents spoken with, talked about the church service held in the lounge, and also said that the staff would help them to get to a service outside of Sycamore House, if they wished to go. One resident stated there is craft sessions organised weekly. The notice board in the foyer was very well organised which contained details of up and coming social events. This included Abbeyfield golden jubilee celebrations; to take place on 6th July 2006 it was reported by the manager residents will be taken to Southwell Minister. Other forth coming social outings include a visit to Stanton and Chatsworth.

The home has a welcoming and friendly atmosphere, which was witnessed at the inspection. Residents spoken with confirmed that visiting times were flexible and staff are welcoming of visitors. The manager stated residents are encouraged to maintain contact with the local community. Residents informed the Inspector that they are encouraged to make their own choices including meals and what they wish to wear. Residents rooms were very personalised, which was observed when three bedrooms were viewed.

The meal on the day of the inspection was freshly prepared and looked very appetizing. The menu included fresh vegetables, new potatoes with pork spare rib chop or salmon and broccoli quiche. The dessert was lemon meringue. The menu was displayed in the foyer area. Residents spoken with said that the food in the home was of a very high standard and there are alternative choices. The menus were not seen during this inspection, however they were viewed at the last inspection and were varied and offered a nutritious diet. Care plans viewed contained details of foods that residents liked and disliked which are used to plan the menu ensuring all needs are catered for. The kitchen was clean, and orderly, and a good selection of fresh vegetables were available. Food storage areas viewed were clean. Residents said that they were asked after lunch what they would like for tea, this practice was observed by the inspector.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Service users complaints are taken seriously. Staff members spoken to during the inspection were aware of the issues of protection of service users from abuse.

EVIDENCE:

A complaints procedure is in place, which was displayed in the foyer alongside other relevant information on a notice board. Residents spoken with confirmed that they were aware of the complaints procedure. It was clear from residents that they would feel confident to complain and that they felt any concerns would be dealt with immediately and appropriately. Sycamore House have a complaints book recording all complaints received. Since the last inspection the home had received two complaints, which were dealt with appropriately.

Staff member spoken with demonstrated that she had an understanding of the whistle blowing procedure and were aware on the seriousness of the issues around abuse. The home has a protection of vulnerable adults policy in place. Staff training records viewed showed that staff had received training in adult protection.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,24, 26

Quality in this outcome area is excellent. This judgement has been made using available evidence including a visit to this service. Residents live in a well-maintained environment, which is clean, pleasant and hygienic. The home was clean. Bedrooms are well equipped and personalised according to personal choice with resident's own possessions around them.

EVIDENCE:

Sycamore House Care Home offers its residents a very clean and well-maintained environment. The atmosphere throughout the home is calming and relaxing. The garden area is very well maintained with attractive plants, shrubs and seating area. The home is well designed allowing natural light into the home. Inspection of bathrooms, bedrooms and communal areas such as the lounge and kitchen were found to be suitable for residents. The bathroom and shower room viewed were in a good state of condition and decorated of a high standard. They were also clean and free from mal-odours. Both were tiled pleasantly creating a homely feel. The kitchen area was clean; the dining area attached to the kitchen was spacious and well maintained.

The three bedrooms viewed were very well personalised with resident's personal possessions including photographs, ornaments. Each room viewed was individually decorated and very clean. All rooms viewed had a basin and sufficient storage space. Residents spoken with stated they are very happy with their bedrooms. The home has two passenger lifts. The home has appropriate equipment meeting individual needs including hoists, commodes, and wheelchairs and bathing aids.

Communal rooms were comfortable, homely and spacious. The home also provides its residents with quiet sitting areas. On the day of the inspection the home was free from mal-odour. The overall standard of cleanliness in the home is high. Carpets and furnisher viewed during the partial tour of the premises were free from stains and clean.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Quality in this outcome area is good this judgement has been made using available evidence including a visit to this service. Residents are in safe hands. Residents at Sycamore House are supported and protected by the home's recruitment policies.

EVIDENCE:

Staff were friendly and welcoming to the inspector and had positive relationships with the residents, demonstrating a caring attitude. The staffing rota was seen which was an actual record of the staff on duty. The staff rota includes Senior Care staff, Care Assistants, Domestic and catering staff. Residents spoken with reported there were enough staff on duty to meet their needs; they also said that the staff were kind, caring and considerate. One staff member spoken with stated she enjoys working at the home and has worked at the home for an extensive period of time.

Staff files were well organised and presented. Three staff files were seen together with a range of staff training records. Staff files contained items as listed in Schedule 4 of The Care Home Regulations 2001 which contained evidence of satisfactory Criminal Records Bureau checks, proof of ID and certificates of training. A staff member spoken with confirmed that the home provides relevant training ensuring staff are skilled in their roles. Staff training records viewed confirmed staff had received training in medication management, Dealing with abuse, first aid and food hygiene.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Sycamore House is run and managed by a person of good character who is fit to be in charge. Residents are safeguarded by the accounting and financial procedures at Sycamore House. Resident's financial interests are safeguarded. The health & safety of residents and staff at Sycamore House is promoted and protected.

EVIDENCE:

The manager's role at Sycamore House is job shared. Both post holders are suitably experienced and qualified. A member of staff spoken with stated both managers are supportive. In addition to this two residents spoken with about the managers were highly complimentary about the way in which Sycamore House is run and managed.

Sycamore House Care Home has a quality assurance system in place. The manager stated the questionnaires are distributed to residents and visitors on

a yearly basis. A selection of questionnaires were viewed by the inspector the feedback was positive, one statement in the questionnaire stated "congratulations on maintaining a good standard". The home also have a residents meeting which also takes place yearly minutes were viewed for the last two meetings. A representative from Abbeyfields was present at the inspection to carry out the monthly visit under regulation 26. However this was abandoned so that the Inspector from CSCI could carry out the inspection, the manager stated that the visit under regulation 26 would be carried out on another day. The last registered owners report was submitted to CSCI May 2006, which stated that residents were observed to be relaxed and comfortable and spoke highly of the staff.

Resident's financial interests are safeguarded by the homes financial procedures. Resident's money is kept in a secure lockable cabinet. On the day of the inspection three financial records were viewed, which were satisfactory. The home maintains these records and keeps all the receipts for amounts spent. Residents have lockable space in their bedrooms.

During the inspection the inspector randomly viewed a selection of records relating to health and safety. During the inspection the Employers Liability Insurance Certificate was displayed in the managers office, which is due to expire 30th September 2006. The registration certificate was displayed in the reception area. On the day of the inspection records viewed regarding fire testing showed that these take place at regular intervals as advised by the fire officer. The gas-servicing certificate was viewed which confirmed last service took place 26th September 2005 that is valued for one year. The passenger lifts were serviced April 2006. Water outlet temperatures are recorded monthly. The hydra bath hoist had its six monthly service 17th May 2006. The manager stated that Portable appliances testing (PAT) had taken place on 27th June 2006, however on the day of the inspection no evidence was viewed to confirm this.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	4
4	X
5	X
6	3

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	4
9	4
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	4
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	4

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	3
25	X
26	4

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	15(1)	Ensure complex needs have an appropriate care plan in place as to how the named service user needs in respect of health, personal and social care are to be met.	11/07/06

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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