



Inspection Report on

Sycamore House

BARRY

Date Inspection Completed

18/06/2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Sycamore House is registered with Care Inspectorate Wales (CIW) to accommodate and support up to three adults with multiple and profound disabilities, such as cerebral palsy, epilepsy, physical disabilities, mental health, stroke, wheelchair dependent and more. Currently there are two people living in the home in Barry. The accommodation is an adapted semi-detached bungalow with wheelchair access in a residential area. The registered provider is The Cedars Care Services Limited. Jill Osborne is the responsible individual (RI) providing strategic oversight, and the service has appointed a manager who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People in Sycamore House seem to enjoy living there and have good support to maintain their interests and routines whilst being safe and protected from harm. They are also well cared for to stay healthy. People benefit from warm and positive interactions with staff who know them well, encourage them to be as independent as possible, and understand their needs. There is a stable staff team which ensures continuity of care. The home offers a welcoming, adapted and comfortable environment and is clean and well maintained. The service is led by a competent and hands-on manager. She is supported by an experienced RI who visits frequently. There are processes in place to ensure staff are suitably recruited, trained and supervised. The service demonstrates a clear commitment towards continuous learning and development to improve outcomes for the people using the service.

2. Improvements

As this was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

The service met all legal requirements. Section five sets out the recommendations we made to help the service develop. Please refer to section five for further details.

1. Well-being

Summary

People are encouraged to express their views and are supported to increase their independence and make choices about how they spend their time. The stable and caring staff team offers people warm and positive interactions, and competent support. People are also kept safe from harm.

Our findings

People are encouraged and supported to make choices and have their individual routines recognised. People were able to use the communal spaces and be where they chose to. We noted that people were supported to make choices about their daily routines such as when to go to bed and what time to get up in the morning. We saw staff being flexible about lunchtime arrangements. This demonstrates that people can do things that matter to them and their choices are respected.

People are encouraged to engage in rewarding activities, both in-house and in the community, and have opportunities to socialise with people. In the statement of purpose we saw a range of social and recreational opportunities available to people. A planner was used for each individual which showed a diverse range of planned activities throughout the week. This included sensory experiences, shopping, sailing, Jacuzzi, and more. On the day we visited the home, we saw that people were already away at an activity or about to leave the home. It was evident from the discussions we had with the staff and manager that they had a good understanding of people's individual needs. We spoke with two care workers and found them to be keen and knowledgeable about providing people with a wide and stimulating variety of pastimes. They also had a good understanding of the particular needs of people living in the home. We saw evidence that the support provided to the individuals since they had moved into the service had enabled them to develop their confidence and self-esteem. We found that people could engage in activities that are meaningful and important to them.

People can experience a sense of warmth and belonging. People looked comfortable in the company of staff, and appeared happy with the support that was being provided to them. We saw that staff treated each person as an individual. We also observed staff interacting with the individuals in a caring and warm but respectful and competent manner. Staff demonstrated a good awareness of the individual's needs and dignity, and communicated with them in ways they understood. We saw from questionnaires that relatives said: *"very happy with xxx's care. He's being well looked after, the ladies are doing a brilliant job caring for my relative; thank you all"* and *"my relative's appearance is always immaculate, we have a positive professional relationship between both parties, we have never had any issues with the staff from cedars care services, happy to continue a positive relationship"*. We conclude that people who use the service can be comfortable with their care and have positive relationships.

People can feel safe and protected from harm or neglect. We spoke with staff who were clear about their responsibilities around protecting the people they looked after. They knew what actions they would take if they had any concerns about a person's well-being. Policies relating to safeguarding, including whistleblowing, were available in the office. Appropriate Deprivation of Liberty Safeguarding (DoLS) applications had been made when it was felt

that a person lacked the capacity to manage their own safety. The home also had signposted access to advocacy services if people required independent support for any issues that affected them. This shows that people are safe and as far as possible protected from harm.

There was no Welsh spoken in the home because the residents did not speak or understand Welsh but we were told that the service would be able to provide this if required.

2. Care and Support

Summary

People are supported with their health and well-being. People's needs are comprehensively assessed and detailed within their personal plans. Staff are competent and they understand, anticipate and support the individual's needs and preferences. Staff know how to meet people's needs and keep them safe. Appropriate arrangements are in place for storing and dispensing medications. This means that people can feel confident they will receive the care and support they need to manage and improve their well-being.

Our findings

People receive well informed and appropriate support. We saw that arrangements were in place for assessing people's needs prior to their admission into the home, thus ensuring the home was a suitable environment for them. We viewed the individual's personal plans which we found detailed and up-to-date; staff were given clear guidance within the plans (and the accompanying risk assessments) about how to meet people's identified needs and maintain their safety. It was evidenced in the plans that the individuals and their representatives had been consulted about their wishes and preferences. The care plans we saw also contained detailed life histories and comprehensive information to guide staff, and other health or social care professionals, in all aspects of the care, communication and supports required. Appropriate risk assessment and risk management plans were in place. The files were well organised and regularly reviewed. There was support provided in the home helping people to reduce stressful behaviours, and this was integrated in their care plans, providing guidance to staff in identifying and reducing potential challenging behaviours. There was an emphasis on recognising at an early stage signs that an individual may become agitated. We conclude that the service has robust internal processes for monitoring, informing and supporting the care of people.

People are as healthy as they can be because they receive pro-active health care. We saw in the care files we viewed that health and social care professionals were involved as appropriate, for instance any change or concern about people's health prompted timely and appropriate actions, such as referrals or a visit to the GP. These interventions were also well documented in people's care files. Staff spoken with clearly knew the individual needs of the people they were supporting. We conclude that people receive the right health care at the right time and are supported to be healthy.

People's medications are safely managed. We noted secure arrangements were in place for storing medications and supplements, which meant they were only accessible by those with authority and training to do so. Dispensing of medication was robustly managed and supervised. Each resident had a dedicated file which contained information about the correct administration of the medications in accordance with what had been prescribed by the GP. Guidance and regular training was provided to the staff in relation to the administration of medicines, including 'PRN' (as and when required) medicines. We saw that all medication was checked daily and that audits were undertaken by management in relation to medication practices at the home, to ensure safe practices were being maintained. We conclude that people can be confident their medication is safely and appropriately managed.

3. Environment

Summary

People live in a warm and clean home which is also personalised and appropriate for their individual needs. It is safe and well maintained, and people's confidentiality is respected.

Our findings

People live in a safe and homely environment which is suitable for their needs. The property provided suitable private and communal spaces for people, including a private rear garden with a sitting area and a specialist swing. We observed that people were comfortable within their surroundings and presented as happy. There was a relaxed and positive atmosphere on the day of the inspection visit. We saw that people's rooms were decorated to individual tastes and had been arranged to help them maintain a level of independence, whilst at the same time helping reduce their anxieties and provide enjoyment. The home provided various areas of stimulation, such as a sensory board in the lounge and chimes in the garden. We were told that people had chosen their furnishings, and the colour schemes in their rooms. People therefore benefit from living in a welcoming and homely environment.

The need for confidentiality is anticipated and respected. Care records and personnel records were stored securely in the manager's office. In addition, people were safe from unauthorised visitors entering the building. All visitors had to ring the bell on the front door prior to gaining entry. In addition they were requested to complete the visitor's book when entering and leaving. We found that people's privacy and personal information is well protected.

The health and safety requirements of the home are up-to-date and overseen by management. We checked records relating to key health and safety areas and they indicated that appropriate maintenance and certification was in place for facilities such as gas, electricity, water safety (to check for signs of legionella) and portable appliance testing (PAT). We saw that safety and maintenance formed part of the responsible individual's visit reports. The fire evacuation records we viewed showed us that regular drills had taken place and included service users; staff knew what to do in an emergency when we asked them about it. There were grab folders for the service users which were complete and contained recent and pertinent information. We also saw that various internal safety checks relating to fire safety were undertaken, such as fire doors, emergency lighting and fire equipment. A personal emergency evacuation plan (PEEP) was in place for each individual as well as an up to date fire safety risk assessment. We noted that personal files, medications, cleaning products and other dangerous or sensitive items were kept locked or otherwise stored appropriately. We saw the home's on-going maintenance schedule and were shown areas of improvement, for example new flooring had been laid down and some rooms had recently been wallpapered and decorated. We also were told that the garden, which looked a bit tired, was going to be improved soon and that there were plans to develop a sensory area outside as well. We found that people can be assured that their home environment is not only functional and in good order, but that all people associated with the service can feel confident that it is a safe place to live, work and visit.

4. Leadership and Management

Summary

The service has robust processes in place for staff recruitment, training, support, and the delivery of care. There is an on-going commitment to monitor and improve the service. People and their representatives can be clear about the values and provisions of the service.

Our findings

Appropriate and satisfactory processes are in place to ensure that staff are suitable to work with vulnerable people. The staff files we examined contained the required recruitment information, such as employment references, proof of identification and valid Disclosure and Barring Service (DBS) checks prior to employment. We noted that the staff induction process was comprehensive and included not only learning modules but also shadowing in the home, so that new staff and individuals could get to know each other. However, induction of staff has not been necessary since December 2018 because there has been no changes in the staff team since then. We looked at the supervision records for staff and found they had regular supervision over and above the legal requirement. Regular staff appraisals provided opportunities for staff to identify training and developmental needs, whilst reviewing their knowledge, proficiency, interpersonal skills, decision making and management skills. The manager had schedules to manage the training and supervision needs of the staff and there was oversight of when refresher training was due. This was further supervised by the RI in their quality monitoring report. Staff we spoke with said they enjoyed their jobs and found them rewarding. They gave us positive feedback about the training and support they received; they felt they were well trained and supported for their role and also received specialist training to support people's special needs e.g. epilepsy. There were no agency staff employed in the service and staff covered absences for each other, with the help of staff from another of the provider's homes nearby. We saw that regular staff meetings took place to keep staff abreast of developments with individuals, within the service and wider organisation. The staff we spoke with told us they felt management listened to them and were very approachable. Staff told us *"I like working here, have been here since some years"* and *"we are a very good team at Sycamore House"*. During our visit we saw that there were enough staff on duty to provide people with the support they needed when they needed it. We saw the staff rota which was completed in a timely manner. The home also had a suitable daily handover process and we saw the records of this. This showed us that there was a culture of shared learning, reflection and development. People can feel confident that they are supported by motivated and valued staff who have appropriate knowledge and skills.

The service has satisfactory and robust systems in place to provide quality assurance and to inform progress. We saw there was a strong commitment to improvement, and the quality of the service was regularly assessed to meet legal requirements. We were shown a number of systems designed to assess the quality of support people received. Records were completed to date and clearly presented. We looked at the responsible individual's quality monitoring visit reports which were comprehensive and informed by input from the manager, staff and representatives. We noted that there were further internal quality assurance systems and processes in place which enabled the service to self-evaluate and improve. There were clear systems for dealing with incidents and accidents and these were

audited by senior management. We were informed by the manager that the home had received no complaints, however, we saw that the complaints policy was up-to-date and provision was made to deal with anything arising. We conclude that people receive support from a provider who maintains effective quality monitoring and continuous quality improvement.

People and their representatives can access information to help them understand the care, support and opportunities available to them. A comprehensive statement of purpose set out the home's aims, values and how it intends to deliver a service to people. It also contained pertinent information about and from the provider. A service user guide was also available. These documents were current and contained representations of what the home provides. We further saw that there were robust company policies and procedures for staff to follow. We looked at a selection of policies including medication, whistleblowing and safeguarding, and noted that they had been regularly reviewed. We observed staff working in a way that upheld this evidence as we observed staff interact with people in a respectful, friendly and patient way. The values and vision of the service are clear and accessible for people.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)

5.2 Areas of non compliance identified at this inspection

There were no areas of non compliance identified at this inspection, the service meets all legal requirements

5.3 Recommendations for improvements at this inspection

There were no issues identified at this inspection which would require recommendation.

6. How we undertook this inspection

We undertook an unannounced full inspection, the first for the service since registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Information for this report was gathered from:

- an unannounced visit to the home on 18 June 2019
- conversations with the responsible individual, manager and care staff
- observations of daily routines, care practices and activities in the home during the visit
- visual inspection of the home and the grounds
- examination of the care documentation relating to the two people using the service
- examination of two staff files to consider the recruitment process in place and the arrangements relating to supervision and training
- examination of records and policies held at the service including staff rotas, staff training matrix, supervision, privacy, safeguarding and other policies, complaints procedure etc.
- review of information about the service held by CIW
- review of the service's Statement of Purpose and Service User Guide
- review of the service's quality assurance system, RI reports, team meeting minutes and other relevant reports
- feedback from seven questionnaires

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	The Cedars Care Services Ltd
Registered Individual	Jillian Osborne
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	27/09/2017
Dates of this Inspection visit(s)	18/06/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 08/08/2019