



## Inspection Report on

**Sycamore Lodge Residential Care Home**

**Sycamore Lodge Residential Home  
110 Wood Lane Hawarden  
Deeside  
CH5 3JE**

**Date Inspection Completed**

16/03/2023

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## About Sycamore Lodge Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Sycamore Lodge (North Wales) Ltd
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	12 September 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

This was a focused inspection, which concentrated upon areas of the service identified at the last inspection as needing priority action. On this occasion we did not consider care and support, the environment and leadership and management in full.

People are happy and are supported to live their lives as they choose. People's voices are generally heard, and their independence is promoted. People's health needs are understood by care staff, and timely referrals are made to seek advice and guidance when needed. The home is supported by a range of visiting health professionals to help ensure people receive the care they need to remain as healthy as possible.

Care is delivered by an enthusiastic and familiar staff team. Care documentation reflects the person being cared for, but improvements are required to ensure it is more person centred. The home provides a comfortable environment for people to live in which is safe, well looked after, and meets their needs. The environment is warm, clean, and decorated to a high standard. The Responsible Individual (RI) has oversight of the service and visits the service regularly. There are clear systems in place to monitor the quality of care provided, though the 6 monthly quality of care report requires improvement.

## Well-being

People are supported with their physical and social wellbeing. People, relatives, and health care professionals we spoke with are complimentary of the staff and management of the home and we observed staff providing assistance calmly with dignity and respect. Care records are mostly comprehensive, and reviewed regularly, however improvements could be made with more involvement of people or an appropriate person in the reviewing of people's care and support. We spoke with professionals; relatives of people living at the service and staff and saw documentation which showed referrals to relevant health care professionals are made in a timely way. We observed care workers had good knowledge of people's needs, referred to people in a positive way and it was clear they knew the people they supported well. This was confirmed by family members and health care professionals we spoke with. We viewed on several occasions staff sitting with people, interacting with them well and take an interest in their wellbeing.

People are able to exercise choice and control over their every-day lives. We observed people enjoying various areas to sit in and the company of others. We observed interactions with people by care staff were considerate and respectful of people's wishes. There is some choice regarding meals, and we observed people having alternatives if they do not like the choices on the menu. We observed and people told us they could get up and go to bed when they wished.

People are generally protected from potential harm, abuse or neglect. Agency staff are checked robustly. Risk assessments and personal plans are accurate and reviewed in a timely fashion. Training records showed most staff have undergone the majority of training provided by the home.

The home is clean, warm, comfortable and bedrooms reflect individuality.

## Care and Support

As this was a focused inspection, we have not considered this theme in full.

At our last inspection, we identified an area for improvement regarding personal plan documentation. At this inspection, we found the necessary improvements have been made. We saw personal plans are in place, are detailed, reviewed regularly, and give support staff enough information to undertake their role. We saw care plans and risk assessments give detailed history of people's medical conditions and reflect outcomes in professional and health care professionals' documentation found in people's records. We also viewed people's Personal Emergency Evacuation Plans which reflect information in the individual's mobility risk assessment and viewed staff handover documentation which was detailed. Care workers we spoke with confirmed personal plans and risk assessments give them enough detail to undertake their role appropriately and are an accurate reflection of the person they are supporting. We spoke with residents and relatives of people living at the home who felt staff can support them or their relative in the way in which they require.

Care and support is provided in a way which protects and maintains the safety and well-being of individuals. We viewed electronic documentation which shows, for example, logs in regards people's food and fluid intake and repositioning are being updated in real time and tasks around these activities are being undertaken regularly. We saw day logs and care documentation which shows staff are supporting people in line with professionals' documentation, and care staff also contact health care professionals in a timely and appropriate way. This was confirmed by two health professionals, as well as relatives and care workers we spoke with. We saw care plans and risk assessments are detailed and reviewed regularly. However, we saw regular reviews with the person and / or an appropriate person were not being held formally, though relatives did tell us that the care and support of their next of kin was discussed with them. The manager advised us processes would be implemented to ensure this was actioned in future. We saw people's dietary requirements are clearly detailed in people's care documentation and this information is available for staff in the kitchen. We saw that people are given a choice of what they want to eat on a monthly menu. We saw that people could have other choices if they did not like the options for that day. We spoke with managers and care staff who told us people could have a cooked option at breakfast if they wished, managers have agreed to put the hot option choices for breakfast on the monthly menu and will ask people if they wish for a cooked breakfast the day before. We viewed records of people's weights which are being taken and reviewed regularly by the manager.

## Environment

As this was a focused inspection, we have not considered this theme in full.

People live in an environment that is suitable to their needs. The home is warm, welcoming, and decorated well throughout. There is space for people to choose where they want to spend their time and during the inspection we saw people sat in both lounges and the dining area. We viewed a selection of bedrooms and saw they are warm, clean and people can personalise them if they so wished. People told us they are happy living at the home. We observed daily cleaning being undertaken by the domestic staff; the home was clean throughout the two days of the inspection. Communal areas were hazard free to ensure people's safety. The home shows evidence of recent investment by the owners as furniture, flooring and fixtures and fittings were new.

People can be confident they live in a safe environment. The main entrance is secure, and our identification was checked before we were permitted entry. People's care documentation is kept electronically, and this is password protected. At the last inspection we found improvement needed around water testing, at this inspection we viewed records which showed Legionella testing was being undertaken regularly, however we spoke with managers about the needs for taps in empty rooms to be run weekly, which we were told will be undertaken.

## Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

At our last inspection, we identified an area for improvement around staffing levels. At this inspection we found the necessary improvements have been made. We spoke with care staff, people living at the home and their relatives, who told us they felt there were enough staff on duty. Some care workers told us they found undertaking the laundry and teatime meals challenging, with the cook being employed between 9.00 a.m. and 1.30 p.m. We viewed paperwork which shows staffing levels are in line with the providers statement of purpose and the staffing levels managers advised us are expected. Care staff told us that no formal activities were undertaken with residents as there was no activities co-ordinator at present, however, managers told us they are in the process of recruiting to the vacant post of activities co-ordinator. Throughout the inspection we saw care workers sitting with residents in the two lounges, talking with them and interacting well. We saw mealtimes where care staff supported people well and encouraged people with their meals. We also viewed care workers helping people to move from the dining area back to the lounge appropriately, with compassion and in an unhurried and relaxed way, explaining to the person to give reassurance. We also saw people in their rooms supported by care staff quickly when required. People living at the home and care workers confirmed people could get up and go to bed whenever they wanted, and they could have a shower when they wanted also.

People are supported by care staff who are trained and receive regular supervision and appraisals. We spoke with care workers who told us they received regular supervision and appraisals which confirmed records we saw. We spoke with a healthcare professional who confirmed care staff had received training around oral health. We also saw records which confirmed this and that most care staff had completed most of their training. We spoke with the manager about missed training, they confirmed they were attempting to get staff to complete this.

Governance arrangements have improved since the last inspection, they ensure the service meets the requirements of the regulations. We saw evidence any agency staff are being vetted thoroughly before starting employment. The manager has a range of audits and checks in place which include audits of medication, care plans and falls. Audits around food and fluid, risk assessments and challenging behaviours, though being undertaken, however, could be reviewed more frequently, this is something we have spoken to senior managers about. We saw the RI is undertaking their regulatory requirements in regards their three-monthly visits. The services 6 monthly quality of care report has been completed, however, did not contain enough detail, this is an area for improvement, and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	People's care documentation does not always give staff enough instruction for them to support the individual appropriately and may put the person and others at risk of harm, neglect or abuse.	Achieved
21	People's care documentation is not always up to date and not always an accurate reflection of the care and support people require. Some care documents do not reflect information held about the person in other areas of the care plan. Records do not always explain what support is required and how it is to be undertaken. Medical charts are not always completed on time and show people are not being supported in line with their care and support needs. Issues around people's support and needs are not always followed	Achieved



	up by care staff and / or managers.	
34	Staffing levels at all times, do not meet the needs and outcomes of the people living in the home.	Achieved
36	Staff supervision and appraisals have not been undertaken in line with regulations. Some staff training has not been undertaken in a timely fashion and some specialist training has not been arranged.	Achieved
66	The RI does not have sufficient oversight or supervision in regards the service. Regulatory visits and quality assurance is not undertaken in line with regulation and the RI is unaware of deficiencies in other parts of the service.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
80	Though the quality of care and support review has been undertaken, the information provided is not in sufficient detail.	New
48	Water outlets and shower heads have not been flushed appropriately, putting people at risk of contracting Legionella.	Achieved

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