



## Inspection Report on

**Sycamore Lodge Residential Care Home**

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

## **Date Inspection Completed**

12 & 15 September 2022

15/09/2022

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## About Sycamore Lodge Residential Care Home

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing   |
| Registered Provider  | Sycamore Lodge (North Wales) Ltd  |
| Registered places  | 16  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | 9 January 2020  |
| 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

People have choice in their meal options and when they can go to bed. Care workers are not always trained and / or training is not always up to date in areas appropriate to the care they undertake. Care staff are knowledgeable, respectful, and caring though are not always employed in appropriate numbers. People's personal plans are not always reviewed in a timely fashion and do not always have the detail required to give staff enough instruction to undertake appropriate care and support. Plans may not be an accurate reflection of the care and support given or required as information is sometimes missing. There are few regular activities for people to participate in. Managers and the Responsible Individual (RI) do not take the views of people at Sycamore Lodge into account and do not always have effective oversight of the service.

## Well-being

People do not always have control over their day to day lives. People get a choice in the food they eat, when they can have a shower and when they get up and go to bed. However, people's personal plans are not always an accurate reflection of the person, their requirements, and the outcomes they may wish to achieve.

People's physical and mental health and emotional wellbeing is not always supported. People have good relationships with care staff. The rapport between care workers and people is respectfully familiar and we saw good interaction between care staff and those living at Sycamore Lodge. However, people do not always have access to activities. Though an activities co-ordinator has been recruited, the majority of the time activities are provided by care staff who advised us this does not always happen due to their heavy workload. People are unable to express their views formally as the provider does not ask stakeholders about their experience of the care and support provided at Sycamore Lodge. We also viewed occasions throughout both days of the inspection when people were left alone, unsupervised by staff, with nothing to do.

People are not always protected from potential abuse, harm, or neglect. Staff recruitment processes are robust. However, risk assessments and personal plans are not always accurate or reviewed in a timely fashion. Training records showed care workers are not always trained, and training is not always updated in line with timescales set by the home, in areas appropriate to the work they undertake.

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

## Care and Support

People cannot always be confident care staff have an up-to-date plan of how their care is provided. We were told by the manager care plans should be reviewed monthly; however, we saw care plans which had not been reviewed monthly. We also viewed risk assessments which though dated upon completion, had no date for review. Thus, care staff are not aware when any reviews are due or whether they are out of date.

We spoke with a relative who feels their next of kin receives the care they require. However, we saw some people's personal plans and associated documents do not ensure that care and support is provided in a way in which protects and maintains the safety and well-being of individuals. We saw people's dietary requirements and explanations in regards different dietary requirements are not documented in the kitchen, so carers and cooks are not aware of the specialist dietary requirements of people, nor the correct consistency of food/fluids to give. We saw charts which showed people had not been assisted to turn in bed in line with their needs. We viewed care plans which showed someone's needs in regards the fluids they drank was not being met and did not indicate that staff or managers were aware of this and that no remedial action had taken place. Care staff without access to accurate care documentation and documentation not being up to date, an accurate reflection of people's needs, or personal plans not being followed may be placing people at risk of harm, abuse, or neglect. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Personal plans are not always detailed, person centred and do not always give care staff enough instruction on how to meet the person's care and support needs. We observed care workers supporting staff in a kind and caring manner. However, several people's personal plans we viewed do not give enough detailed instruction to care staff to ensure people's needs are adequately met. We saw in one person's personal plan where information in regards health issues do not give care workers enough instruction on how to deal with the person's support needs. We saw some care plans where one part of the personal plan did not reflect information given in another section of the plan. Personal plans which do not give care workers accurate or detailed instruction on how to support people appropriately potentially puts individuals at risk of harm. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Environment

The service provider ensures the environment supports people to achieve their personal outcomes and the layout of the home ensures the environment promotes people's independence. We viewed people's rooms which evidence people could personalise them according to their wishes. We saw people can walk around the home as they chose. We saw evidence of recent investment in the home, with new flooring, furnishings and decoration having been provided.

Appropriate testing of appliances is not always in place to ensure risks to people's health and safety are rectified. The home is well-furnished, decorated, and clean, cleaning is an ongoing process throughout the day. Call bells are in operation to alert care staff to when individuals need assistance, these are not intrusive. Though most tests and checks are being undertaken, such as weekly fire alarm tests, others are not. We saw the regular flushing of taps, toilets etc in empty rooms is not being undertaken as required. The flushing of infrequently used water outlets at least weekly ensures the legionella bacteria cannot grow. This is an area for improvement and we expect the provider to take action.

## Leadership and Management

The Responsible Individual (RI) is not supervising the management of the service in line with regulations. The RI must put suitable arrangements in place to establish and maintain a system of monitoring, reviewing, and improving the quality of care provided by the service. We spoke with the manager who was not able to provide us with copies of the six-monthly quality of care reports. The provider cannot demonstrate they consider people's views on how the service is operating or how the service is learning and improving by analysing these views. The RI does not always undertake their responsibilities in line with regulations. Though the RI visits the service regularly, the RI's formal three-monthly visits are not always undertaken. We were given a copy of the last RI visit which was undertaken on 9 September 2022. The RI advised us the last formal visit prior to this was in December 2019. The RI is not undertaking formalised discussions with residents and staff as stipulated in the regulations. Arrangements for monitoring or improving the quality of care and support provided by the service are poor. We spoke with the manager who told us managers audits had not been completed for some time. The only audit available in regards people's care was a medication audit dated 7 July 2022. Therefore, the RI and managers have no formal oversight of areas such as care plan reviews, care plan content, risk assessments, medical charts, and people's medical conditions. Governance systems are not effective in making sure risks to people are identified and managed safely. This places people at risk of harm, abuse, and neglect. This is a serious matter and we have issued a priority action notice. The provider must take immediate action to address this issue.

Recruitment processes are robust; however, people cannot always be confident care and ancillary staff are employed in appropriate numbers to enable the individual to achieve their personal outcomes. We spoke with someone's relative who felt staff have enough time for people, and care staff who felt when there was a full compliment of staff on duty there were enough care workers to provide care. Care workers also told us people could get up and go to bed and have a shower when they wanted. However, we saw a "day staff duties" sheet, which showed care staff were expected to undertake a range of domestic and kitchen duties during the day. Due to the hours the cook is employed, care workers must prepare breakfast and at times tea for residents, taking them from their care duties and potentially putting people at risk as there may not be enough staff undertaking care and support to ensure people are safe and supported appropriately. We observed care staff providing breakfast for people. We spoke with care workers who confirmed they had to prepare breakfast and on occasion tea. One care worker told us "*Carers doing breakfast takes us away from care.*" Though an activities co-ordinator is employed, and we observed people undertaking activities with the co-ordinator on the second day of the inspection, which people enjoyed, their hours of employment mean most activities have to be provided by care workers. On the first day of the inspection, we did not observe any activities being undertaken with people. A member of care staff told us there were not enough activities for people and "*staff don't have enough time to undertake activities with people.*" People not having enough activities may lead to them being isolated, frustrated, and bored and may

put them at risk both mentally and physically. This is exacerbated by sickness/absence when the absences cannot be filled, particularly at short notice.

We saw the manager having to undertake care roles during the day, taking them away from their managerial duties. Care staff were observed undertaking the domestic duties which included cleaning and doing the laundry. This takes care workers away from their care responsibilities and may lead to people being left alone and not receiving the care and support they require. Care staff told us it was difficult to manage when one member of care staff was absent. One care worker told us *"There's just one carer today and that's very tough. If we had a cook from 8 it would be better."* Another care worker told us *"It has been difficult without the cleaner, we manage."* Care staff also told us care workers were not always on duty in the communal areas when people were present. One care worker told us care staff were in communal areas *"Not all the time, especially when it's just the senior and carer on duty. People wandering could be an issue."* Another staff member told us there was *"not always"* care staff in communal areas. We observed times, on both days of the inspection, when people were left unsupervised by care staff in the communal areas. Prior to the inspection we received reports from professionals advising of people leaving the curtilage of the home and being found in the street by other professionals without the home being aware of the people's absence, and of people assaulting one another. Leaving people unsupervised may put people at risk of harm, abuse, and neglect. On the first day of the inspection the home did not have a full complement of staff. We viewed staff rotas which showed over a four-week period, 13 occasions where staffing levels fell below what it should have been. Though we observed mealtimes where there was some good staff interaction with people, we also saw someone during a mealtime who had no positive staff interaction for the whole time they were having their meal. Staff not being employed in appropriate numbers and not being in communal areas when people are present puts people at risk of harm, abuse, and neglect. This is a serious matter and we have issued a priority action notice. The provider must take immediate action to address this issue.

The provider does not always ensure care staff receive appropriate supervision and appraisals or core and specialist training appropriate to the work they perform. We saw documentation showing team meetings took place. Though care staff told us they received supervisions, the manager was not able to find any recent records of care workers' supervisions or appraisals. The manager advised us there had been no staff supervisions or appraisals since February / March 2022 and they were organising this at present. Though care staff we spoke with told us there was enough training, we viewed training records which showed training is not in line with the timescales set by the home in several areas appropriate to the work they perform. We saw one person who had a health condition. No care staff had received training in regards this health condition. Not all staff have been trained or training is not in line with the home's timescales in areas such as continence management; dysphagia and choking; fluids and nutrition; positive behaviour support and fire safety awareness. Training not being up to date or undertaken by care staff, along with care staff not being trained in line with the health conditions of people in the home, places people at potential risk of harm, neglect, or abuse. This is a serious matter and we have issued a priority action notice. The provider must take immediate action to address this issue.



### 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 |
|------------|---|--------|
| 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.   | New    |
| 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 up by care staff and / or managers. | New    |

|    |   |     |
|----|---|-----|
| 34 | Staffing levels at all times, do not meet the needs and outcomes of the people living in the home.  | New |
| 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.                                 | New |
| 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. | New |

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 |
| 48                      | Water outlets and shower heads have not been flushed appropriately, putting people at risk of contracting Legionella. | New    |

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