

Sevacare (UK) Limited

# Synergy Homecare - Rotherham

## Inspection report

10 Rawmarsh Hill  
Parkgate  
Rotherham  
S62 6EU

Tel: 01709523635  
Website: [www.synergyhomecare.co.uk](http://www.synergyhomecare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Synergy Homecare- Rotherham is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to around 150 people.

People's experience of using this service:

We found that people received a good service. The provider ensured care was delivered in a safe way, and had introduced electronic systems since the last inspection to improve the monitoring of call durations.

People told us they felt the staff were caring. They told us they got on well with staff. One described having "banter" with staff, and another described their regular care workers as being "like part of the family."

Staff received training which was relevant to their roles. The provider had a system in place that meant if a staff member's training expired they were not able to be assigned to undertake any care work. During the inspection we observed office staff arranging training for staff so that they remained up to date in their knowledge. People we spoke with told us they believed staff had received good training.

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

People were kept safe. They told us they felt safe when receiving care, and staff had received training in safeguarding and recognising the signs of abuse.

The provider had a system in place for managing complaints, although we saw they did not follow their own policy. We have made a recommendation that the provider adheres to their complaints policy so that complaints are better managed.

More information is in the full report

Rating at last inspection:

Good. The report was published in August 2016.

Why we inspected:

Scheduled inspection based on previous rating

Follow up:

Ongoing monitoring

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings, below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings, below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings, below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings, below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings, below.

# Synergy Homecare - Rotherham

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector

Service and service type:

Synergy Homecare Rotherham is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The majority of people supported by the service were assisted with personal care tasks.

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:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available

Inspection activity, including phone calls to staff and people using the service, started on 28 March 2019 and ended on 4 April 2019. We visited the office location on 28 March 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

- ☐ We reviewed notifications we received from the service
- ☐ We reviewed information we received prior to the inspection from people using the service, their relatives and care staff.
- ☐ We sent surveys to people using the service, their relatives and care staff
- ☐ We looked at five people's care records
- ☐ We looked at records of accidents, incidents and complaints
- ☐ We looked at audits and quality assurance reports
- ☐ We spoke with six people using the service.
- ☐ We spoke with three members of staff.
- ☐ We spoke with the registered manager and office staff.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training helped reduce the risk of harm.
- People responding to surveys told us they felt safe when receiving care from the service.
- The provider's training records showed all staff had received training in relation to protecting people from the risk of abuse; staff were not able to work unless this training was up to date. Staff were able to recognise the signs of abuse.
- Records kept by the provider showed they had responded appropriately to allegations of abuse, accidents and incidents.

Assessing risk, safety monitoring and management

- Each person's file showed that a thorough risk assessment had been completed before they began to receive care. This considered risks each person may present or may be vulnerable to. They were regularly updated to ensure they continued to meet people's needs and give staff the correct information about how to keep people safe.
- There were also risk assessments looking at the risks staff may be vulnerable to when providing care to people in their homes. During the inspection an incident occurred which caused injury to a staff member. This was an entirely unpredictable incident however we observed staff in the office took appropriate steps to reduce the risk of further such incidents, and ensure the staff member was safe.
- Management records showed people's risk assessments were monitored as part of the audit system.

Staffing and recruitment

- The provider had a safe system of recruitment, including checking people's work history, obtaining appropriate references and checking their identification.
- All staff had a Disclosure and Barring Service (DBS) check before they commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Additionally references were sought and checks of potential staff members' identification were carried out.
- People we spoke with told us they normally received care from the same small team of workers, which they said they preferred. One person had requested a change of care visit times, which the provider implemented. However, this meant their care team changed. The person was not happy with this as they said a consistent staff team was more important to them than the visit time. The provider changed their visit time and staff team back to the original arrangements, at the person's request.

## Using medicines safely

- The provider managed medicines in a safe way.
- Each person's file showed they had a clear and accurate record of any medication that staff were required to support them in receiving.
- Managers within the service carried out regular audits of medication records to ensure people were receiving their medication safely.
- Staff received ongoing medication competency checks so the provider could receiving assurance of care staff's abilities in this area.

## Preventing and controlling infection

- Staff training records showed all staff had received training in relation to the control and prevention of infection.
- The spot check system, whereby managers carry out unannounced checks on staff as they undertake care visits, showed checks included whether the staff were correctly using personal protective equipment (PPE)
- Staff we spoke with understood the need for PPE and told us it was readily available.

## Learning lessons when things go wrong

- The registered manager described how lessons were learned from untoward incidents, accidents and complaints and gave examples of changes they had introduced in the light of such incidents.
- We saw evidence of action being implemented to reduce the risk of reoccurrence of untoward incidents.



# 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

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

- People's needs and preferences were assessed in depth, meaning that staff had a good understanding of the needs and choices of each person they were providing care to.
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law. This was a regular programme, so that all assessments were of a high quality.
- Since the last inspection, the provider had invested in a visit monitoring system, which was overseen by care supervisors, allowing them to check care visits were taking place on time and lasting the required duration.
- In people's care records we noted some care visits were not lasting the required duration. The registered manager said was usually because the person had said they needed no further assistance, but staff did not always record this.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work. Staff told us the induction equipped them to undertake their roles.
- The provider's supervision and appraisal system looked at staff's knowledge and training, and helped staff in identifying areas for development. Staff told us they had regular supervision and the provider's records confirmed this.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- Where appropriate, the provider liaised with external agencies to ensure people were not at risk of malnutrition or dehydration.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew when to contact outside assistance. People's care records showed evidence of this.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

## 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 with appropriate legal authority.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent.
- Staff training records showed they had received training in relation to the Mental Capacity Act, best interests and consent.
- In the files we checked, people had signed to show they consented to their care. Where they were unable to physically sign, the provider had recorded an explanation for this.
- In a small number of records, there was reference to relatives acting as people's "best interest representatives." When people lack capacity and providers are required to act in people's best interests, people who know the person well should be consulted, rather than a sole appointed relative. We discussed this with the registered manager who told us they would take action in relation to this to ensure best interest decisions reflected a broader view.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

People's cultural needs were assessed when their care packages were devised.

- People who had responded to the provider's survey confirmed staff treated them with dignity and respect.
- Everyone who responded to CQC told us they felt staff treated them respectfully. One said: "They are very good and I would recommend to anyone."
- Staff told us they were able to learn about people's needs before they provided care to them by reading information supplied by the provider, meaning they could provide care in the way people needed it.

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

- When managers carried out spot checks on people's care calls, they asked the person for their input and views about how their care was being delivered.
- People's feedback was sought on a routine basis, either by telephone or face to face. Their views were incorporated into their care plans so that they were involved in decision making in relation to the way their care was provided.
- During our time at the provider's office, we heard staff making and receiving telephone calls with people using the service. At all times it was clear they were striving to tailor care to people's preferences

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff upheld their privacy and dignity. Prior to the inspection one person's relative had contacted CQC to say their relative's dignity was not upheld and alleged they were neglected by the provider. We alerted this to the local authority's safeguarding team and the provider liaised with the local authority to try and identify any issues.
- Feedback from people who responded to our surveys, and people we spoke with, Staff upheld people's dignity in their day to day practices. When we listened to office staff speaking with people using the service they treated them with respect.
- When managers carried out spot checks of care visits, they looked at whether staff were treating people respectfully and with dignity.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration and underpinned the way their care package had been created.
- Care records showed staff checked people's preferences and opinions when providing care, so that people had control over the way their care was provided.
- When managers carried out spot checks of care visits they obtained the input of people using the service to promote them having control over their care.
- There was a system of regular feedback being sought from people using the service. We saw how this information was used to make changes to people's care packages to better suit their needs, for example, changes to visit times.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear, so that complaints improved the quality of care people received.
- People who responded to our surveys told us they would feel confident to complain.
- We checked the two complaints the provider had received in the preceding 12 months. We found each complaint had been thoroughly investigated by the registered manager, although we noted written responses to complainants did not give them information about what steps were open to them should they remain dissatisfied.
- We recommend that the provider adheres to its own policy in relation to complaints, ensuring that complainants are provided with information about routes of external remedy.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- A staff member described a time recently when they had provided end of life care; they told us when people were receiving end of life care it was delivered by small, consistent teams, so that people received care from staff who knew their wishes and preferences.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured that care was tailored to people's individual needs. They monitored this formally and informally to ensure care provided was of a good quality.
- Care was audited by means of spot checks of care visits and audits of documentation. We saw evidence of action being taken when audits identified areas for improvement.

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

- Staff we spoke with had a good understanding of their roles and responsibilities. They described the management as supportive, with one saying: "They are always there for you."
- The registered manager had very a good oversight of the way the service operated and could describe all elements of the service.
- The electronic visit monitoring system using staff members' phones, which had been implemented since the last inspection, enabled managers to see reports detailing visit durations and timeliness. During the inspection we observed office staff monitoring this and following up any concerns with phone calls to staff.

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

- There was a system of surveys, gathering the views of staff and people using the service, which were then reviewed by senior management and actions devised to address any concern areas.
- Everyone who responded to our surveys told us they felt involved in decisions about their care, and people we spoke with confirmed this.
- Staff told us they felt supported by the provider and felt they could make suggestions about improvements.

Continuous learning and improving care

- There was a system of team meetings, supervision and appraisal where improvements and learning points were discussed, although we noted that team meetings did not take place particularly frequently for some of the staff groups. The registered manager said this was due to a recent office move and the meeting space

not yet being ready. Our observations confirmed this.

- The registered manager told us they were "always thinking about" ways to raise quality and make ongoing improvements. We saw this had occurred with regards to the implementation of a visit tracking system which had been put in place since the last inspection and delivered demonstrable improvements.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included other providers and commissioners, so that people received a consistency of care and information about them was well managed.