

Sevacare (UK) Limited

Synergy Homecare - Bradford

Inspection report

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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 - Bradford is a domiciliary care service providing care and support to people in their own homes. The service was providing personal care to 100 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe and confident in the care and support they received, and staff knew what to do if they thought someone was at risk. There were systems in place to monitor quality and safety and equip the provider with an overview of performance.

Risks to people's health and welfare were assessed and plans put in place to minimise potential risks.

Staff were recruited safely and followed a comprehensive induction and training programme. Training was managed within the service and was responsive to people's needs.

All the people we spoke with were complimentary of the care and support they or their relative received. People said they trusted the service and commented very positively about the reliability, consistency and caring approach of staff.

People's needs were assessed before they started using the service and were reviewed regularly to make sure care plans reflected current and changing needs. People, and where appropriate, their families were fully involved in this process. This included assessment of people's communication and diverse needs.

Care plans were person-centred, promoted independence and included information about what was important to the person and their preferences in the way they received care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff were responsive to people's health needs and liaised with healthcare professionals as needed. People who used the service and their family members told us staff were very vigilant about spotting when a person was not well, or their condition was deteriorating and took immediate action to address this.

People were supported to make sure their nutritional needs were met in a way that met their needs and preferences.

People who used the service, their family members and staff gave very positive feedback about the management of the service. People said their views were sought and the management team were responsive and took responsibility, and immediate action when things went wrong.

People said they would recommend the service to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this inspection was good (published August 2017) The service remains good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner

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 - Bradford

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector and an Expert by Experience who made telephone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection.

Inspection activity started on 25 February 2020 when we spoke on the telephone with seven people who used the service and family members of five other people. We visited the office location on 2 February 2020 and reviewed additional information sent to us to support the inspection process on 31 January and 3 February 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five staff including support workers and the registered manager. We reviewed a range of records which included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, audits and survey results.

After the inspection

We reviewed additional information sent to us by the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. They said they trusted staff and felt comfortable with them in their homes.
- Staff had the training and knowledge to ensure concerns about people were reported appropriately.
- Staff said the manager acted appropriately on any reports. One staff member told us, "They [registered manager] are always there to listen. I've never had any problems."

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments and guidance for staff to follow to ensure care and support was provided safely.
- Risk assessments and care plans made clear what people were able to manage independently and when staff should offer support.
- Environmental risks were assessed, and information was included about actions staff should take to keep themselves and people safe.

Staffing and recruitment

- Staff recruitment practices remained safe.
- Call planning and monitoring was effective, and staffing levels were appropriate. People received care and support when they needed it. One person told us, "They are very efficient and prompt." A relative said, "They rarely come late, if they do, they will call us." Another person said, "They never let me down."

Using medicines safely

- People said staff supported them well with their medicines. One person told us, "They give me my tablets to take. If they are low, they will ring the chemist for me."
- Care plans contained information about the medicines people took, and the support they needed from staff.
- Checks were in place to check whether people took medicines which meant they needed to avoid certain drinks and foods for the medicine to remain safe.
- Medicines records were audited regularly to ensure people had received medicines when they needed them.

Preventing and controlling infection

- Staff told us they had sufficient personal protective equipment (PPE) to use when providing care. People we spoke with confirmed staff always used gloves and aprons when needed.

Learning lessons when things go wrong

- Where issues had been highlighted through, for example, satisfaction surveys or complaints, a thorough investigation was completed and an action plan to address the issue developed. This was shared with all staff and, where possible, the person who had raised the issue.
- The registered manager said they had yet developed a response for people who used the service after the results of satisfaction surveys had been analysed. They said they would look at doing this to give people confidence that their views were important, and action was taken to address issues wherever possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed before they began using the service. Assessments included information about people's needs, preferences, likes and dislikes.
- Care plans showed how people's diverse needs were explored and met. For example, people were asked if they had any cultural or faith needs that would impact on the way care should be provided.
- We concluded discrimination was not a feature of this service and the provider was meeting their obligations under the Equality Act 2010.

Staff support: induction, training, skills and experience

- People and relatives we spoke with said staff had the skills needed to provide effective care. One person told us, "They know what they are doing. The care workers are good." Another person said, "[Staff have] wonderful skills."
- Staff continued to have the training they needed to be effective in their roles. Staff told us they could ask for additional training at any time.
- The registered manager kept staff training up to date.
- Staff had regular meetings to discuss their performance. Staff said they were well supported by the management team.

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

- People were happy with the support they got with food and drink. Comments included, "They [staff] make curry which I like, and we freeze them," "At times when I have a bad day- they will help me with my food- they always offer to make a drink," and "They [staff] are good at making breakfast."
- Care plans contained information about the support people needed with eating and drinking, and their personal preferences in relation to this. For example, whether people preferred sugar or sweeteners in hot drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said staff gave assistance in this area when it was needed. One person told us, "They are brilliant, if I am not well, they will contact the doctor for me." A relative said, "They sometimes notice [name of person] is not well - they will then contact the district nurse."
- Care plans contained information about specific health conditions and symptoms staff should be aware of. There was guidance for staff to show who they should alert about this.

- People's oral care needs were included in their care plans.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection there was no one using the service who lacked capacity to make any decisions. There were robust processes in place to capture people's consent to their care plans. This included information about how people expressed verbal and non-verbal consent.
- When people received support with decision making from family members, the service ensured relatives had the appropriate legal authority to do this.
- People's consent to their care and treatment was recorded in their care plan. When people could not sign documents, their verbal consent was recorded.
- Staff were able to tell us how they gained people's consent before providing any care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us the staff were caring. Comments included, "They are so good to me, they are like friends," "They are brilliant, I am very happy," and "Wonderful – caring and kind."
- People and relatives said staff met their individual needs well. A relative told us, "[Name of person] has complex needs and the consistency of staff makes a great difference."

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

- People and their relatives said they were consulted and listened to when care plans were written. One person told us, "The manager comes [to review the care plan], they always listen to me." A relative said, "We have been through the plan. They are very approachable."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff were respectful. One person told us, "They [staff] do things at my pace." Another person said, "They [staff] are always kind and caring. They always give me dignity and respect."
- Staff gave good examples of how they ensured people's privacy, dignity and independence were protected and promoted.
- Care plans were written using respectful language and captured people's wishes and preferences well.
- Guidance for staff within care plans was clear about which aspects of their care and support people preferred to manage independently, and when staff should offer assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received consistent care which met their individual needs. One person said, "I have a regular care team, they know what I like and dislike."
- One member of staff told us, "I try to get people to make decisions for themselves."
- Staff understood the importance of person-centred care. A staff member told us, "It's about the individual care the person needs."
- Care plans were person-centred and reflective of people's individual needs and preferences.
- Any assistance people needed to have control over their care, for example giving people time and space to form and express their opinions, was clearly documented.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were able to communicate with staff in their preferred language. A relative said, "They [staff] speak the same language which is a great help."
- An assessment of any adaptation needed to documentation was included in people's care plans. This assessment made sure people knew what they were entitled to ask for.
- The registered manager told us no one using the service needed any adaptation to their care plans. They told us people who may have needed this lived with family members who could help them to understand the information. Some letters were sent in larger print to help people with a visual impairment.

Improving care quality in response to complaints or concerns

- People told us they would know how to make a complaint if they needed to, although most people said they had not needed to do this. One person told us, "I have the procedure but never needed to use it."
- When people had raised concerns, they told us they had been listened to. One person said, "I have raised issues in the past, the office has always listened and done something."
- Records showed all complaints were investigated thoroughly and outcomes recorded.

End of life care and support

- There was a lack of evidence to show how people's end of life needs had been discussed and planned.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were very happy with the service they received. One person told us, "The service needs nothing improving." Another person said, "It is excellent, I am very grateful having this service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives said they were contacted whenever there was a need, for example if care staff were going to be late.
- The registered manager informed the Care Quality Commission of events within the service as required by regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives said they would recommend the service to other people. They told us they were asked for their opinions and suggestions through surveys and questionnaires. One relative told us a strength of the service was "cultural sensitivity and the ability to speak the same language."
- People said they received phone calls to ask about their experience of using the service. The registered manager said calls were made to three people who used the service and three staff members every week to give them opportunity to give feedback about the service.
- Staff attended regular meetings with the management of the service and were able to make suggestions if they wished. They said the registered manager listened to what they said.
- The registered manager had a good understanding of regulatory requirements and how to monitor and adapt the service to ensure quality was maintained.

Continuous learning and improving care. Working in partnership with others

- The registered manager liaised regularly with other agencies such as the local authority to make sure they were aware of initiatives and changes within the area in relation to domiciliary care provision.
- The registered manager produced a 'monthly fact file' to support their own and staff learning. Subjects included, for example, mental capacity, fire awareness, stoma care and diabetes.