Prime Care (UK) Limited

Sylvan Home Care Services - Bromborough Branch

Inspection report

10 Allport Lane Precinct
Wirral
CH62 7HP

Tel: 01516080986
Website: www.sylvanhomecare.co.uk

Date of inspection visit:
21 November 2018
22 November 2018

Date of publication:
09 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 and 22 November 2018 and was announced.

The inspection was partly prompted due to some concerns we had received concerning staff training and missed calls. We discussed these concerns with the registered manager during our inspection who was aware of and had resolved these issues.

At the time of our inspection the service was providing small packages of care to 40 people.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks assessments were in place and were reviewed regularly. Risk assessments were in place and contained information with regards to the management and reduction of risk. Some information was not always recorded clearly. We discussed this at the time with the registered manager.

Staff were recruited safely and checks were made on their character and suitability to work with vulnerable adults. Staff were only allowed to work once these checks came back as satisfactory.

Medication was stored in people's own home and administered safely. Where staff were responsible for administering people's medication this was done by trained staff who had their competency assessed by the registered manager. There had been some concerns around the administration of medications, however we saw that lessons had been learnt from these and practices had improved.

Staff were provided with Personal Protective Equipment (PPE) such as gloves and aprons in accordance with the service's infection control procedure.

Staff were aware of safeguarding procedures and were able to describe the action they would take to ensure people were kept safe from harm. This included raising alerts to the registered manager, local authority safeguarding teams, the police, or whistleblowing.

There was some confusing information around the application of the Mental Capacity Act 2005 and best interests. We saw that despite the registered manager and the staff having an understanding of this legislation, the care plans we viewed differed in their documentation of MCA and best interests. We have made a recommendation about this.

People were supported by staff with eating and drinking and staff were aware of people's dietary preferences.

Staff supported people to contact other healthcare professionals such as GP's and District Nurses if they felt unwell.

Staff undertook training in accordance with the registered providers training policy. Staff told us they enjoyed the training. Training was a mixture of e-learning and practical training sessions. Staff spoken with confirmed they had regular supervision and an annual appraisal.

People we spoke with were complimentary about the caring nature of the staff and we received positive comments about the registered manager. We did not observe care being delivered, however, people told us staff were kind and caring in their approach. One person discussed some concerns they had at the beginning of the care package, however did say the office staff had responded promptly and these were now addressed.

People told us that they were always kept informed and involved in their care.

Care plans contained information about people, what their preferences were and how they liked their care to be conducted. Information in care plans was regularly reviewed and updated in line with people's changing needs.

Complaints were investigated in line with the complaints procedure and responded to appropriately.

Audits took place which checked service provision and action plans were implemented to improve practice. A new auditing tool had recently been introduced to check medications.

There were polices in place for staff to adhere to, however we raised at the time of our inspection that some of these policies would benefit from being further reviewed due to some incorrect information. This was done before we left the site.

Feedback was gathered from people using the service and people told us they felt that the registered manager had responded to their comments.

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.

People received their medications on time.

Risks to people were assessed, and there was information with regards to how to manage the risk to people. Some of this information was quite basic, which we discussed at the time with the registered manager.

People told us they felt safe receiving care from Sylvan.

Staff recruitment was robust and checks were undertaken on staff before they started working for the service.

Rotas were in place and call times were adequately spaced.

Is the service effective?

Requires Improvement

The service was not always effective.

Information around capacity, decision making and consent was not always clear and consistent in care plans. We have made a recommendation about this.

Staff had the correct skills and knowledge and undertook training relevant to their roles.

People were supported with their meal preparation in line with their assessed needs.

Is the service caring?

Good

The service was caring.

People said that staff were kind and caring.

People and their families confirmed they had been involved in care planning.

There was advocacy information available for people who required this type of support.

Is the service responsive?

Good

The service was responsive.

We received positive information regarding the complaints process, and complaints had been responded to in line with the provider's policy.

Care plans contained person centred information about people's likes, dislikes and how they preferred their care to be delivered.

Staff were trained in end of life care and people were supported to remain at home as long as possible

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

There were audits in place which highlighted the need for improvement in most areas of service provision.

Everyone we spoke with said they liked the registered manager and management in general.

People and their families confirmed that they were routinely asked for their feedback and views.

Sylvan Home Care Services - Bromborough Branch

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection started on 21 November 2018. This is when we visited the registered office to speak with the registered manager and to review documentation. We made phone calls to people who used the service and staff on 22 November 2018. We also requested some additional information which was sent by email after the initial inspection visit.

The inspection was announced. The provider was given 48 hours' notice as the service provides domiciliary care, and we wanted to be sure staff and people who used the service gave consent and would be available to speak with us.

The inspection was conducted by an adult social care inspector.

Before our inspection visit, we reviewed the information we held about Sylvan Homecare. This included looking at the notifications we had received from the provider about any incidents that may have impacted on the health, safety and welfare of people who used the service. We had received some concerns in relation to staff training and staff rotas being difficult for staff to complete. We checked both of these during our inspection. We also looked at the Provider Information Return (PIR) we received from the provider prior to our inspection. This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We had not requested a PIR. Additionally, we approached local stakeholders for feedback about the service. We received two responses. We used this information to help us plan our inspection.
We spoke to five people who used the service and one relative. We spoke with four staff, the registered

manager, deputy manager and quality officer. We looked at the care plans belonging to four people and other related records. We checked the recruitment files for four staff. We also looked at other documentation associated with the running of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe receiving care from Sylvan Home Care. Some of the comments we received included, "Yes the care staff come on time,"; "I know who I am getting, so that makes me feel safe." Another person said, "They are nice and we have gotten to know each other, so there are no problems."

Medication was safely managed and only administered by staff who were trained to do so. Medication was stored appropriately in people's own homes and the service was aware of the recent NICE guidance around medication administration in the community. A link to this legislation was available in the medication policy. All staff had their competency checked prior to giving medications by someone who was in a position to do so. One person we spoke with told us they had been concerned with the amount of medication errors which had occurred prior to our inspection. The same person also explained that this had improved greatly since they raised the concern with the registered manager.

Rotas evidenced that people's call times were adequately spaced, with enough travel time in between calls for staff to get to and from people's homes on time. Staff we spoke with told us they were happy with their rotas and they mostly visited the same people. This meant that staff were able to develop relationships with people, and offered consistency for people receiving care. People we spoke with confirmed that staff were not late often, and if they were going to be late, the office staff would call and let them know.

The registered manager was tracking and recording incidents and accidents. We saw that trends were being established and suitable actions were put in place to manager risk. Care records included details of necessary follow up actions following any accidents and incidents.

Staff where able to explain the course of action they would take if they felt someone was being harmed or abused. Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding. We viewed the safeguarding policy, and even though most information was in place, the policy contained some out of date and inaccurate information, which we highlighted at the time with the registered manager and they have since updated and revised this policy.

We viewed a sample of risk assessments for people using the service. We saw they reflected people's needs, and risk was identified and mitigated. We did however, find that some of the information around risk was basic and confusing in parts. For example, each person had a risk assessment table, which was ticked if they required support around a particular risk. However, the table contained other headings such as "Considered" and "Unmet" which were ticked for some people and not others. We were unsure what this meant for the person. The registered manager agreed this was confusing and has since reviewed their approach to risk assessments, to make sure the information is recorded more appropriately. Each care file contained an environmental risk assessment. This had been completed at each person's home during the initial assessment process to highlight any potential hazardous working conditions for staff such as pets or stairs. Action had been taken to minimise risk to both staff and the person they supported.

Recruitment and selection of staff was safe. We reviewed four personnel files of staff who worked at the service and saw there were safe recruitment processes in place for staff including; photo identification, employment history, two references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training, and understood the importance of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work so as not to spread the infection.

Requires Improvement

Is the service effective?

Our findings

There was not always enough recorded information with regards to the principles of the Mental Capacity Act 2005 (MCA). 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.

We saw that most people had capacity to consent to their own care and treatment. People confirmed that they had signed their care plans stored in their homes. However, some of the information recorded in people's care plans that we viewed in the office around decision making was confusing. For example, we were not sure what decisions people could make independently and what they required support with. One person's care plan clearly stated that they could choose what they ate for their meal and they understood their choices. However, this person had not signed their care plan, and we saw that most desicions were communicated to the next of kin and not the person themselves. When we queried this, the registered manager informed us that the person can have fluctuating capacity, but this was not written in to their care plan. Additionally, some of the level of detail recorded around capacity and consent differed between care plans. One person's care plan had a risk assessment around support with cognitive behaviours, however there was no capacity assessment in place with regards to decision making, so we were not sure how their cognitive behaviours effected their decision making and if any decisions had to be made in their best interests. We spoke to the registered manager and deputy manager about this, and they have assured us that care plans around capacity will be reviewed to reflect people's needs more consistently.

We recommend that the registered provider improves their approach to the MCA and best interests with regards to care planning and consent.

People told us that staff had the right skills and training to support them effectively. One person said, "Oh yes, they are very good." Someone else commented, "They know what they are doing."

Staff were all suitably training to undertake their roles. We viewed the training matrix in place for staff. Training courses had been completed by staff. Training courses covered areas such as moving and handling theory and practice, health and safety, equality, safeguarding, infection control, dignity, dementia, food safety and the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We asked staff if they liked their training and if they were up to date with all of their courses, they confirmed they were.

Staff were required to complete competency assessments to ensure they could administer medication. We checked certificates for training courses which staff had attended against the training matrix and found the dates matched for the courses attended. This meant that most of the staff training was up to date. New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of learning and have their competency assessed. Staff we spoke with confirmed they had regular supervision.

We saw that people had been pre-assessed before their care package commenced. This involved the registered manager meeting people in their homes prior to the care package being put into place to consider the support they needed. People's care plans were completed in accordance with their diverse needs and preferences. For example, one person's care plan stated they wanted care to be provided by female only staff, this was implemented.

People were supported to ensure they had adequate food and fluid intake. Staff spoken with told us they completed paperwork to document what each person had eaten or drunk daily. These were monitored and any concerns or changes to people's food intake was reported and responded to.

People were supported to make medical appointments or access additional medical services if they needed to.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that they felt the staff were caring. Comments included, "Oh they are nice people." Also, "The staff who come are very nice, I don't have a problem with any of them." Another person said, "I look forward to seeing the care staff. They are lovely."

The service involved people in decision making about their care and support. Care plans we viewed had been signed by the person themselves or by their relative, if they were legally allowed to do this. People told us that someone from the office called them regularly to check they were still happy with the care and whether there were any changes they would like to make. This was documented in people's care plans.

Everyone we spoke with said that they were treated with dignity and respect by staff. Comments included, "They let me take my time and do not rush me." We saw from looking at care plans they were written in a dignified way which ensured the person had choice and control over their care. For example, "I like the staff to leave the remote were I can reach it."

It was clear from discussions that staff knew the people they supported well. When we spoke with staff they described their roles and how they were expected to support people with their needs in detailed, positive terms. Staff we spoke with spent time talking fondly about the people they supported and said they enjoyed their jobs. We asked the staff how they provided dignified and diverse care to people. One staff member told us they always knocked on doors and said who it is before entering the person's home.

Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Care plans evidenced that people had been involved in discussions and changes to their care needs. Care plans were signed by people themselves, their family members (where legally allowed to do so) or via a best interest process where other family members or friends had been consulted in the person's decision making.

For people who had no family or friends to represent them, contact details for a local advocacy service were made known to them by Sylvan Homecare. There was no one accessing these services at the time of our inspection due to most people having capacity to consent to their own care needs, or living with family members who supported them.

Good

Is the service responsive?

Our findings

Everyone we spoke with said that they received a personalised service from Sylvan Homecare. Comments we received included, "The staff do what I need them to do." Also "I like the staff, they know how I like things."

Care plans we viewed evidenced a person-centred approach. Person centred care means care which is based around the needs of the individual and not the care provider. Each care plan contained information around how the person wanted their care routine to be carried out. For example, "I like a small amount of milk on my cornflakes and I like my tea with one sugar." Also "Please make sure you push my little table close to me before you leave."

People's equality and diversity needs were respected and catered for. We saw how one person's call times were specifically adapted on Sunday to enable the person to attend church, as this was important to them. Additionally, another person was supported to express themselves verbally, in a way which meant they were understood by care staff and involved in their support routine.

Information was available for people in alternative formats. We saw copies of care plans and polices which could be provided in different formats when requested to support people's understanding. The service was further developing their procedures in relation to this to enable them to offer even more accessible ways of providing information to people. We discussed some of these ideas with the registered manager.

Complaints were handled and responded to appropriately. The registered provider had a complaints policy which contained details of how to raise a complaint and how the complaint would be dealt with including timescales for completion. There had only been one formal complaint raised within the service, which we tracked and saw it had been appropriately responded to. People we spoke with told us that the complaints policy had been discussed with them and they knew how to complain. One person said, "No complaints but, I would call the office if I had an issue." Another person told us about an instance when they raised a complaint with the registered manager

There was training in place around end of life care. Staff knew the process of how to care for someone who was on an end of life pathway. We spoke to the registered manager and the deputy manager who had sourced training for staff with regards to providing end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in place who had been in post for number of years.

People told us they thought that the service was well managed and they liked the managers. One staff member said, "The manager is really approachable." Another staff member said, "Anytime we need support we can just pop in."

Staff spoken with said they liked working for the service and people we spoke with said they would recommend the service to other people. The culture of the service was transparent and caring. The service was happy to act on feedback for improvement and since the inspection have sent in a list of actions further taken to improve the service provision for people. For example, with regards to the issues with the implementation of the Mental Capacity Act, the registered manager has assured us that more scrutiny will be given to this during the monthly audits.

There were robust governance framework arrangements in place which highlighted areas of underperformance and produced detailed action plans for areas of improvement, as well as opportunities for lessons learned. All audits had action plans, which the registered manager was expected to complete, this progress was then discussed with the registered manager. For example, we saw that medication audits had become more robust to ensure errors were identified earlier. This was in response to a complaint from a family member around poor medication administration. We looked at the audits for the last few months and saw there had been significant improvement with this.

People were regularly engaged with and feedback was sought. We saw examples of telephone reviews which took place every few months as well as feedback questionnaires which were sent out every year. There had been no concerns raised in the sample of response we viewed.

The service worked in partnership with the local authority and various other fundraising organisations. We saw there was a considerable number of charitable organisations that Sylvan were connected to and had arranged fundraising activities both in and outside of work time, such as 'elf day' and 'coffee mornings'.

Team meetings took place every few weeks and we saw some of the minutes for these. Agenda items included safeguarding, training, and recruitment Minutes were available for staff who were unable to attend the meetings.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, MCA, compassion, dignity, equality and diversity medication and safeguarding. We fed back at the time of our inspection that some policies and procedures would benefit from being closely reviewed and updated by the registered provider. This was because some of the information did not always reference the correct legislation. The registered manager has since sent us a list of updated polices which hold accurate and up to date information.

The registered manager knew what was expected of them and their roles and responsibilities regarding reporting any information to CQC. We discussed this with the registered manager during our inspection.