

Sevacare (UK) Limited

Synergy Homecare - Bolton

Inspection report

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Date of inspection visit:
26 November 2019

Date of publication:
27 December 2019

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 – Bolton is a domiciliary care agency, providing personal care to people living in their own homes in the community. They provide support to; younger adults, older people, people with dementia, learning disabilities or autistic spectrum disorder, people with mental health issues or physical disabilities and people with sensory impairment. At the time of our inspection there were 57 people receiving a service.

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

The service had effective systems to help keep people safe from abuse. General and individual risk assessments were in place and reviewed and updated as required. Medicines were managed safely.

The service had a robust recruitment procedure and staffing levels were sufficient to meet people's needs. Staff induction was thorough and training was on-going. Staff demonstrated a high level of motivation to deliver a good service, with regard being paid to people's privacy and dignity.

Care files in the office and in people's homes evidenced that people's care and support needs were fully assessed. People's nutritional needs and preferences were documented and adhered to. Systems and training were in place to help ensure people were treated fairly and without discrimination.

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; the policies and systems in the service supported this practice.

The service was as flexible as possible to try to accommodate people's wishes. People's preferences and choices were respected. People's communication methods and needs were recorded.

Audits and checks were in place and records of complaints, accidents and incidents and safeguarding concerns analysed for any patterns or trends. The results were used to inform improvements to service delivery. Records evidenced good partnership working with the local authority and other professionals and agencies.

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

Rating at last inspection

This service was registered with us on 9 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 - Bolton

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 one inspector.

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. The registered manager was on leave on the day of the inspection, so the inspection was facilitated by the care services director, a registered manager from a sister service and members of the management team.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure there would be someone at the office to facilitate the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the care services director, a registered manager, two care coordinators, an administrator and three members of care staff. We also spoke with the registered manager of this service by telephone.

We reviewed a range of records. This included care records for six people, three staff files, training records, meeting minutes, audits and other records about the management of the home.

We visited three people in their own homes and spoke with them and one relative.

After the inspection

We spoke with a further three people who used the service and two more relatives by telephone about their experience of the care provided. We also contacted two professionals who have regular contact with the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had up to date and appropriate safeguarding and whistle blowing policies.
- All staff had regular training in safeguarding and those we spoke with were confident of recognising and reporting any issues. They told us they would have no hesitation in reporting any poor practice they may witness, in accordance with the whistle blowing policy. One staff member said, "I would whistle blow, I have nothing to fear about reporting poor practice."
- Any safeguarding concerns were logged and escalated as required and issues were addressed appropriately.
- The service issued safeguarding pamphlets to people who used the service to aid their understanding of the subject and offer contact numbers.

Assessing risk, safety monitoring and management

- General and environmental risk assessments were completed and kept in people's care files. Individual risk assessments, for issues such as falls, moving and handling and nutrition were also completed. These were reviewed and updated as required.
- There was a health and safety file in the office, with general information and the policy and procedure included.
- A call monitoring system was in place to help ensure visits were timely and people and staff were kept safe.

Staffing and recruitment

- The service had a robust recruitment procedure and staff files we looked at included all relevant documents. All new staff had a Disclosure and Barring Service (DBS) check to help ensure they were suitable to work with vulnerable people.
- Staff we spoke with felt that there were no issues with staffing. Cover was provided from existing staff members for sickness and leave.
- There was an out of hours service, which had access to information about staff and people who used the service. This enabled a prompt response to any changes or to emergencies out of office hours. A staff member told us, "I ring the on call service straight away if I need cover. Back up are fantastic."

Using medicines safely

- There was an appropriate medicines policy and staff had medicines training and refresher courses on a regular basis.
- Medicines record charts (MRC) were audited on a monthly basis. Any issues identified, such as MRCs not being completed appropriately, were followed up with actions, such as meetings with staff, further training and supervisions

Preventing and controlling infection

- The service had an up to date infection control policy and issued personal protective equipment (PPE) such as plastic gloves and aprons, for staff to use when providing personal care.
- Staff had training in infection control and prevention to help ensure they understood the subject.

Learning lessons when things go wrong

- Issues such as complaints, accidents and incidents and safeguarding concerns were recorded, followed up with actions and analysed for any patterns or trends. This allowed the service to learn lessons and improve practice.

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 this inspection this key question was rated as good. 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

- Care files we looked at in the office evidenced people's care and support needs were fully assessed. These were recorded and the support plan completed to address the identified needs.
- The support plans included a range of health and personal information, things for staff to be aware of and guidance on how to support the person. A staff member told us, "We have time to complete the tasks. We raise it with the management if we need extra time. They listen and respond quickly."
- Duplicate support plans were in place in people's homes to ensure staff were able to follow these at all times.

Staff support: induction, training, skills and experience

- There was evidence, within the staff files we looked at, of a thorough induction process. This was in line with the Care Certificate, which is a set of standards that care staff are expected to adhere to.
- Staff we spoke with told us they had a period of shadowing a more experienced staff member prior to starting to work alone.
- Training was on-going and refresher courses offered regularly. Staff felt the training was of good quality and plentiful.
- We saw staff supervision and appraisal records. These meetings took place regularly and offered an opportunity for staff and managers to discuss progress, concerns and future training needs.

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

- Staff had training in nutrition and well-being and there was an up to date policy.
- Care files included people's nutritional needs and preferences. There was guidance for staff on how to support individuals with particular dietary needs, such as diabetes.

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

- Care files evidenced collaboration with other agencies and professionals to ensure people's needs were best met.
- The service worked closely with the local authority to provide domiciliary care within the community.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- There was an appropriate MCA policy and staff had training in this area. Those we spoke with demonstrated an understanding of the principles of the MCA.
- Consent forms within the care files, for issues such as agreement to support and sharing of information, were signed by the person who used the service or their representative. Where they were signed by someone else, this was fully explained.
- If another person had Power of Attorney to act on someone's behalf this was documented.

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 this inspection this key question was rated as good. 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

- The service ensured staff were given training on the issues around equality and diversity within the induction programme and subsequently with further training and assessments.
- People's cultural and religious preferences were recorded. The service also considered whether issues such as sexual orientation may affect the way care was delivered to help ensure people were treated fairly and without discrimination.
- People were happy with the support provided. One person said, "The girls are great, all of them. Their timing is good. I have no complaints." Another person told us, "I find it brilliant. I've been with them so long, it's a very personal service. It's so nice." A relative said, "Smashing service. [Relative] has a good laugh with the girls who come. They do everything we need them to do and are a good help." Another relative told us, "I'm delighted with it [the service]. All the ladies that come are very, very nice and very friendly and efficient. They always leave everything tidy."

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

- People's care and support plans were compiled with the input of the individual and other people they wished to be involved.
- Reviews of care involved all relevant people and regular checks were made by the service to help ensure people were satisfied with the level of care delivery. Any changes were communicated with all involved.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with demonstrated a high level of motivation to deliver a good service, with regard being paid to people's privacy and dignity.
- On our visits to people's homes we observed staff showing compassion and empathy when providing care.
- People felt they were treated with respect. One person said, "[Staff are] polite, respectful and turn up on time." A relative told us, "[Staff are] very nice and polite. No complaints." Another relative said, "I hear them [staff] talking to [person] and they are very respectful. They are great, really good."

Is the service responsive?

Our findings

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

At this inspection this key question was rated as good. 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

- The service was as flexible as possible when arranging care visits to try to accommodate people's wishes. A professional we contacted said, "I have a couple of [people] who are supported by Synergy and have had no problems with them. Both have regular carers and the agency try to ensure consistency as much as possible. If changes are needed, the agency are always happy to accommodate and often don't hesitate to do this."
- People's preferences, choices, backgrounds and interests were documented and taken into consideration when planning support. Choices around issues such as the preferred gender or culture of care staff were respected. One relative told us, "[There is] good consistency of carers. It is important as [person] has dementia and is frightened if people come who are unfamiliar."

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's communication methods and needs were recorded and applied in practice. We saw that one support plan was written in an Asian language, to respond to a person's particular requirements.
- Information could be produced in various forms, such as large print, pictorial or other languages to accommodate people's needs.
- The safeguarding pamphlet given to people who used the service was produced in easy read format to make it accessible to as many people as possible.
- The service had employees with various language skills and endeavoured to match up these skills with people who used the service to help ensure full inclusion in the care delivery.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and logged any complaints received. These were followed up with appropriate actions.
- We saw a number of compliments received by the service. A professional said, "The feedback from [person] and family was excellent. They felt that the agency were approachable, supportive and provided a high level of care." A relative commented, "May I just take this opportunity to thank you and the rest of your marvellous carers for the care given to [relative] in the time [relative] was being looked after by Synergy."

End of life care and support

- The service had an end of life policy and training had been put in place for staff to access.

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 this inspection this key question was rated as good. 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

- There was a statement of purpose in place with details of the values of the company and the services offered.
- Care was planned in a person-centred way in conjunction with the individual and their chosen relatives or friends.
- People's preferences and choices were taken into account when planning support.
- Care files evidenced that people were encouraged to be as independent as possible, whilst receiving the support required.

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

- The management were clearly aware of the duty of candour and there was evidence of the service ensuring they were open and honest with people who used the service, other professionals and agencies.

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

- The registered manager was very experienced and had relevant qualifications in health and social care, leadership and management.
- The registered manager was supported by a higher management team, who were available to support and assist when required.
- Statutory notifications about significant events, such as deaths, injuries and safeguarding concerns, were submitted to CQC as required.

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

- The management communicated with staff via regular staff supervisions, appraisals and meetings. These provided opportunities for staff to make suggestions, discuss concerns and consider future training and development needs.
- Staff felt comfortable to drop into the office at any time. One staff member said, "I come into the office a lot even on my days off. Management are very supportive personally and with work." Another staff member told us, "Management are very supportive, honestly. If we report something it is dealt with promptly."
- People who used the service and their relatives told us they could easily get hold of the office and the management team communicated well. Feedback about the service was encouraged via regular reviews,

spot checks and annual questionnaires.

- The most recent service user questionnaire had been positive about the service. Comments included; "I must say you have a great bunch of [carers], kind polite and willing to help" and "Can't do enough for us over their normal care and always make sure we are comfortable and happy before they go."

Continuous learning and improving care

- There were a number of audits and checks in place, including internal quality assurance visits, local authority audits, home file audits and medicines record chart (MRC) audits.
- Records of complaints, accidents and incidents and safeguarding concerns were sent to head office where they were analysed for any patterns or trends and used to inform improvements to service delivery.
- All audits included issues identified and actions taken to address the issues.
- There was a quality assurance file in the office which included all the information gathered from the systems in place.

Working in partnership with others

- Records evidenced good partnership working with the local authority and other professionals and agencies to achieve the best outcomes for people who used the service.
- A professional we contacted told us, "The staff both in the office and care staff are very friendly and professional and speak about people with a lot of care and compassion."