

Prime Care (UK) Limited

# Sylvan Home Care Services

## Inspection report

27d Church Road  
Bebington  
Wirral  
Merseyside  
CH63 7PG

Tel: 01516080986

Website: [www.sylvanhomecare.co.uk](http://www.sylvanhomecare.co.uk)

Date of inspection visit:  
13 December 2017

Date of publication:  
07 March 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 13 December 2017 and was unannounced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of inspection Sylvan Home Care Services were providing care to 53 people living in the community. The service employed 24 staff including the registered manager who had been in post since September 2014.

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.

People we spoke with told us they felt safe receiving support and people's relatives also told us they felt people were safe. During our visit, however we identified concerns with the service. The service had previously been rated as Good.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. However we found that some new staff did not have two references prior to employment and previous work histories had not been fully disclosed as was stated in the services policies. We saw that some risk assessments for people in need of moving and handling were not in place and that topical medications (creams) were being applied by staff without the management knowledge. This had been logged in daily record sheets that had not been fully checked by the manager.

The people and the relatives we spoke with had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'service user guide'. However it was unclear what the service classed as complaints.

The registered provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. Staff received a comprehensive induction programme and had regular training to enable them to work safely and effectively.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The service had quality assurance processes in place including audits, staff meetings and quality questionnaires. The services policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

We found that people and their relatives were involved in decisions about their care and support. The care records we looked at contained good information about the support people required and recognised people's needs. People told us they were happy with the staff and felt that the staff understood the support needs of the people using the service. People confirmed that staff stayed for the length of time allocated and arrived on time.

Staff received a comprehensive induction programme and had regular training to enable them to work safely and effectively. Staff had been regularly supervised and appraised. Staff had access to gloves and aprons and had received training about health and safety and food hygiene. This meant the infection control standards of the service were of a good standard.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Appropriate recruitment policies were in place; however these had not always been followed.

Topical medications had been administered without being included in care plans.

People did not always have risk assessments in place.

Safeguarding policies and procedures were in place and staff had received training about safeguarding people.

### Is the service effective?

**Good** ●

The service was effective

Staff had undertaken relevant and appropriate training and were provided with regular supervision and an annual appraisal of their work performance.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received basic training.

People had given consent for care to be provided.

### Is the service caring?

**Good** ●

The service was caring

People told us that their dignity and privacy were respected when staff supported them.

People and their relatives told us that there was good communication with the service.

People's information was held according to confidentiality policies and guidelines.

### Is the service responsive?

**Good** ●

The service was responsive

People who used the service and where appropriate their relatives were involved in their plan of care.

We saw evidence of person centred care which was reviewed regularly.

The service was not delivering end of life care at the time of inspection however processes were in place if needed.

### **Is the service well-led?**

The service was not always well-led

The quality of some of the processes was monitored continuously by visits to people who used the service, however the documentation relating to the daily logs, risks and recruitment had not been checked.

People using the service and their relatives said that the office staff were helpful and communication was good.

The service had a manager who was registered with the Care Quality Commission.

**Requires Improvement** 

# Sylvan Home Care Services

## 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 took place on 13 December 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 13 December 2017 to see the manager and office staff; and to review care records, policies and procedures.

The inspection was carried out by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people who use the service and their relatives following the inspection.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We also checked with the local authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with four people who received support in their own homes, four relatives and three staff. We reviewed a range of documentation including six care plans, risk assessments, medication records, records for five staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the service is managed.

# Is the service safe?

## Our findings

We spoke with people receiving a service and we asked if they all felt safe. All replied that they did. One person commented "I feel very safe that they [staff] come and see me" and "I feel so much more safer at home as I know they are coming in". Relatives we spoke with agreed with comments including "I feel [relative] is safe with the staff as they know [relatives] needs" and other people told us they were safe and were happy in their homes with staff support.

The registered manager maintained an audit trail of any safeguarding incidents, showing what action had been taken to support the person. The required notifications had been sent to CQC. Staff had received safeguarding training and the identification badges worn by staff held processes to follow if they had any safeguarding concerns. We also saw evidence that staff had reported concerns to the office and that the management team followed the processes in place appropriately.

We looked at six staff files and saw that recruitment policies were in place; however these had not always been followed. Records showed that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure, however we found that some staff did not have two references prior, a person's past employment was not complete and some files did not have photographs attached. This meant that a thorough check of people's work history had not been undertaken. This was immediately brought to the manager's attention who assured us that this would be actioned.

We saw evidence that the manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

We saw that some people had in depth risk assessments surrounding environmental issues, some health needs, behavioural issues and medications; however we noted that not all risks to people's safety and well-being had been identified. This included risks associated with moving and handling. This meant that plans had not been put in place to minimise risk. We brought this to the manager's attention who assured us that the care plans would immediately be reviewed.

Risk assessments had been carried out regarding people's medication needs. However we saw daily log sheets that had recorded care had been delivered regarding the administration of topical medication (administering cream) that had not been agreed in the care plan or risk assessed. This meant the staff were delivering care that the office were unaware of and that they were potentially untrained for and so putting the person at risk. We brought this to the attention of manager who investigated our findings and also informed us that changes would be made to the services auditing systems of communication logs. This change of documentation was forwarded to us following the inspection.

We looked at how the service supported people with their medication. People who required support with medication were encouraged to use blister packs and those people who self-medicated were identified through their risk assessments. We were told by everyone we spoke to that there were no problems with

medicines. Staff had received training in medication administration and the service had a medication policy and procedure available for staff to refer to.

People told us that the continuity was good and time keeping was of a good standard. If the staff were late someone from the office would call to inform them and everyone told us that they stayed the right amount of time. Comments included "I have the same staff which is great" and "The office always calls me if the carers are late". A family member told us "The same group of carers, which is good".

We saw that personal protective equipment such as gloves and aprons were available to staff. This helps to minimise the risk of spreading infection.



## Is the service effective?

### Our findings

It was clear from looking at staff files that staff had received a comprehensive induction when first employed by Sylvan Home Care Services. We also saw that staff had a probationary period that was regularly reviewed prior to offering permanent posts. One family member told us "They introduce all care staff before they start working with [person]".

People we spoke with and their relatives said that had a regular care team and told us that they felt they were suitably trained to meet their needs and that they felt specific needs were met, comments included "The staff know what they are doing, I'm very happy" and ""The training seems consistent as the staff are good".

Sylvan Home Care Services had a range of training that included topics such as challenging behaviour, dementia awareness, person centred approaches, fire safety, food safety, mental capacity, stoma care and pressure area care. The registered manager also accessed additional training requested by staff surrounding continence equipment.

The agency employed 24 support staff including the registered manager. Care staff had an individual supervision meeting, direct observation of practice and appraisal. We saw that these were up to date. These were used as an opportunity to inform staff of any changes or issues and it gave them an opportunity to discuss their work and any concerns they may have.

Staff had completed training on understanding mental capacity provided which gave them a basic awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This gave staff guidance when providing care for people may not have capacity to make some of the decisions needed in relation to their support. We also saw how people had consented to their care in their care plans and we also saw that the service held copies of documents that showed when families had power of attorney and were legally able to make decisions on behalf of people.

We looked at care plans for six people and saw that a pre assessment had been carried out prior to the start of care. The service then developed a temporary care plan until the person was fully supported and this was then adapted into a permanent care plan. People and their relatives told us they were involved in their care plans. Relatives told us "I was involved in the care plan" and "Care planning was good, I could give my views".

Peoples care plans held information about their dietary requirements and everyone we spoke with told us that they were asked about meals and drinks. One person told us "I'm always asked what I would like to eat or drink" and another person told us "I like all my carers and they always ask me what I would like to eat and drink".

The registered manager was able to tell us how they accessed specialist advice if it was needed. We also saw evidence of this in peoples care plans. For example, occupational therapists had been liaised with to ensure

a person was being transferred from their beds safely within a restricted environment.

## Is the service caring?

### Our findings

People told us that the care staff who visited them were all very caring and kind and would always ask them how they are feeling and ask them what they would like help with. We were told that the staff were respectful to them and their homes, they felt listened to and supported. Comments from people using the service included "Very caring staff cannot do enough for me", "Staff respect me and my home", "They are really caring staff" and "Staff and office staff always listen to me and try and help me".

We also spoke to relatives and we were told "They are fabulous carers", "They are wonderful care staff", "They really do care" and "They treat [relative] with respect". People and relatives told us that there was good communication between them and the service. One person said "Staff and office staff listen to my needs".

We asked people and relatives if they felt that the service provided information and explanations, one person told us "The on call ring me if there are any problems" and a relative told us "The office keep in touch with me". The 'on call' is a service that the agency provides outside of normal working hours. This means that people receiving a service and the staff have someone to contact in case of emergency.

We saw throughout peoples care plans extensive logs of communications with people and their relatives. We saw how one relative was able to fully communicate with staff on a daily basis regarding the care of their parent; this gave the relative peace of mind and we were able to see that the relative and the service had developed a good and open relationship.

This demonstrated that staff were supportive and respectful to people who used the service. Staff were listening to how people said that they wished to be cared for and were providing care in accordance with people's wishes. Additional comments from people being supported included "I feel listened to" and "I feel valued".

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff. We saw that the service user guide gave people information on the organisation, the services provided, and available advocacy services.

People told us that they were encouraged to maintain their independence. One person told us "The staff encourage me to make decisions". We also saw that the registered manager sent regular memos to the staff group and used this as a way to remind staff to continue to promote peoples independence, this also gave examples for staff guidance.

## Is the service responsive?

### Our findings

People told us that the service was very responsive to their needs and we were told that people and their relatives were involved in the care planning and were given choices in relation to care and how they wanted to be supported. We were told that the staff were matched well and any issues they could speak to the office. Everyone we spoke with had a care plan in the home and had regular reviews.

People receiving the service said "I was involved in the care plan and reviews" and "The care plan was very good, I was involved in all the planning". Relatives were also able to tell us about their involvement in care planning. Comments included "There are regular reviews" and "I'm involved in the care plans".

We looked at six care plans and saw that plans were in place for the care people required. The documentation was clear and had been completed in full. Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given. We saw how the registered manager used regular staff memos to continually improve staff practice when report writing. This was to ensure that the daily reports were fully completed with good information about any care that had been carried out.

Care plans had been completed in respect to communication, personal care and challenging behaviours. We were able to see that care plans were personalised. We found one example where a person had previously been active and this had been incorporated into the care plan and staff helped the person go for walks. This reduced any adverse behaviour. We saw that the care plans contained clear guidance for staff to follow and what was expected by the people who were being supported. Routines for morning afternoon and evening visits were clearly recorded. Care plans had been reviewed regularly to ensure that they continued to reflect people's needs.

The registered provider had a comprehensive complaints policy and procedure in place. Everyone we spoke with told us they would call the office if they had a complaint. Relatives told us "Any issues I call the office and they resolve things", "Any issues are dealt with" and "Any complaints are dealt with". No one had any complaints at the time of inspection. We saw that the service user guide that was available held information and contact details if anyone wanted to make a complaint. It was unclear however what the service classed as a complaint and what was a concern. This was raised with the manager who was going to review the processes.

Sylvan Home Care Services at the time of inspection were not providing end of life care but were able to tell us how they would prepare for this we also saw that some staff had attended a course called 'death dying and bereavement'. We also saw that if a person had made the decision not to be resuscitated then this information was clearly available for staff in their homes.

## Is the service well-led?

### Our findings

We were informed by all the people we spoke with that they felt the service was well led. The office staff were very efficient and approachable and they are able to discuss any concerns with them. Comments included "It's an amazing company", "They're very friendly and very effective" and "I've no complaints, excellent". Relatives also commented "If I call the office I find the staff very helpful", "Any issues I call the office and they will help me" and "They're really responsive, just call and they take action".

The service had a manager in post who had been registered with the Care Quality Commission since September 2014. The registered manager was supported by a deputy manager, four team leaders and a trainer who were all based in the main office. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to CQC when required in relation to significant events that had occurred in the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Sylvan Home Care Services were displaying their ratings appropriately in a clear and accessible format.

We looked at the quality assurance process the service had in place and identified that there were aspects of the documentation that had not been audited. We were told that care records and daily log sheets were regularly checked. However we noted that some daily log sheets were not being monitored and audited effectively regarding the administration of topical medications and we brought this to the manager attention immediately. We also saw how staff personnel files had not been audited effectively as the services own policies surrounding recruitment had not always been followed. We also saw how some risk assessments had not been completed in regards to moving and handling.

We spent time talking to the registered manager and deputy manager and they told us how committed they were to providing a quality service. The registered manager told us that they were well supported by the registered provider who was regularly in contact with the service. We saw records of meetings that supported this.

We saw evidence of regular 'memos' being sent to staff regarding additional learning or information about the service an example being report writing or a 'policy of the month'. The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. This ensured the staff had up to date guidance surrounding their practice.

The service had introduced a 'Continuous Improvement Form' for staff to complete with any concern regarding any aspect of their work; we saw that this was an effective record of input from staff and follow on action from the management. An example of this was when a person was discharged from hospital with minimal continence resources and we saw what the service did in response. The registered manager also

wrote to individual staff to compliment them if they had gone "above and beyond" during their work.

Other quality assurance systems we saw included regular service reviews, service user surveys and staff surveys. We saw how feedback received was incorporated into staff meetings and office meetings. Topics included communication and punctuality.

We were able to see how the service regularly liaised with other professionals such as district nurses and G.P.'s. This ensured that the care being provided was personalised. One relative told us "The overall care is excellent".