

Boateng Care Ltd

# SylvianCare Swindon

## Inspection report

Basepoint Business Centre  
Rivermead Industrial Estate, Rivermead Drive, Westlea  
Swindon  
SN5 7EX

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01 December 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sylvian Care Swindon is a domiciliary care agency providing care to people in their own homes in Swindon and the surrounding area. At the time of our inspection 29 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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 were not always protected from abuse and harm. Risk assessments were not in place to identify how potential risks should be managed to reduce the likelihood of people experiencing harm. However, staff understood the risks to people and delivered safe care in accordance with people's support plans. There were sufficient staff available to be deployed to keep people safe and meet their needs. However, people told us staff were not punctual and nearly everyone we spoke with had experienced a missed visit. The service aimed to ensure only suitable staff were selected to work with vulnerable people, and checks were carried out to allow safe recruitment decisions to be made. However, some staff had been deployed to work with people before all the background checks had been fully completed. We found people had not been harmed.

People's care plans were person-centred and focused on what was important to people. However, nearly everyone we spoke with told us they had not seen their care plan and they had not been asked for their views. This meant people were not fully involved in their care.

Systems to monitor, maintain and improve the quality of the service were not broad ranging and were mostly, ineffective. None of our concerns were identified by monitoring systems employed by the owner.

Some people and their relatives did not speak positively about the management and said they had no confidence in them.

Staff knew how to report any concerns relating to people's safety and the service had systems to report and investigate concerns. Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision meetings were planned, and spot checks were conducted for staff who told us they felt supported by the owner to perform their role. Staff spoke positively of the management and were given appropriate responsibility.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most

people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location supported one autistic person. Staff demonstrated a good knowledge of how to safely and effectively support this person. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection and update

This service was registered with us on 13 October 2021, and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have identified a breaches in relation to Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

**Good** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# SylvianCare Swindon

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an 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.

#### Service and service type

This service is a domiciliary care agency, which provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was no registered manager in post. The service was being managed by the owner. The owner was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 1 December 2022. We visited the location's office on 1 December 2022.

#### What we did before the inspection

The provider was 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 5 people, 7 relatives, the care manager, the office manager and the owner of Sylvian Care Swindon. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 4 people, staff training records, 4 staff recruitment files, medicine records, quality assurance audits, complaints records, and records relating to the management of the service.

#### After the inspection

Following our visit to the office we continued to gather evidence and we contacted 8 care staff. In addition, we contacted the commissioner of services for their views.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- There were no risk assessments in place to help keep people safe. Some risks had been identified but no assessment of the risks had been fully conducted and staff were provided with little or no guidance on how to manage the risks. For example, 2 people were identified as having diabetes. The care plans did not state what type of diabetes these people had, how the condition was being managed, be it diet, tablets or insulin and there was no guidance on what staff should do if these people experienced hypoglycaemia which is high/low blood sugar levels. The only guidance for staff was 'not to put sugar' in the person's coffee. However, when questioned, staff demonstrated a good knowledge of people's conditions and support needs. Other risks identified but not adequately assessed and managed included; mobility, falls and pressure damage.

The omission of adequate risk assessments and a system to manage them, put people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Most people and their relatives told us staff were not punctual. Their comments included; "Sometimes they [staff] do not let me know if they are running late", "No [not punctual], they [staff] do not call to say they will be late" and "Not really sure what time they [staff] are supposed to come as it varies." People also told us some staff did not stay for the full visit time. One person said, "They [staff] are supposed to stay for an hour. They will stay if I give them something to do, otherwise they can be gone in 10 mins." Another person said, "No. They are supposed to stay 1 hour, and they usually stay 30-45 mins. Some are ok and others are shocking."
- People and their relatives told us they experienced missed visits. Comments included; "Yes, twice so far", "Only once", "Four times so far" and "Just the once, they were very apologetic." We asked the owner if they had recorded any missed visits during 2022. They told us, "No missed visits." After the inspection we saw evidence for monitoring and recording visits, and assessing and managing travel times, was in place and the service was now using this system.
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service [DBS] were carried out to ensure people were protected from being supported by unsuitable staff. However, we obtained evidence that staff had been deployed to care for people on support visits before the relevant DBS checks had been completed. For example, one staff member was deployed on 14 August 2022, yet their DBS check was not confirmed until 30 August 2022. Another staff member was deployed on 17 September 2022, and their DBS check was confirmed on the 4 November 2022. We asked if risk assessments were in place to

manage the risk of staff, without completed background checks supporting people. No assessments were provided.

- Staff rotas confirmed planned staffing levels were maintained. For example, where two staff were required to support someone they were consistently deployed. One member of staff told us, "Yes, I think we do have enough staff."

Systems and processes to safeguard people from the risk of abuse

- Some people told us they felt safe. One person said, "I feel safe because I know I can speak up." However, some people told us they were unsure about their safety. Their comments included; "They [staff] just do their jobs and I don't feel insecure" and "It's hard to say as she [staff member] is non-verbal."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said they would report, "If I suspect abuse, I will record the suspicions and report to the office and my line manager." Another staff member said, "I'd report to the police and the social worker."
- Systems were in place to safeguard people from harm and abuse. The owner told us they would record and investigate all concerns and work with the local authorities.

Using medicines safely

- People received their medicines as prescribed. One person told us, "They [staff] do they prompt me and give me food before."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Staffs competency to administer medicines had been checked. One staff member said, "I have done my medication training, and my manager and senior carer will check every time while I am doing medication."
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.
- People told us staff wore PPE.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents.
- The management team were open and honest when things went wrong and used staff meetings to promote a learning culture within the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's care plans considered all aspects of their lives and contained details of people's circumstances and personal histories.

Staff support: induction, training, skills and experience

- Some people told us staff were well trained. One relative said, "I am a registered nurse, so I am very conscious of that [training]. They [staff] are very compassionate and do everything to a high standard." However, some people offered a different viewpoint. They said, "Not really no. They [staff] are kind and caring but I don't think they have any specific training" and "Some I question how they [staff] got this job, there are no communications and its only when I tell them that I am a nurse that they act differently and it shouldn't be like that."
- Training records and staff interviews confirmed, people were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Some staff had received supervision support and we saw sSupervision meetings and spot checks were scheduled.
- Staff received ongoing training relevant to their roles, and specific to people's needs. For example, one person had a specific condition and we asked staff if their training gave them confidence in their role to support this person. One staff member said, "Yes, I am prepared, and I am keen to deliver high-quality, person-centred care."

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

- People were supported to maintain a healthy diet.
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during support visits to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. One person said, "Yes, they [staff] get my meals and heat them up, no issues."

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

- The care manager and staff were knowledgeable about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The owner told us they worked with external agencies and would make referrals as and when necessary.

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.

- One relative told us how staff respected their [person's] decisions. They said, "Yes, they [staff] involve him [person] as he is quite the decision maker."
- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "I make my client [person] my first priority and ensure they have their say in decision making."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Care plans reminded staff to seek people's consent before supporting them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There were no systems in place to obtain, collate and analyse people's opinions. Nearly all the people we spoke with told us their opinions had not been sought. They also told us they had not seen their care plan. This meant people were not involved in making decisions about their care. We did identify a system for collating, recording and analysing people's feedback had very recently been put in place.

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

- People and their relatives told us how the staff were caring and supportive. They said; "They [staff] are kind and caring, some make me drinks, some spend time to talk to me which is what I need some days. Overall, it's great", "I am very, very pleased, they [staff] are very caring I have no concerns what so ever" and "I think we have been very lucky with the guys [staff] we have."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. One staff member said, "My relationship with my clients [people] is very friendly, we always have good conversation and make them happy by cracking some jokes."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were polite and respectful. One relative told us, "Yes, they are [polite and respectful]. They are not rude."
- People were treated with respect and their dignity was preserved. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- Staff promoted people's independence. One staff member told us, "I encourage clients [people] to use adaptive tools and equipment. Provide support for independence, encouraged them for doing small activities by themselves, encourage physical activities, and I encourage social interaction."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People had individualised care plans that supported a person-centred approach. People's care files included information about their personal histories, what was important to them and how they wished to be supported. For example, one person could become anxious. The care plan detailed the triggers to their anxiety and guided staff on how to support the person with this issue.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, one person had requested when communicating with them to, 'be patient and give me time to respond'.
- Staff were knowledgeable about people's communication support needs. One staff member said, "I avoid using words or phrases that are unfamiliar or too personal, and always take time to listen."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. No one told us they had formally complained. However, one relative said, "I speak with the management team regularly". Another said, "I have no complaints."
- The complaints policy was up to date and available to all people and their relatives.
- Systems were in place to record and investigate any complaints.

End-of-life care and support

- At the time of the inspection no one was being supported with end of life and palliative care needs. The owner told us they would work in partnership with GPs, district nurses and other healthcare professionals to support people to have a dignified, pain free death.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The owner told us they would respond to any requests or advance wishes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a limited range of checks and audits to monitor the quality and safety of the service. These included checks on medicine records and care plan reviews. None of the audits or monitoring identified our concerns in the Safe and Caring domains. An action plan had been created in partnership with the commissioner of services to address some of these issues. However, at the time of inspection, no actions had been completed.

Failing to have systems in place to assess, monitor and improve the quality and safety of the service and to mitigate the risks in the service placed people at risk of harm. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives gave us mixed views relating to the service and support provided. Their comments included; "I know [owner], she is very good, and I can call her. I think they [service] are alright", "They [service] seem absolutely fine", "I know very little of them. I met [owner] once, we had a meeting and she was an hour late too, She doesn't seem to engaged and I don't have a lot of faith in them [service]" and "I have no confidence in the company at all."
- The service did not have a registered manager. The owner told us they were actively recruiting for a registered manager and that in the interim the service was being managed by the owner. During the inspection the care manager and office manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They took part in the inspection in a way that demonstrated their commitment to learn and improve the service.
- Staff felt the management team were supportive, fair and understanding. Staff told us, "There is a mutual understanding between the management and the staff" and "This service is well led and management and governance of the organisation assures the delivery of high-quality care for patients [people], supports learning and innovation and promotes an open and fair culture."

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 owner was responsive to issues and concerns and understood their responsibility to be open and honest if things went wrong.

- The owner/provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

- The owner had a working understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.

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

- People and their relatives told us their opinions were not sought and surveys had not been conducted. When asked about surveys one person said, "No [not seen a survey] but I am happy with the care."
- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. One member of staff said, "Staff meetings ensure staff knowledge and practice is up to date, it helps to hold any confidential information discussed and dealt with amongst senior member of staff, they can guide us with the solution."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams, and local authority commissioners. This meant staff had access to professional advice and guidance relating to people's care.
- Staff had access to further training.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The omission of adequate risk assessments and a system to manage them, put people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Failing to have systems in place to assess, monitor and improve the quality and safety of the service and to mitigate the risks in the service placed people at risk of harm.