

Sygmacare

# Sygmacare

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults. At the time of this announced inspection of 14 November 2017 there were 52 people who used the service. We gave the service 24 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 13 October 2015 the service was rated Good. At this inspection we found the service remained Good.

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.

The service continued to provide a safe service to people. This included systems designed to minimise the risks to people, including from abuse. There were systems in place to make sure that there were enough care workers to cover people's planned care visits. Robust recruitment procedures were in place. Where people required support with their medicines, this was done safely. There were infection control procedures in place to guide care workers in how to minimise the risks of cross infection.

Care workers were trained and supported to meet people's needs. The service understood the principles of the Mental Capacity Act 2005 and people were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to support people to eat and drink enough, where they required support. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

Care workers had good relationships with people who used the service. People's rights to privacy and independence were promoted and respected. People's views and preferences were listened to and acted on about how they wanted to be cared for and supported.

People received care and support which was assessed, planned and delivered to meet their individual needs. A complaints procedure was in place and complaints were acted upon and used to improve the service.

The service continued to have an open and empowering culture. The service used comments from people and incidents in the service to learn from these to drive improvement. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

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## 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 announced comprehensive inspection was carried out by one inspector on 14 November 2017. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 14 November 2017 and ended on 15 November 2017. It included a visit to the office location and telephone calls to eight people who used the service and the relatives of seven people. We visited the office location on 14 November 2017 to see the registered manager, provider and the office manager; and to review 10 people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of six care workers. We also spoke with four care workers.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection, we contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

We sent questionnaires to 27 people using the service and 27 relatives. This was to gain feedback about the service provided. We received completed questionnaires from 13 people and three relatives. These questionnaires were complimentary about the service provided. Where two people had commented on the

timings of their visits this was explored during our inspection visit

We received comments about the good care provided by this service in a 'share your experience' form in July 2017.

# Is the service safe?

## Our findings

At our last inspection of 13 October 2015 the service was rated Good. At this inspection we found the service remained Good.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. People told us that they felt safe. One person said, "I feel safe, if I am worried I let them [care workers] know and they talk to me." Another person told us, "They [care workers] make sure I have got my alarm on when they go, they have never left my door open, I am very safe, they make sure I am." One person's relative commented, "[Person] is very safe." All of the questionnaires we received from people said that they felt safe from abuse and or harm from their care workers. All of the questionnaires from people's relatives said that they believed that their relative was safe from abuse and or harm from the care workers.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding and understood how to recognise and report abuse. Care workers also understood their responsibilities understanding of reporting concerning practice, known as whistleblowing. Discussions with the registered manager and records showed that they took swift action to report concerns of a person who they were concerned was at risk of abuse. Where incidents had occurred the service learned from them and developed systems to reduce future risks.

Care workers understood their responsibilities in reporting incidents relating to people's safety. We saw one care worker arrived at the office and spoke with the registered manager about their concerns about a person whose boiler had broken in their home. They told the registered manager that the person's home was cold and they had taken action to reduce the risks to the person by reporting this to their relative.

All of the questionnaires from people and relatives said that the care workers arrived on time and completed all of the tasks they should do at each visit. People and relatives told us that there had never been any instances of missed visits and if the care workers were going to be late, they were informed and received an apology. One person said, "If they are going to be a little late, someone always lets me know. It is never long." Another person commented, "They never let me down, always turn up." One person's relative said, "They let us know if they are going to be late, it's not really a problem as they always turn up, without fail." The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. Care workers told us that they felt that there were enough staff to meet people's needs.

The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. This included checks from previous employers and Disclosure and Barring Service (DBS).

People told us that they were satisfied with how their care workers supported them with their medicines.

One person said, "They [care workers] have to remind me to take my tablets, without fail. I am quite happy with that." Another person commented about the support care workers provide with their medicines, "Not my pills I do them, they put cream on my legs, always gentle." Another person told us, "I've got one of those packs [monitored dosage system]. I can't get the tablets out, they [care workers] get them out for me. I am happy." Medicines continued to be administered safely. Care workers were trained in the safe management of medicines. The office manager showed us records which identified that a system was in place to assess care worker's competency in relation to the safe handling of medicines. Records included the support that each person required with their medicines and what time medicines should be given so that people received them when they needed them.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers told us that these were available to them in the office and they could collect them when needed. All of the questionnaires from people and relatives said that care workers did all they could to prevent and control infection, for example by using hand sanitiser, gloves and aprons.



## Is the service effective?

### Our findings

At our last inspection of 13 October 2015 the service was rated Good. At this inspection we found the service remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management and the care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. For example, we saw records which showed that the service had worked with occupational therapists when the care workers were concerned about the equipment that people used. This ensured that people received an effective service.

The service continued to provide care workers with training and support to meet people's needs effectively. One person said, "They [care workers] do a very good job, all know what they are doing." We asked people in our questionnaire if they felt that their care workers had the skills and knowledge to provide the care and support they needed, 92% agreed and 8% said that they did not know. All of the questionnaires from people's relatives said that the care workers had the right skills and knowledge to give their relative the required care and support.

The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions, including dementia, mental health awareness, stroke awareness and falls prevention. We saw records which care workers completed which identified what they had learned from their training and how they were planning to incorporate their learning into the way that they supported and cared for people. Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

Records and discussions with care workers showed that they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service continued to support people to maintain a healthy diet, where required. One person told us, "[Care workers] make me a sandwich, always make sure I am eating enough and looking after myself." Records demonstrated that people were provided with the support they needed in this area. People's records identified the support that they required and warning signs that care workers should be aware of relating to their dietary needs.

People continued to be supported to maintain good health and had access to health professionals where required. People's records included information about treatment received from health professionals and

any recommendations made to improve their health were incorporated into care plans. One person's relative told us, "I rely on them [care workers] a lot, they take the time, [person] was breathless they [care workers] stayed with [person], they kept me updated. They contacted the district nurse and arranged for a visit. Very good."

There were systems in place to provide information about people to other care settings, for example if people were admitted to hospital. This demonstrated that other professionals were provided with important information about people to ensure their needs were met consistently and effectively.

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 told us that the care workers asked for their consent before providing any care. One person said, "They never do anything without asking first." Another person said, "If I don't want it [care], I just tell them [care workers] and that is that." People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported. One care worker told us how they gained people's consent before they provided any care or support. They shared examples of what they said to people, including, "Can I help you with a shower?" Another care worker told us that in addition to the training they had received they had read up information available about the MCA.

## Is the service caring?

### Our findings

At our last inspection of 13 October 2015 the service was rated Good. At this inspection we found the service remained Good.

People told us that their care workers treated them with kindness and respect. One person said, "They are all good carers, they are very nice to me." Another person commented, "I am very happy with the [care workers], they are gorgeous, we get on very very well. I would not change them for the world." One person's relative said, "We know most of them [care workers], they are all very kind." All of the questionnaires from people and relatives said that the care workers were caring and kind.

The service continued to have systems in place to show people that they mattered. For example, we received information from a person using the service in July 2017 on our 'share your experience' form. They stated, "...a year ago Sygmacare organised a Christmas party for all their service users which a lot of them turned up and really enjoyed the occasion." One person, in their questionnaire, commented, "The care team took us all out for Christmas dinner and we all got a gift. They also supplied the transport to the restaurant." We saw photographs of the event in the service's office. The registered manager told us how people had made friendships which had reduced their loneliness.

The registered manager, provider and care workers continued to speak about people in a compassionate manner. Care workers knew the people they cared for well and told us that they cared for people who they knew. This showed that the people using the service were provided with a consistent service.

All of the questionnaires from people and relatives said that care workers treated people with respect and dignity. Care workers understood why it was important to respect people's dignity, independence, privacy and choices. Care workers were provided with guidance on how people's rights were respected in their care plans. One person told us about how the care workers respected their privacy, "If I am undressed they get out of my room until I am in my PJs [pyjamas]."

All of the questionnaires from people and relatives said that people were supported to be as independent as they could be. One person said about how the care workers respected their independence, "I need a lot of help, I do what I can, if I can manage something new they [care workers] are full of praise which is nice."

All of the questionnaires from people who used the service said that they were involved in decision making about their care and support needs. They also said that the service involved the people they chose in important decisions. All of the questionnaires from relatives said that with their relative consent, they were consulted as part of the process in making decisions relating to their care and support. People told us that the care workers listened to them and acted on what they said. One person said, "They [care workers] do listen to me, they are wonderful."

Records demonstrated that people continued to make decisions about their care and that their views were listened to and used when planning people's care. People's care records clearly identified that they had

been involved throughout their care planning. This included their choices about how they wanted to be cared for and supported.

## Is the service responsive?

### Our findings

At our last inspection of 13 October 2015 the service was rated Good. At this inspection we found the service remained Good.

All of the questionnaires received from people said that they were happy with the care and support they received. All of the questionnaires from relatives said that they were happy with the care and support provided to their relatives. One person said, "I am really pleased with Sygmacare, no problems at all." Another person commented, "I am 100% happy with Sygmacare." One person's relative told us they were happy with the care provided to their spouse, "I give it 10 ½ out of 10." Another relative commented, "They [care workers] don't just come and do what they have to do and disappear. They never rush and really have time for [person] and me." People told us how the service responded to their individual needs. One person said about how their abilities had deteriorated, "I just let them [care workers] know and now they help me with what I need."

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records provided care workers with information about how to meet people's specific needs and preferences. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Care reviews were held every three months with people and their relatives, or when required, to ensure that the records were up to date and reflected people's needs and preferences. One person's relative said about the three monthly reviews, "We all sit together, have a chat and make sure everything is right. Never had a problem if something needs changing it is done right away."

People's daily records included information about the care and support provided to people each day and their wellbeing.

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. One person said, "I made a complaint about one [care worker]. Straight away they took action, never came again." Another person said, "If any problems I call the office, they sort it out." All of the questionnaires from people said that they knew how to make a complaint and that the service's staff responded well to any concerns or complaints raised. There was a complaints procedure in place; each person was provided a copy with their care plan documents. People told us that they knew how to make a complaint and were confident that any concerns would be addressed. Records of complaints showed that they were listened to, addressed and used to improve the service.

Where people were at the end of their life the service provided the care and support that they wanted. People's wishes, such as if they wanted to be resuscitated, were included in their care records. A comment from a person who used the service stated that the service were, "Very good at looking after my elderly relative who has now passed away." Care workers were provided with training in palliative and end of life care and end of life advanced care planning.

## Is the service well-led?

### Our findings

At our last inspection of 13 October 2015 the service was rated Good. At this inspection we found the service remained Good.

The registered manager and provider continued to promote an open culture where people and care workers were asked for their views of the service provided. We received positive comments about the service, the registered manager and provider and how they led the service. One person told us, "[Registered manager] has been a good friend to me. [Registered manager] knew what I was going through and cared for me." All of the questionnaires from people and relatives said that they knew who to contact in the service if they needed to. We received information from a person using the service in July 2017 on our 'share your experience' form. This stated, "Sygmacare are an excellent care company, nothing is too much trouble they are always willing to go the extra mile." A comment made by a relative in a questionnaire stated, "Excellent service, well run business."

Where comments from people were received the service continued to address them. People completed satisfaction questionnaires during their three monthly reviews. Where areas for improvement were identified these were addressed promptly, for example by updating care records.

Care workers told us that they felt supported by the service's registered manager and provider. They were committed to the service's aims and objectives and providing people with good quality care at all times. To show that care workers were valued the service operated a carer of the month system where they were recognised for their good work. One care worker said, "We do really well, can come to the office if any problems, or I can text the one call [system in place for care workers and people to telephone the service out of office hours] to speak with [registered manager]. It is very well-led, [registered manager and provider] are always available, keep us updated with anything we need." Another care worker said, "If I have issues I can come in [to the office] to discuss, [registered manager and office manager] listen and supportive, nothing is too much trouble. If it is confidential we can come upstairs." A care worker said in a testimonial about the service, "The first thing what I liked when I came to work for Sygmacare was the friendly office staff...I am a very lucky person to get a job with Sygmacare."

Care workers were provided with the opportunity to comment on the service, including in meetings. The minutes of meetings showed that care workers suggestions, for example, how they supported people, were valued and listened to. The minutes showed that care workers were also kept updated with any changes in the care industry and the service. For example, to improve the service and the ways that care workers recorded the care and support provided, the service had introduced daily record books. They were provided with coaching how to complete these in meetings.

The service continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety and the care provided to people. We saw that these audits and checks supported the registered manager in identifying shortfalls and take action to address them. This meant that the service continued to improve. Care workers were observed

in their usual work practice (spot checks) to check that they were meeting the required standards when caring for people. People using the service were encouraged to feed back to the service about the performance of their care workers during the spot checks and three monthly care reviews.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.