

Sevacare (UK) Limited

Synergy Homecare - Middlesbrough

Inspection report

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Website: www.synergyhomecare.co.uk

Date of inspection visit:
19 September 2019
23 September 2019

Date of publication:
10 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Synergy Homecare is a domiciliary care agency that was providing personal care to 31 people at the time of the inspection. This included adults living with a dementia type illness and a 'fast track,' short term service supporting people to leave hospital or remain at home when unwell.

Not everyone who used Synergy Homecare 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

Risks to people's health needs were assessed. However, we found some information was not up to date regarding people's dietary requirements and skin condition to provide staff with guidance on the actions they needed to take.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider had policies and procedures in place and staff had been trained. However, some care and support plans did not accurately record the support people needed when making decisions about their care and when best interest decisions had been made.

The provider's quality assurance checks had not identified some of the issues found during this inspection regarding assessment of people's health risks and accurate recording of people's capacity.

Staff knew how to safeguard people from abuse. Medicines were managed safely. The provider had a safe recruitment process in place. Staff received training and supervision to support them to effectively carry out their roles.

The management team used information following accidents and incidents to reduce the likelihood of future harm and learn lessons.

People and their relatives told us they were supported by a staff team who knew them well and were skilled and knowledgeable. The service provided flexible care, person-centred support in line with people's needs and wishes.

People's privacy, dignity and independence was supported. People could plan for their future, including their wishes at end of life.

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 11 October 2018 and this is the first inspection.

Why we inspected
This was a planned inspection.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Synergy Homecare - Middlesbrough

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 undertaken by one inspector.

Service and service type

Synergy Homecare is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure managers would be available to speak with us.

Inspection activity started on 19 September 2019 and ended on 23 September 2019.

We visited the office location on 19 September 2019 and undertook telephone calls to people and their relatives on 23 September 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used all this information to plan our inspection.

The provider was not 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the director, registered manager, care coordinator and three care workers.

We reviewed a range of records. This included three people's care and support plans and, their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Our findings - Is the service safe? = Requires Improvement

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

This is the first inspection for 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

- Some risks to people's health and well-being was not always accurately recorded and monitored. For example, risks associated with people's skin condition and swallowing difficulties. The registered manager told us this would be addressed immediately.
- Staff knew people very well and although risk assessments and care plans were not always up to date, staff were able to clearly describe these risks and the actions they took to keep people safe. We found there had been no impact on people's health due to this shortfall.
- Environmental risk assessments were in place which clearly included the use of any equipment required to support people.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- We received mixed views from staff and people about the level of staff employed. Most people told us staff always arrived on time and stayed for their allocated call. However, some people told us staff were rushing and arrived either too early or late for their calls.
- The director told us they would not take on new care packages unless staffing resources were enough to ensure people's needs could safely be met with a quality service.
- Suitable recruitment procedures were in place.
- Staff were aware of their duty to report any safeguarding concerns to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- People and their relatives felt people were safe. One person said, "I am absolutely safe, everything is good." A relative said, "[Person] is safe. The staff that come here seem to know what they are doing and always write everything down in the book for me."

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. Staff were trained in safe administering of medicines. Competency checks were undertaken by managers and systems were in place to audit the records.
- Most people told us they got their medicines on time. One person said, "[Staff] check I've had my inhaler as I sometimes forget."
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow and accurate records were in place.
- Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong

- Arrangements were in place to learn lessons when things had gone wrong. The management team promoted an open and honest culture where lessons were openly learnt and shared following any incidents.
- Where accidents and incidents had occurred, the management team looked at these closely to identify any patterns or trends.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Some care records did not accurately reflect where people had been assessed as lacking mental capacity to make specific decisions about their care.
- Best interest decisions were not recorded. For example, one person required their medicines administering covertly (hidden in food or drink) and a best interest decision made regarding this had not been recorded. However, the person's GP had provided written consent to confirm medicines could be crushed.
- Where people had capacity to make decisions for themselves, their choices and consent had been gained, respected and were clearly reflected in their care plans.
- The provider had policies and procedures in place to assess and record where people lacked mental capacity to make specific decisions. Staff had received MCA training. However, this was yet to be fully embedded into daily practices. The director told us further work would be undertaken with all staff to improve records and practices in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs before the service started. However, we received mixed views from staff about the level of information they were provided with. One said, "We get very basic information about the fast track calls, sometimes it's us having to tell the office about people's needs as we are the first staff to see people." However, another member of staff said, "We get a phone call from the office before starting a new fast track package telling us all about the person's needs and support required."

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

- People's dietary requirements were recorded during their initial assessment in their care plans. However, we found for one person information regarding their specialist diet did not reflect the assessment from speech and language therapy (SALT) which meant the person could be at risk of choking.
- People were supported by staff to eat and drink enough. People's care plans recorded where staff were required to ensure drinks and snacks were left for people. Records were in place for monitoring people's food and drink.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a programme of training, delivered through E-learning and face-to-face sessions.
- New staff completed a thorough induction programme before they began work and had opportunities to shadow more experienced staff. One staff member told us, "I shadowed another member of staff for three days before I started on my own, my induction was really good."
- People and their relatives thought staff had the right skills to do their job. One person said, "They are good and most seem to know what needs doing."
- Staff were supported by the management team through a planned supervision and appraisal system. Staff felt supported. One member of staff said, "The office always helps as much as they can. If we need anything we all know we can come in and speak to [registered manager]."
- Spot checks were undertaken by the management team to ensure staff competency in delivering quality care in a people's homes. This included safe administering of medication and maintaining people's dignity and independence.

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

- Staff worked in partnership with other professionals to ensure people's healthcare needs were met in a timely manner. For example, contacting GP or district nurse. The registered manager told us, "If we are worried about someone, staff will ask for the person's permission to call the doctor or will tell their family."
- People confirmed the service supported them with health appointments if required. Relatives said staff contacted them if there was any concerns regarding people's health.

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 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. People told us staff maintained their privacy and dignity when providing their care .
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked. For example, one person's preference for having female care staff was respected and clearly documented in their care plan.
- The management team monitored how staff engaged with people to ensure they were always kind and caring.
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- People said staff who visited them were kind and caring. Comments included, "[Staff] are very good, I rely on them so much, if they didn't come I would be really stuck," and, "I do feel safe with them, they do alright. They care."
- Staff supported people to remain independent. People were respectfully encouraged to do things for themselves to enhance their independence. Staff had supported one person to regain their mobility, no longer requiring the use of lifting equipment.

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

- Care and support plans emphasised people's rights and choices about their care. However, where people lacked capacity to make these decisions, improvements were needed to show where decisions had been made in people's best interests.
- Staff used appropriate communication methods to support people to be involved in all aspects of their care. This included sign language and pictures.
- Relatives were involved in decisions about their loved one's care. One relative said, "Yes, I'm involved. The manager keeps me updated." One person said, "[Staff] always ask my permission before they do anything and always check its ok and if there is anything else I need before they leave. I've got to know the staff very well, they know me and my family, it's good."
- Staff did their best to provide flexibility in the service provided. One relative told us, "The registered manager has always been accommodating when I've needed to change days or anything, they are flexible which helps me."

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The support people received was individual to their needs and was delivered in a person-centred way.
- Care and support plans reflected people's choices, wishes, life aspirations and what was important to them.
- Care plans were reviewed annually or more often if people's needs changed, for example following a hospital stay or fall.
- People were supported to maintain contact with family and friends and access the local community to prevent social isolation.

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.

- Care plans included people's preferred ways of communication which included sign language and use of pictures. Staff were also aware of people's non-verbal signs of communication. For example, one person used 'thumbs up' and 'thumbs down' to communicate their wishes and this was clearly recorded within their care plan.
- The service had a range of information in an accessible format to support people using the service. This included pictorial, easy read and records in other languages.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. One person told us, "I've never needed to complain but would feel comfortable speaking to [registered manager], they are really nice."
- The director told us they had received one complaint since the service had started and this was currently being investigated and responded to in line with their policy.
- The service had received positive feedback and reviews from people using the service. These included, 'My quality of life has changed because of the service, I could not have envisaged it working so well' and, 'Your staff are diamonds.'

End of life care and support

- At the time of inspection no-one was receiving end of life care. However, managers and staff were aware of

good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences. When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure the person was supported and experienced a comfortable, dignified and pain-free death with their end of life wishes respected

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;

- Care records were not always reflective of people's current needs which meant some people might not receive the care they required. This increased the risks people faced.
- Monitoring and review systems were in place for each person using the service. These included telephone calls and face to face reviews. The management team used this information to monitor the quality of the service and make improvements.
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. The registered manager was passionate about their role, understood their responsibilities and wanted to ensure people received good care.
- Since the appointment of the registered manager, timely statutory notifications to CQC had been received following any significant events at the service.

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; Continuous learning and improving care;

- A quality assurance system was in place to review the service and drive improvement. However, this had failed to identify the issues found during this inspection regarding recording and monitoring of risks to people's health and people's mental capacity to make decisions.
- The management team were open, honest and transparent about where mistakes had been made since the service had started and the lessons they had learnt from these. They told us how they were continually looking at ways to improve the service to ensure people always received good quality care.
- Policies, procedures and best practice guidance had been implemented to support staff and raise standards.

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

- The management team demonstrated a commitment throughout this inspection to provide meaningful, quality and person-centred care that met people's needs in a timely way.
- The service positively impacted on people's lives. A professional commented how one person was now accessing all of their health appointments with support from staff and how this had made a big improvement to both their mental and physical wellbeing.
- Staff praised the support they received from the registered manager. One staff member said, "The office is great, [registered manager] always listens to us and praises us when things go well. They are always

thanking us for our support."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback on the quality of the service was currently being sought from people, relatives, staff and professionals in the form of a survey. A newsletter had been sent out highlighting the many ways people could provide feedback on their service.
- Staff meetings were held regularly. Staff felt listened to and they enjoyed their work
- Staff had good links with the local community and worked in partnership with other agencies to improve people's outcomes and wellbeing.