

Sevacare (UK) Limited

Synergy Homecare - Bradford

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

We inspected Synergy Homecare - Bradford Homecare on 20 and 24 July 2017 and the visit was announced. This meant we gave the provider a short amount of notice to make sure the registered manager would be available.

Synergy Homecare - Bradford is a large domiciliary care agency which provides care services to people in their own homes. On the day of our visit 164 people were receiving personal care from the service.

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.

Staff had a good understanding of how to safeguard adults from abuse, having completed training in the subject. They were able to describe various types of abuse, and knew how to report any concerns they had about people's safety.

There was a robust recruitment process to ensure that all staff employed were suitable to care for vulnerable people. Staff received a thorough induction, shadowed existing staff and undertook additional qualifications such as 'The Care Certificate', which gave them the knowledge and skills to care for service users. Staff received supervision, and the quality of their care was monitored through 'spot checks' by senior staff.

People spoke positively about the caring nature of the staff, and described them as being friendly, kind and caring. Staff understood about the need to respect privacy and dignity and could describe ways they would do this. The service was acting within the legal framework of the Mental Capacity Act (MCA) and people who used the service said carers asked their consent before undertaking personal care and offered them choices.

People told us they received care and support from a regular group of carers who were familiar with their needs. Staff were organised into small teams to improve consistency.

People had their needs assessed before they started using the service and the information gathered was used to develop a personalised care plan which enabled staff to care for them in a way appropriate to their individual needs. Support plans were reviewed annually or more frequently if needed.

Staff were positive about the company, the registered manager and senior staff. They felt they were supportive and approachable and that they could easily raise any concerns with them.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify any shortfalls in service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to keep people safe and where risks had been identified action had been taken to mitigate those risks.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.

Staff made sure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's health and well-being was monitored and they were supported to access other healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Feedback about the quality of care provided was consistently positive.

People were supported by regular care staff. This consistency enabled care staff to develop meaningful relationships with the people they supported.

Staff used their knowledge of people to deliver person centred care.

Is the service responsive?

Good ●

The service was responsive.

People had their health, care and support needs assessed.

Individual preferences were discussed with people who used the service. People's care records had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were provided with information about how to make a complaint.

Is the service well-led?

Good ●

The service was well- led.

Staff spoke positively about the registered manager and told us they felt supported by the service. People who used the service spoke positively about how it was managed and run.

The service encouraged people to express their views about their care through telephone calls, visits and annual surveys.

The provider had quality assurance systems in place to check the quality and safety of the service.

Synergy Homecare - Bradford

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 was planned to check 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 20 and 24 July 2017. On the first day two experts by experience telephoned people who used the service and relatives to find out what they thought about the service they were receiving. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day two adult social care inspectors visited the office base to look at record and to talk to staff and another adult social care inspector made telephone calls to staff to seek their views about the service.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us, for example, notifications from the service. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

Prior to the inspection we sent surveys out to 50 people who used the service, 50 to relatives, 41 to staff and 10 to community professionals. During the inspection, we spoke with 31 people who used the service, five relatives, 10 care workers, the care manager and registered manager.

Is the service safe?

Our findings

We asked people who used the service if care workers arrived on time and if they were informed if they were running late. These are some of the comments people made. "They come on time and do what needs to be done." "Usually on time they are not very often late, if they are late I ring the firm." "On time, they inform us late if they are going to be late." "Always on time and never missed a call." "I like to get up early and carers come about 7 a.m. they take me to bed about 7.30 pm."

All of the staff we spoke with told us care rotas were well planned and organised which meant they did not feel rushed when providing support to people. Staff told us they would usually get to people at the same time each day and they were not aware of there ever being any missed calls. A protocol was in place where staff would inform the office if they were running late and the office would then telephone the person to inform them of the delay and arrange an alternative carer if required.

Staff told us where people required two staff members to help them move there were always two staff members allocated for these visits. Staff told us they covered the same runs each day so were able to get to know people really well. One staff member told us, "I absolutely love my job, I go to the same people every week and the best bit is getting to know them and their families. I always treat them as if they were a member of my own family."

Daily records of care and support showed people received regular visits, at consistent times, indicating staff were deployed in the right places at the right time. There was also a very low instance of missed calls within the service, with only one being missed this year. We looked at staff rota's which were realistic and manageable. Although travel time was not always allocated between each call, geographically most visits were very close together. In addition, there were sufficient gaps on the rota to ensure staff could catch up should they be pushed for time.

Staff told us turnover was low and most of those we spoke with had worked for the agency for several years. They told us they felt this enabled them to provide people with consistent care. One staff member described how Synergy had taken over the care packages and staff from another agency. Despite being transferred, they told us they still had to complete another interview and have a new DBS check to ensure they were still safe to work with vulnerable people.

We reviewed staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Interview records were kept which showed staff were asked a range of questions and required to undertake a short verbal reasoning test to help ensure they had the right skills to undertake the role. Successful candidates had to await the results of references and a Disclosure and Barring Service (DBS) check before starting work.

Disciplinary procedures were in place. We saw evidence they were linked to the quality assurance systems, and for example, if repeated errors in medication documentation were identified, disciplinary procedures could be enacted.

We asked people who used the service if they felt safe when care workers visited them and these were some of their individual comments: "Very safe, I am happy with them [staff]." "I am safe, they [staff] are very careful." "I feel safe with them (carers), they are very nice." "I definitely feel very safe, the carers know how to use my equipment." "I feel safe, one carer always says make sure you lock your door."

All of the staff we spoke with told us they had received training in safeguarding vulnerable people and were able to confidently identify different types of abuse. Staff told us they would report any concerns to their line manager and felt assured that appropriate action would be taken. One staff member told us, "I have had to raise a safeguarding concern in the past. The manager was fantastic. They acted straight away to report it to the local authority safeguarding team and ensure people were protected." We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

Care workers told us they had received infection prevention training and disposable aprons and gloves were available for them to collect from the office base. We saw in people's care files risks in relation to cross infection had been addressed and there was clear guidance for staff to follow. For example, gloves and aprons to be worn for all personal care procedures and gloves to be changed for every new task.

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, the environment, moving and handling, bed rails, nutrition and tissue viability. We saw where risks had been identified, action had been taken to mitigate those risks. For example, moving and handling care plans were very detailed and provided information on how to mobilise people using different equipment and between rooms including the type of slings to be used when hoists were being used. Environmental assessments were also undertaken to help ensure the person's safety within their home. These were detailed and person centred.

Accidents and incidents were recorded and logged including any missed or late calls. We saw evidence that these were appropriately investigated to help ensure learning from events and further improve the safety of the service.

We asked people who used the service if they received support with administering medication and/or creams. People who did considered their medication to be administered correctly. People made the following comments: "They check I have taken my medication." "They help me with my medication, gets the pills out for me." "They give me my medication, at the right time and the right amount, I have no complaints." "The carers sign the book to say they have put my creams I have to use on. They do this well, tell me if I need to order some more cream."

The service had a policy for the administration of medication in the community, and care workers were not allowed to administer medicines until they had received the appropriate training, completed a written competency test and been observed administering medicines in practice.

The care files we looked at contained medication risk assessments and medication administration agreements, which were signed by the people who used the service. All medication administered was recorded on a Medication Administration Record (MAR) and we saw these had been completed correctly to show medicines and creams and lotions had been given or applied as prescribed. These provided clear information on the level of support provided and the staff involved. Overall, the timings of visits were consistent which supported the safe administration of medicines. We concluded medicines were being managed safely.

Is the service effective?

Our findings

We asked people who used the service if they felt staff who were providing their care and support had the right skills and competencies. These were some of the comments people made: "Yes they [carers] seem to know what they are doing." "Definitely [competent], they know how to use the hoist." "The carers know how to use my equipment. They help me to transfer using a rotary stand and how to give me a shower." "Yes of course they do and they get the job done efficiently." "They make a difference to help me live a normal and safe life. Staff actually know how to move me so I am safe and have awareness of my specific needs, they are very good"

Staff told us that new members of staff received an induction which included three days training and a number of shadow shifts. Competency assessments were carried out to ensure staff had learnt the required skills and knowledge for example in medicine management. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Staff told us they received a variety of training on key topics such as moving and handling, safeguarding, mental capacity act (MCA) and dementia. This was confirmed by training records we reviewed. All training was face to face, delivered by regional training staff who worked for the provider. A good system was in place to flag up if training was due to expire and refresher training was booked in a timely manner. If training expired staff were unable to be placed on the care and support rota's. As such we found all training was up-to-date. This demonstrated that the service took staff training very seriously. Staff's feedback about training was very positive and they told us they had the opportunity to identify any additional courses they wanted to attend through their supervisions and appraisal. One care worker said, " We can do extra training so we can give people better care and understand their particular condition."

Daily records of care showed that overall people received a good consistency of care and support workers. Each geographic area that the service served, had a small team built around it. This helped ensure consistency and continuity of care workers and allowed staff to develop good skills and knowledge about the people they were supporting.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. Overall, we found the service was working within the principles of the MCA and staff had received MCA training.

In the care files we saw people had signed 'consent to care' and 'medication agreement' forms. Staff we spoke with had a good understanding of the importance of asking for consent at the point of care delivery and told us they were guided by what each person wanted during each visit. Staff said they would always ask people's views about how they would like their support to be delivered because they recognised this could change from day to day.

A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. The registered manager explained they asked for documentary evidence of any orders to assure themselves they were involving the right people in making any decisions. This showed us they understood their responsibilities to act within the legislation.

Care and support plans clearly described the level of support people required at meal times and provided information on people's likes and preferences. Daily records of care showed staff provided this support in line with the plans of care.

People's healthcare needs were assessed and care plans detailed their medical conditions and how staff should support them to stay healthy. These were detailed and kept up-to-date. We saw evidence the service liaised with health professionals including district nurses and doctors. Any contact with health professionals was recorded on the provider's computerised system so staff could quickly refer to it if needed

Is the service caring?

Our findings

We asked people who used the service if they liked the staff. Without exception people considered the care staff at Synergy Homecare to be friendly, kind and caring. These were some of the comments people made: "Very caring staff, cannot do enough for me." "Staff and office staff listen to my needs." "Caring and we chat along we are very easy together." "I like them, one carer makes me laugh." "They are very much so (friendly and caring)." "They are caring people [carers], I have got to know them." "Very friendly, I have a good regular carer we have good relationship." "They are friendly and caring. When I am on my own all day, it is nice to have a bit of company."

Relatives also spoke positively about staff. They told us: "We class them as friends." "We are content with the carers they are polite." "They always talk him [Relative] and don't talk over him, that's what I like about it." "We have a good relationship, it hasn't taken very long before I have gained confidence in them."

We asked people who used the service if they were happy with the standard of care provided. These were some of their comments: "I yes I am well looked after." "Some are awfully good, they wash you properly, do things as well I do them." "I think I get a good service." "I have had had no problems and I am happy with the service." Relatives told us: "He [relative] is always clean and they always change his shirt I am pleased with them." "Oh definitely." "Quite satisfied."

All of the people who used the service we spoke with stated that they felt they were treated with dignity and their privacy was respected. These were some examples people gave us: "The carers always make sure you are covered with a towel when they give me a wash." "Very happy with it [service] and the present staff respect your house." "The staff are very good. They make sure I am covered up when they are doing other tasks. They always let me know what is happening, for example, they will say this will be a bit cold as we are going to put your cream on now." "Staff respect me and my home." One relative told us, "They talk to him treat him with respect, even if I come in on a morning, they will cover him up quickly to respect his dignity."

Staff gave us examples of how they helped to maintain people's privacy and dignity, such as shutting doors and curtains when supporting people with personal care. Staff told us they were mindful that they were entering people's private home and gave examples of how they ensured they respected people's personal property and space, such as knocking and introducing themselves before entering.

Staff provided examples of how they respected people's specific cultural and religious needs. They said information was contained within the person's care file about this but that they were also guided by what the person and their family told them. One staff member told us they had learned to say "Hello" in the person's first language so that they could introduce themselves when they arrived. Another staff member described how they respected one person's cultural preferences by always removing their shoes before entering their home.

We saw care plans gave details of what people needed support with and what they could do independently. People who used the service provided examples of how the staff helped to maintain their independence:

"They wait patiently for me to get dressed. If they see I am struggling they come and help." "Yes they do, in a morning they encourage me to use the rotary stand." "They help me to go for little walks" "Some of the them do, they let me do things for myself."

People who used the service and relatives felt they were offered choices and were involved in making decisions about their care. These were some of the comments people made: "I do have choices about my care." "I choose to have a wash as I don't like showers as I am frightened of falling." "I was given a choice initially, I didn't want male [carers] and haven't had any male carers." "I said I just want female [carers], they have never sent a male." "I have a male carer he is very helpful and friendly, I am very happy with him."

Is the service responsive?

Our findings

The registered manager told us before anyone was offered a service an assessment of their needs and requirements had been made. Once this had been completed the team of carers who would be providing the support were contacted to see if they had the capacity to meet the person's needs. If they did the times they could accommodate the care visits were discussed with the individual requiring care and support to see if these were acceptable. Once this process was completed risk assessments and the care plan were agreed. Care workers told us care plans were always in place before they commenced care visits.

The majority people we spoke with who used the service were aware that they had a care plan. A number mentioned the carers entered details into the care plan and few stated individual details had been updated. These were some of the comments they made; "I have care plan, she [office member] went right through it with me when I started [6 months ago]." "We talked about what we would do, I was involved in the plan." "Yes I have a care plan, the carers sign it every day." "Care plan, I had to sign it, I was involved in the care plan they adjusted after a few weeks ago we all agreed to reduce the length of support time." "They write in the file about you they are quite efficient."

Staff told us people's needs were detailed in their care plan and that these were kept up to date. One staff member told us they found the care plans to be "Invaluable," whilst another told us, "I would be lost without them." They told us if they noticed that people's needs had changed they telephoned the office who promptly arranged for the person's care records to be updated.

We looked at 10 care files. These were detailed and person centred and provided evidence that full assessment of people's needs had taken place. Care plans provided step by step instructions about the care and support staff were required to provide at each visit. The level of detail was such that somebody unfamiliar with the person would be able to get an accurate picture of the care and support required. Care plans retained a focus on ensuring people's independence was promoted, for example, encouraging people to undertake aspects of their personal care themselves.

Daily records provided evidence people's care needs were met. These were consistently completed on a daily basis. The records showed staff generally arrived on time and stayed for the required amount of time in line with plans of care. This helped ensure people received appropriate care and support. We saw examples of the service responding to people's changing needs by requesting increases or reductions to people's care packages based on the time it took to undertake care and support visits. This showed people's care needs were subject to regular review. In addition, people received an annual care plan review and also 6 monthly telephone review where they were asked if any changes were needed to their care and support arrangements.

There was a complaints procedure in place and people were given a copy of this when they started using the service. We asked people who used the service what they would do if they wanted to raise any concerns. These are some of the comments people made: "I would ring head office." "I have had no need to complain, if I did I would feel comfortable to do so." "Yes I would ring Synergy. The complaints procedure was pointed

out to me when first started." "They are nice enough, if I need to I would raise a concern." "I would call the office to complain, but no need to complain." "I've had not complaints but if I did I am confident the office would help me."

Two people who used the service and two relatives gave us examples of when they had raised concerns and told us the issues raised had been dealt with and resolved quickly. For example, "I complained about a carer and they haven't been since." "They sent two carers together. I rang to say that they shouldn't be sent together. They send them at different times now and it is much better."

We looked at complaints records which showed that complaints were taken seriously, fully investigated and responded to in a timely manner. Where minor complaints had been received, although we had full confidence these had been appropriately responded to, they had not always been correctly categorised on the computer system as complaints. This made analysing for trends and patterns difficult. We spoke with the registered manager about this who agreed to ensure this was corrected in the future.

Is the service well-led?

Our findings

We asked people who used the service about the effectiveness and approachability of the management at Synergy Homecare. These were some of the comments we received: "It is organised and well managed." "I feel so comfortable with everybody." "The office are always nice when I ring them."

Staff provided overwhelmingly positive feedback about the management team and told us the support they received was "excellent" and "superb." One staff member told us, "The culture of the organisation is very good. Management are open and positive and are there for you if you have a problem either at work or at home, so I feel really supported in my job."

All of the staff we spoke with told us that Synergy Home Care provided good quality care and that they would recommend the provider to others. One staff member told us, "We provide a good standard of care. I treat my service users' as if I am looking after a member of my own family. I know other staff do the same so I wouldn't hesitate in recommending the service to anyone who needs homecare support." Another staff member told us, "I would recommend the service because I know staff are dedicated and genuinely care."

Staff told us there was an out of hours contact number they could use in the event of an emergency. Staff who had used this facility told us they had received prompt and appropriate support.

Staff told us communication was good and they were promptly informed of any changes. Staff told us team meetings were a really good opportunity to get to know about key changes and developments.

Staff told us managers often performed spot checks to ensure the care and support they provided was appropriate. Staff explained that managers would regularly check key areas such as their moving and handling techniques, their attitude towards people, how they completed care records and that they had the correct personal protective equipment, name badge and uniform.

Records showed that spot checks on staff practice were carried regularly to provide assurance staff were acting safely and competently whilst working in the community. We saw where issues with staff had been found on spot checks, action plans were put in place to drive improvement. A follow up spot check was then undertaken to ensure staff were then working to the required standards.

Daily records of care and medication charts were returned to the office on a monthly basis and subject to audit and review by the management team. This helped identify any discrepancies, for example, with medicine administration records. In addition, the provider employed an internal auditor who periodically visited the service to check these charts were completed in an appropriate manner. We saw where issues had been identified previously, such as with the medicine management system, workshops had been held with the offending staff to ensure the quality of medicine documentation improved. We saw these had been effective in making improvements and demonstrated the provider recognised the importance of continuous improvement of the service.

The computerised staff and rota system allowed good oversight of staff supervision, spot checks, and training. Reports could be generated which showed if any of these were due and allowed management to act on overdue checks promptly.

People's feedback was regularly sought and used to make changes to care and support. Care records demonstrated people were telephoned to ask for their views on the service on a regular basis. In addition, quality visits were undertaken to people's homes, spot checks of staff also focused on people's care experiences and annual quality questionnaires were sent. A review of these records showed most people were very happy with the service.