

Prime Care (UK) Limited

Sylvan Home Care Services

Inspection report

2-4 Moss Grove
Prenton
Wirral
Cheshire
CH42 9LD

Tel: 01516080986

Date of inspection visit:
24 March 2016

Date of publication:
21 April 2016

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We visited Sylvan Home Care Services on 24 March 2016. Sylvan Home Care Services provides care and support to people living in their own homes on the Wirral. At the time of our visit, the service was providing support for 10 people, and eight support staff were employed.

The service had a registered manager. 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 provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training to enable them to work safely and effectively

The majority of the responses from people who spoke with the inspector was that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. People also confirmed that calls were rarely missed and that an on-call system was always available. The majority of people we spoke with had no complaints about the service.

The staff employed by Sylvan Home Care Services knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Sylvan Home Care Services was well led and staff told us that they felt well supported in their roles. We saw that the manager was a visible presence and it was obvious that they knew the people who they supported really well.

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 had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

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

Staff managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective.

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

Staff were appropriately inducted and received on going training.

Is the service caring?

Good ●

The service was caring.

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

People we spoke with praised the staff. They said staff were kind, very caring and helpful.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People who used the service were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care documentation held in people's homes was not always updated.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was clearly visible and staff said communication was open and encouraged.

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

The quality of the service was monitored continuously by visits to people who used the service and giving them opportunities to express their views.

Sylvan Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 24 March 2016. We gave 24 hours' notice to make sure that the manager would be available. The inspection was carried out by one inspector. 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.

An Adult Social Care inspector visited the office on 24 March 2016 and looked at records, which included three people's care records, three staff files and other records relating to the management of the service. We spoke with the manager, the coordinator and three other members of staff. The visit was followed up by the inspector with telephone calls to people who used the service and their families.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us "Oh yes, I'm definitely safe". We received no reports of missed visits and were told that the staff were almost always on time.

Records showed that all staff had completed training about safeguarding adults, some of this training had been identified as needing updating by the registered manager and we saw the training plans in place to update people's knowledge. The provider had a policy on safeguarding and this was dated April 2015. The manager told us how each time a policy is updated by the provider it is distributed to the staff group. Staff we spoke to were all aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been updated annually or sooner if there was any change in the person's needs. Risk assessments had been completed with regard to moving and handling, the environment, handling medicines and people's physical health. Business continuity emergency plans were also in place. We saw how the service monitored equipment that was used in people's homes, this included when equipment was due to be serviced. These records were seen to be up to date.

We saw that personal protective equipment such as gloves and aprons were available to staff. One person who used the service said "They're very clean".

We looked at a sample of three staff files. We saw records to show that full recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available within the care files, these were provided by the pharmacy and we saw these had been completed appropriately. People who required support with medication were encouraged to use blister packs. We were told by everyone we spoke to that there were no problems with medicines.

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

We saw that the registered manager ensured that accident records were completed in full and they had devised and implemented a process that summarised any accidents or incidents on a monthly basis.

We also saw the service had disciplinary procedures in place that had been followed according to their

policy when required.

Is the service effective?

Our findings

People we spoke with told us that the staff calling on them were fully trained and had the relevant skills. One person said that the staff "seem very competent" in their approach. The service employed eight support staff, three of whom had almost completed their Health and Social Care Diploma Level 2 and three other staff had fully completed their level 3.

Care staff had an individual supervision meeting three or four times a year and all members of staff received both community based and office based supervision. This was used as an opportunity to inform them of any changes or issues. Records showed that some of the supervisions took the form of supervised practice and senior staff regularly worked as part of the team alongside the support staff. Staff had an annual appraisal and we saw that the appraisals were up to date.

We reviewed three staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service. Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training had previously been provided by an external training company. Subjects that had been covered included Dementia, Food Hygiene, Hand Hygiene, Infection Control, First Aid, Moving and Handling, Safeguarding and Fire Training. A training plan was in place for the current year and the manager showed us the training materials and plan that was being used. One family member told us "They know how to deal with dementia patients".

One person who spoke with us had food prepared for them by staff from Sylvan Home Care Services. They said they were very happy with everything that was done for them.

The three care plans we looked at showed care delivery had been agreed to by the person receiving the service. We saw that people who used the service had signed to say they were giving their consent to receive the care outlined in their care plans.

Care plans included examples of specialist advice that had been sought. For example, a person had been provided with an adjustable bed, and a hoist was available in their home because the person was sometimes unable to weight-bear. One person who used the service also told us that the service were always willing to adapt and be flexible if the person had hospital or doctors' appointments.

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. One person who used the service said "They're very nice, very caring" another person told us "If I ask them to do anything they'll do it". A relative said "They're absolutely wonderful, the girls are brilliant" and another relative told us "They are spectacular, They treat mum with dignity, as if she's still a person."

People who used the service and relatives were asked to complete a satisfaction survey and we saw compliments forms, we saw the following comments that had been made by a family member who had been cared for at the end of their life "Thank you for making [family member] feel safe and showing the kindness that you all did".

The people we spoke to felt they were well informed and were also involved in the care being delivered. We were told how a family member had been involved in arranging the care package for their family member and how they had been working with the agency to review the care and request that it increased as their relative's needs changed.

We observed that confidential information was kept in the main office, this was locked in secure filing cabinets.

We saw how the service responded to a person from another culture who was having behavioural problems, they used person centred practices and worked with the family and the person's GP in order to provide safe and appropriate care.

We were told by one relative "I've met them [staff] and they are exceptional, they make mum feel at ease" and another family member told us "They can't do enough for mum." A person who received care from the service also told us "I'm very lucky to have such caring people come to me".

Is the service responsive?

Our findings

Most people who we spoke with were more than satisfied with the way care was provided, could not fault the approach of the staff, and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any. All of the people spoken with were sure they would know how to complain if it became necessary and most people had not, so far, made any complaints. One person told us "I can't complain at all" another person said "I've no grumbles at all".

During our telephone conversations we identified one person who had a complaint. This was discussed with the service and the manager immediately acted on the information and contacted the person, as well as involving other professional people for instance the local authority. All the information and the outcome was made available to us following the inspection.

The agency had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the manager if they wished to raise any concerns and gave contact details for the local authority complaints service and for the CQC.

We saw that information was kept in three different locations. These were the person's home, the lockable cabinet in the office and on a password protected database. We saw that this information was not always duplicated accurately. We noted that the database held the most up to date information about a person's care but this had not been documented in the care plan in the person's home. This meant that this person was at risk of receiving inappropriate care as staff did not have a clear plan to follow.

All people we spoke with reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. Staff always consulted them about how support was to be provided.

We spoke with the manager and care co-ordinator and we were informed a service was not provided until they had been to meet and assess the person in their home surroundings. Whenever possible a family member was also present.

We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. Following this, the manager gave information about the person to staff and also accompanied the staff on their first visits to ensure the appropriate and agreed care was going to be provided. This was supported through discussions we held with the care staff.

Plans were in place for the care people required. The documentation was clear and simple and had been completed in full. Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and how the person was feeling. The manager told us that the staff received training on how to write reports appropriately.

One person who used the service told us "I explained what I wanted, I met with the manager and I agreed. There's a daily diary the carers write in. I have access to read that at any time if I wish".

We saw how a staff member had identified an injury that had been sustained, prior to a care visit, by a person who used the service. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the injury was able to fully heal with inter-agency working.

Is the service well-led?

Our findings

All the staff who spoke with us said the service was well led. One person told us "[Manager] is very approachable. If you have a problem you know she'll try and sort it" another staff member said "I feel supported".

The service had a registered manager who had been in post since September 2014. She was supported by one care co-ordinator. Both took responsibility for staff rotas and planning service reviews. Both also spent time working directly with people who used the service.

The registered manager told us how the service was also actively supported by the provider who provided anything the manager thought appropriate, this included management training. The provider visited the service on a six weekly basis and gave on going support to the registered manager. The manager said "If I need anything I get it." This showed that the manager was supported in her role and that these meetings gave the manager the opportunity to suggest improvements and highlight any issues.

We saw how the manager sent staff regular memos with information, we saw examples of these from September and November 2015. We also saw that as well as staff receiving supervision and appraisals the manager carried out staff meetings, last previous one was dated October 2015. This gave staff the opportunity to air any issues and receive information about the service.

We noted how the registered manager wrote to individual staff members individually to compliment them if they had gone "above and beyond" during the course of their work. An example of this was how staff had contributed to making a person's birthday "Extra special".

We saw a number of audits had been carried out and that they were up to date, examples of these were service user files and staff files. The manager also went out into the community to monitor the service. The last time this occurred was February 2016.

People who used the service were also asked to express their views through a satisfaction survey as well as by a continuous improvement system that meant that there was an on going process of the service acting on issues and comments made.

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s to ensure care services were personalised. An example of this was the manager requesting medication reviews following reports from staff about a person's behaviour.

The services policies and procedures had been reviewed by the provider and these included health and safety, confidentiality, whistle blowing, safeguarding, recruitment and lone working. People's care files were stored securely to protect their confidential information.

A staff member told us "I'm really happy, I love it".

