

Sygmacare

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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 

Overall summary

Sygmacare provides personal care support to people living in their own homes. When we inspected on 13 October 2015 there were 65 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There were two registered managers in post who also owned the service. 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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The service had an open and empowering culture. Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was good leadership in the service. The service had a quality assurance system in place and as a result the quality of the service continued to improve.

Summary of findings

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 safe.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Good



Is the service caring?

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People and care workers were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system in place. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



Sygmacare

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 13 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 11 people who used the service and the relatives of three people on the telephone.

We spoke with the registered managers, who also owned the service and three staff members including office staff and care workers. We looked at records in relation to 10 people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service and that care workers had identification badges, so they could check that the staff who visited them were authorised to do so. We checked the identification badges in care worker's personnel records and saw that they were updated regularly to include a current photograph of the care worker. One person said, "I feel safe." One person's relative commented, "I know they pick up if something is wrong with [person], I know [person] is safe."

People were protected from avoidable harm and abuse. Care workers had been provided with training in safeguarding people from abuse. They understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. There were systems in place which guided care workers on the actions that they should take if they suspected a person was being abused. Records showed that care workers had reported promptly when they had concerns about people's family relationships which impacted on people who used the service. As a result of this the service had set up systems to observe people's well-being on a regular basis.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in the environment of people's own homes. Details in people's care records guided staff on how to ensure that people's homes were secured when they left. One person told us, "Before they leave, they make sure I am comfortable, lock the back door and put the key back..." They said this made them feel safe. Reviews of care with people and their representatives, where appropriate, were regularly undertaken to ensure that these risk assessments were up to date and reflected people's needs. Records of these reviews showed that risk assessments and their effectiveness were discussed with people.

Where people were at risks of developing pressure ulcers guidance was provided to care workers, such as to ensure that they were supported to wash effectively and apply prescribed creams. Records showed when care workers had identified changes in people's skin, such as red areas. These were recorded on body charts and appropriate action was taken to seek support and guidance from health professionals.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that the care workers usually visited at the planned times and that they stayed for the agreed amount of time. People we spoke with said that there had been no instances of any visits being missed. One person commented, "They can occasionally be late, this is understandable as someone could have taken ill, they always let me know, but never a problem." Another person told us, "I get the same one [care worker] and they are dead on time." One person's relative said, "They turn up on time, within a few minutes, always in reasonable time."

The rota was completed to ensure that all scheduled visits to people were covered. Where people had said that they did not want specific care workers to visit them this was included in the planning. The service provided a regular team of care workers to people to maintain a consistent service. Care workers told us that they felt that there were sufficient numbers of care workers to meet people's needs and that the people who used the service were known to them. One care worker said that when colleagues were off work this was managed well, "Sickness is good, we pull together as a team," to make sure all visits were completed.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. One care worker confirmed that checks were made before they started work in the service, "They did all the recruitment checks."

People told us that they were satisfied with the support arrangements for medicines management. One person said, "I need my tablets before breakfast, they [care workers] make sure I get them on time." Another person commented, "I look after my own medication, but they always check I have taken them." Another said, "They [care worker] put them out for me, and check that I have taken them."

One care worker told us that they felt that the service's medicines processes were safe, "We have a good system and everything is double checked."

Care workers were provided with training relating to the safe handling of medicines. People's records provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that,

Is the service safe?

where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems

in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, “I believe they are skilled, I have never had any problems.” Another person said, “They seem to be well trained.” Another told us, “They know what they are doing.”

Care workers were provided with the training that they needed to meet people’s needs. This included an induction before they started working in the service consisting of mandatory training such as moving and handling and safeguarding. This was updated where required. This meant that care workers were provided with up to date training on how to meet people’s needs in a safe and effective manner. In addition there were further training courses designed to provide staff with information about people’s specific needs, including dementia. Office staff showed us a plan which they were working on which identified the training that needed updating for individual care workers. They told us that they had a plan in place to provide any newly recruited care workers with the opportunity to complete the new care certificate. This showed that the provider had systems in place to keep updated with changes in how care workers were trained and qualified to meet people’s needs.

One care worker told us that part of their induction was to shadow more experienced care workers. They said that this was good because they could then meet people and see how they were cared for. Another care worker told us that the training they were provided with gave them the information they needed to meet people’s needs effectively.

Care workers were provided with a handbook, which identified the service’s principles and values in providing good quality care. There was also information about specific procedures which care workers could refer to if needed.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. One care worker said, “We have supervisions every three months, they check I am okay and give me feedback.” This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that

they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people’s needs effectively.

People’s consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person said, “They check that I know what they are doing and if I want it done.”

Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, one person had refused their medicines and the care workers had respected their wishes but kept their family and the office informed so they were aware of any potential risks. One care worker told us about an incident that had happened when they had respected the person’s choice, by not wanting health professionals called, but also took action to ensure that they were safe. This included speaking with the person and agreeing that they would call their relative and wait with them until they were safe and informing the office.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They [care workers] check I have eaten.” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People were supported to maintain good health and have access to healthcare services. One person’s relative told us, “They [care workers] act if they notice something is wrong with [person], call the GP out. They know when something is wrong with [person].” Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. For example, one person’s records showed that the care workers had seen that there were changes in the person’s appearance which concerned them, as a result their relatives and health professionals were contacted.

Records showed that where concerns in people’s wellbeing were identified, health professionals were contacted with

Is the service effective?

the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "I am very happy with them, they are just like friends, I have never had a problem with any of them." Another person commented, "They are all very polite." One person's relative said, "They treat [person] respectfully, and take their time with [person]." Another person's relative commented, "They are all friendly, I know [person] has a laugh with them."

One person stated in a satisfaction questionnaire on May 2015, "The service and dedication is second to none in my opinion." Another stated, "I must say all of my carers have looked after me wonderfully. . . .nothing is too much trouble."

Care workers and staff who worked in the office understood why it was important to interact with people in a caring manner. Care workers knew about people's needs and preferences and spoke about them in a caring and compassionate way. One care worker said, "I love the clients, they are happy to see us and they can speak to us."

Care workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. One care worker

said, "I read the care plans and talk to the clients about how they want things done, they know what they want." People's care records identified people's preferences, including how they wanted to be addressed and cared for. One person told us how they were asked for their preferences of the gender of care workers and that this was respected.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "They review my care plan with me every two to three months, I feel listened to." Records showed that people and, where appropriate, their relatives had been involved in their care planning. Planned reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People's independence and privacy was promoted and respected. One person told us how they wanted to maintain their independence as much as they could. Another person shared examples with us about how they felt that their privacy was respected, which included staying in another room when they were managing their own personal care. People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person said that when they were being supported with their personal care needs that the care workers were, “Very gentle, they are superb.” Another person commented, “They do everything that I need.”

All the people and relatives we spoke with said that a care plan was kept in their home, which identified the care that they had agreed to and expected.

People’s care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people’s diverse needs, such as how they communicated and mobilised. People’s specific routines and preferences were identified in the records so staff were aware of how to support them. For example, one person’s care records explained the order that they preferred their body to be washed and the colours of flannels that they used for each part.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, it was identified when people liked to chat with care workers and this was reflected in their daily records. One person’s records identified that they enjoyed telling stories about their, “Younger days.” A staff member showed us documents which they were working on which would be left in people’s homes. These included a photograph of their care workers and their interests. The staff member told us that they would be completing similar about people who used the service. This would provide people and care workers with information about shared interests they may have and provide communication subjects.

People told us that they were involved in decision making about their care and support and that their needs were met. One person said, “We have care plan reviews, I keep them updated and they keep me updated. They always make sure I am happy.”

Care reviews included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. For example, one person advised that they had an ongoing appointment one day a week and would like an earlier visit on this day. This also showed that the service provided was flexible and took action to meet people’s needs and preferences. At each three monthly review people were asked if they had any complaints or concerns that they wanted to raise about the service they were provided with.

People knew how to make a complaint and felt that they were listened to. One person commented, “If I have any problems I call the office and they do something about it.” Another person said, “I have been using them for a year and have only needed to call them once, I was not really happy with one carer. I called the office and I never saw them [care worker] again.” Another person commented, “I called them once, they dealt with it and that was that.”

There had been no formal complaints received about the service in the last 12 months. The registered managers told us how they took immediate action if people indicated when they were not happy which prevented the need for formal complaints. Records were kept which identified how the service acted on people’s concerns. Concerns were used to improve the service and to prevent similar issues happening, for example changing care workers visiting people and disciplinary action where required. We also saw that where people had raised concerns about another care provider and the local authority, the service had supported people and sought to address their concerns and anxiety with the other services.

Is the service well-led?

Our findings

People told us that they felt that the service was well-led and that they knew who to contact if they needed to. One person said, “They listen to what I want, I have nothing but praise for Sygmacare.” One person’s relative said, “They are absolutely brilliant, keep me updated and I can call them at any time. I do not have to worry.”

The registered managers were the owners of the service. They also worked as care workers, they told us that this allowed them to keep a hands on approach of how people were supported and how the care workers and people felt. Any concerns were able to be picked up quickly and addressed immediately. They understood their roles and responsibilities of learning lessons and taking action to minimise the risks of issues happening again. The registered managers told us that they had sourced the services of an independent person to update their policies and procedures and to suggest if there were any ways that they could improve on their quality assurance systems.

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. These included three monthly review meetings and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed the quality assurance questionnaires completed by people and saw that feedback was positive. For example, once person said, “Excellent, I have no complaints, best care agency...would never want to use anyone else.”

The service provided an open and empowering culture. There was good leadership demonstrated in the service. Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns, which they felt were addressed promptly. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the registered managers when they needed to and felt that their comments were listened to. One care worker told us that they felt that the service was, “Very,” well-led, “[Registered managers] are in contact all the time, if any problems they are sorted straight away, they always act. We have an on call system which we can call and can sometimes sort problems between us.”

They also said, “This is the best company I have worked for, there is nothing I would change.” Another care worker commented, “I feel supported, they are so friendly. If there is a problem I just call and they will send someone else to help if needed. We have a great support network.”

Care workers were aware of the provider’s whistleblowing procedure and they told us that they would report concerns if needed. This included reporting bad practice to ensure people were safe and provided with a good quality service.

Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. The minutes of these meetings showed that care workers were consulted about planned changes in the service and kept updated with any changes in people’s needs and how they were met. One care worker told us, “We have staff meetings every three to four weeks, clear up any issues straight away and discuss new service users.”

Regular memorandums were sent to care workers which updated them on any changes within the service or the ways that they were working, advised if there had been any concerns about care provided and reminded care workers of good practice. Each memorandum thanked the care workers for their hard work. The service operated an employee of the month which showed that they were valued, in addition to this they had started regular social occasions where care workers could get together and enjoy a chat, drink and pamper sessions.

The management of the service worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training.

There were quality assurance systems in place which enabled the registered managers to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines and daily care records. This meant that the service continued to improve.