

Sevacare (UK) Limited

Synergy Homecare - Washington

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Synergy Homecare-Washington is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of this inspection approximately 125 people were using the service. The service was previously named as Sevacare-Washington. The provider had changed the name of the branch since the last inspection.

At the last inspection in November 2016 we found the provider had continued to breach regulations relating to the management of risk and medicines records. The provider had also continued to breach a regulation relating to the completeness of care records and the governance of the service. This was because the quality auditing systems had not led to required improvements in risk management and accurate records about people's care. The provider sent us a plan showing what actions would be taken to address this.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Sevacare Washington on our website at www.cqc.org.uk

During this inspection we found some improvements, although work was still on-going. The provider had identified the individual risks to people but about three-quarters of the care records had not yet been reviewed or updated. This meant the provider had not met the timescale it had set to address the previous requirement relating to risk management.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The care records that had been updated contained detailed, personalised and complete information about people. These included clear risk assessments that set out how potential risks could be minimised.

We found the provider had addressed the previous breach of regulation relating to effective governance. There were improvements in the way medicines records were checked for completeness and in the way actions were taken to make sure these continued to improve. The provider had an auditor who supported the branch to check records and to identify the cause of any errors. This had led to more targeted support and monitoring of staff members. The audit checks now included details of any the impact on the person who used the service and staff said they now understood the importance of maintaining accurate records.

There were improvements in the way the provider monitored the service to make sure it provided a safe service. A care manager now carried out regular audits of the service and produced action plans with timescales for remedial work to be addressed.

Since the last inspection the registered manager, who had been in the role for only a few months, left the service. The new manager, who had been in post for a few weeks, had begun the process of applying for registration.

There had also been a recent change of office-based staff. The care staff we spoke with were positive about the new management arrangements. They felt communication between the management team, staff and people who used the service had significantly improved.

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 fully safe.

Risks to people had been identified. But some people's risk records had not yet been updated so staff did not always have current guidance about how to manage these. The provider had not met the action plan they set out at the last inspection.

Medicines records were now checked for any gaps or anomalies to make sure staff were supporting people with their medicines in a safe way.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Audit processes had improved in order to monitor the quality and safety of the service.

The registered manager was no longer in post but had not applied to cancel their registration. A new manager had commenced the process of applying for registration.

Staff felt the new management team were supportive and approachable.

Requires Improvement ●

Synergy Homecare - Washington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service including notifications about any incidents in the home. We asked commissioners from the local authority for their views of the service provided at this home.

During this inspection we looked at the care files for six people using the service. We also looked at the medicines records for 10 people records and management audit records. We spoke with the manager, a care co-ordinator and a member of care staff.

Is the service safe?

Our findings

At the last inspection in November 2016 we found the provider had breached a regulation relating to risk management. This was because some risks in relation to people's needs had not been identified or, where they had been, there was no information recorded for staff about how the risks should be managed.

The provider sent us an action plan setting out how it proposed to address this breach. The action plan stated that 'a detailed audit of high level risk service users' was being used to update the risk assessments; and all risk assessments were being reviewed. The action plan stated this would be addressed by 31 January 2017.

During this inspection we looked at a sample of care records of people using the service. In half we found there were still areas of potential risk to people that had not been set out in a risk management plan or had not been kept under review. This meant staff did not have the correct or current guidance to minimise against risks to people's well-being. For example, one person's care records had not been reviewed since 2013. The person had risks relating to moving and assisting and falls. However the moving and assisting plan, dated March 2013, did not correspond with the person's current needs or mobility equipment. The meant the person was at risk of receiving the wrong support.

Another person had been identified on the provider's audit tool as being at risk of seizures. However this was not set out in the person's risk assessment and there was no information for staff about what to do if the person had a seizure whilst they were providing care.

This meant the provider's action plan, as submitted to the Commission, had not been met. This was a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this situation with the new manager. They explained that although the provider had set out an action plan earlier in the year there had been a change in office staff and management over the past few weeks. The new manager told us that a new management team had only recently commenced in post and they were now updating each person's care records to make sure these provided the right guidance for staff.

The care files of 25% of the people who used the service had been comprehensively reviewed at the time of this inspection. In a sample of those files we saw all information had been brought up to date including any areas of potential risk and how staff could mitigate against those risks. Those records were detailed and person-centred. The new manager had a schedule in place to address the remaining people's files and office staff had been trained in risk assessment in order to support the review of the remaining records. In this way, the new manager aimed to provide correct and current guidance to staff about how to support people in a safe way.

At the last inspection we found a continuing breach in relation to medicines records. This was because

medicine administration records (MARs) had gaps where staff had not recorded whether medicines had been administered or not but no further action was being taken to address these.

Since the last inspection an auditor specifically for MARs had been supporting the agency to check and act on any issues relating to medicines records. The MARs were checked at the end of each month by office staff and any issues were identified and set out on an audit form. The audit form included the name of the staff member, the investigation into why the error occurred, the impact, if any, on the person using the service and the action taken to address the error. Actions could include additional training for the staff member, individual supervision sessions, additional competency checks and monitoring of their practice.

The monthly MARs were then sent to the auditor for a review of the checks and actions taken. The care coordinators told us this had supported staff to understand the importance of clear and correct recording. They said there had been significant improvements to the way medicines management records were checked for completeness and the resulting actions taken to minimise further errors.

Care staff also felt they were encouraged to report any gaps in records during their calls to people's homes. One staff member told us, "Now we feel confident to raise any issues, like mistakes in records, because we know it will be dealt with."

Is the service well-led?

Our findings

At the last inspection in November 2016 we found the provider had breached a regulation relating to the governance and quality assurance of the service. This was because the audit and quality assurance systems were not effective. Systems and processes had not been established or operated to ensure compliance.

During this inspection we found the system to assess, monitor and improve the quality and safety of the service had recently improved. The provider now employed a care services area manager who had carried out quality monitoring visits to the service. Where remedial work was identified an action plan was in place with timescales for completion. These were checked and signed off when addressed.

We saw the action plan from visits carried out between February and April 2017. The actions included the need for skilled care-co-ordinators to be in place to ensure the care records relating to people were brought up to date. As a consequence new care co-ordinators had been appointed and work was underway to review and update the care records for all of the people who used the service to make these detailed, complete and current.

The actions also included the need for a cohesive staff rota to ensure staff had sufficient time to plan their care calls and to reduce the potential for missed calls. We found the staff rotas were now planned in advance and communicated to each member of staff on a weekly basis. The action plan included a review of care files and risk assessments, and this work was on-going.

Staff felt the management of the service had significantly improved in the past few weeks. For example, a member of staff told us, "We have much better communication with the office staff now. The new manager is brilliant and is taking it (the agency) from strength to strength."

Staff also felt there was improved contact between the office staff and people who used the service. One staff member told us, "Now if I ring up the co-ordinators because I'm running a bit late for my next call, they ring the person and let them know I'm on my way."

The provider also employed an auditor who was supporting staff to audit medicines records in an effective way. This had resulted in office staff identifying the reasons when medicines records were incorrect or incomplete and taking action to minimise the risk of errors occurring again. This was leading to improved practices in relation to medicines recording and a greater understanding by staff of the importance of completing records.

The registered manager had recently left the agency and had not yet applied to cancel their registration. The new manager had commenced employment a few weeks prior to this inspection. They had experience of being a manager of domiciliary care services and had begun the process of applying to be registered as a manager with CQC.

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 staff we spoke with were positive about the new management arrangements. One staff member commented, "The new manager is like a breath of fresh air. They went out personally to introduce themselves to the service users. And they listen to and support staff."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate against the potential risks to people who used the service. Regulation 12(2)(b)</p>