

Sylviancare Ltd

Sylviancare Reading & Wokingham

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Sylviancare Reading & Wokingham is a domiciliary care agency providing personal care to people. The service provides support to younger adults or older people who may also have a sensory impairment, physical disability, learning disability, dementia or a mental health condition. At the time of our inspection there were 86 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were managed safely and risk assessments were completed for each person to ensure that they were provided with safe care by staff. The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed.

Care plans were person centred and included the input of the relevant person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff had an open and transparent way of working to ensure the safety of the people using the service. The registered manager was able to demonstrate that quality assurance systems ensured the quality of the service was maintained. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 February 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider considers documenting actions taken as a result of reviews and investigations in order to continue to improve the service. At this inspection, we found the provider had acted on the recommendation and improvements had been made.

Why we inspected

We carried out an announced focused inspection of this service on 15 January 2021. Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance, fit and proper persons employed and notification of incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylviancare Reading & Wokingham on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sylviancare Reading & Wokingham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 June 2022 and ended on 17 June 2022. We visited the location's office on 9

June 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who use the service and 13 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the registered person had failed to ensure staff employed were of good character and that information specified in Schedule 3 was available for each person employed. This was a breach of regulation 19 (2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection, not all staff files included evidence of verification of reasons for leaving previous jobs with children/vulnerable adults; or evidence of conduct in previous jobs with children or vulnerable adults. There was also no evidence to show the registered manager had identified the omissions or tried to obtain the missing information.
- At this inspection, the provider and registered manager had updated their process when recruiting new staff and all files reviewed contained all the necessary evidence including employment history, Disclosure and Barring Service (DBS) checks and relevant qualifications and were in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us that they felt there were enough staff to provide safe care. Rotas showed and people confirmed that people were mostly supported by the same staff enabling continuity of care.
- One relative told us, "[Person] does have 1 carer that regularly calls and she is the person that can bathe [person] as [person] doesn't like the others doing it."

Learning lessons when things go wrong

At our last inspection we recommended the provider considers documenting actions taken as a result of reviews and investigations when things go wrong. The provider had made improvements.

- At the last inspection, the incident and accident log did not always contain written evidence of action taken to improve the service and learning lessons when things go wrong.
- At this inspection, the incident and accident log had been updated and included information such as, the incident itself, who was notified, such as the local authority, action taken, and any lessons learned from the incident.
- The registered manager completed a "because we care improvement plan" on a three-monthly basis which included review of incidents, accidents and safeguarding; as well as lessons learned from these

events.

Systems and processes to safeguard people from the risk of abuse

- All staff had received training in safeguarding people and were able to explain when to raise a concern and where to go for further support.
- One staff member told us, "I have learnt in order to prevent people from being in harm, you need to provide a good service. [The training] taught me about different types of abuse... I would pass the information directly to my manager. I would record everything to ensure that it is documented. If my manager did not do anything about it, I would raise a concern with CQC and the LA."
- When safeguarding concerns were raised, the registered manager dealt with them appropriately and recorded all actions taken.
- Safeguarding records were reviewed on a monthly basis and any learning was shared with all staff through team meetings.

Assessing risk, safety monitoring and management

- Risks assessments provided staff with information and guidance to the person to enable them to mitigate the risks identified, such as moving and positioning, environmental risks and developing pressure area breakdown.
- People's care plans included sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.
- The service had a business contingency plan which included COVID-19 in place to meet the support needs of people.
- The service had an alert system in place that was monitored by the management and administration team. The alerts included late or missed calls and any missed activities during the call. When an alert was raised, the team contacted the staff member to resolve the missed or late call as soon as possible to ensure people were safe.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and been assessed competent to do so.
- Staff followed the provider's policy and procedures to manage people's medicines. The management team completed regular observations to ensure staff administered medicines in practice, in accordance with their training, current guidance and regulations,
- The management team completed regular audits to ensure staff administered medicines in line with people's medicine support plans.
- Detailed and individualised 'when required' (PRN) medication guidance was in place to explain to staff when the medication is necessary.
- All care staff administering medicines had their competencies reviewed annually by the provider.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Medicine protocols were in place in order for staff to be aware of how people will verbalise their pain.
- People's care plans were reviewed on a monthly basis or sooner as needed.
- Any changes required had been clearly documented and this was shared with staff through the service's online system.
- Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out. One relative told us, "[Person] can no longer speak but she can make herself heard by use of facial expressions and the carers understand her needs and have the ability to ask her the right questions to make sure she has what she requires, they know each other well"
- Plans were based on assessment, and were well written and clear. Information seen in plans indicated that people were supported to access healthcare services and professionals when required.

Staff support: induction, training, skills and experience

- All staff had received the provider's mandatory training and staff felt they received appropriate training in order to carry out their roles. Staff new to care roles completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All new staff completed an induction that was overseen by senior members of staff before being reviewed by the registered manager. They also shadowed their more experienced colleagues before they started supporting people independently.
- Staff received yearly mandatory training to ensure they had the skills and knowledge to support people effectively. When required, specialist training, such as catheter care had been provided to ensure staff supported people safely. Records, such as a training matrix, indicated that staff training was up to date.
- The supervision and annual appraisals indicated that all staff received their supervision and appraisal regularly.
- People told us they felt staff had enough training, "They are very skilled and well trained and never assume that [person] is well and every day is the same" and "A new carer who is undergoing training will come with an experienced carer and is shown how to deal with my wife's care in a professional manner."

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

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as pureed food and the level of support with eating and drinking required.

- The care plans also explained how meals are to be prepared and where the person likes to eat their food for example, one care plan stated, "I prefer to have a sandwich at lunch. Carers to offer me a variety of fillings. Please ensure you offer me a variety of hot and cold drinks to go with lunch...I normally like tea with a little bit of milk no sugar."

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

- Staff worked with professionals from health and social care to support people's health and wellbeing needs.
- The registered manager was in regular contact with local authorities who support with funding for people using the service. The registered manager provided evidence of regular correspondence to discuss the changing needs of people and how they will support the person.
- The registered manager and staff also had regular involvement with other professionals such as district nurses to ensure that the person had the correct level of support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Within people's care plans, it documented if the person has capacity and if they require any support with making decisions.
- Within their induction, all staff received training regarding the MCA.
- Evidence of people with Lasting Power of Attorney's was requested, viewed and a record of the document obtained.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their regulatory requirements

At the last inspection, we found the provider failed to notify the Commission of notifiable events without delay. This was a continued breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- During this inspection, we found the registered manager had ensured CQC was consistently notified of reportable events without delay such as allegations of abuse.
- The registered manager documented actions taken and any recommendations provided by the local authority following any concerns raised.

Managers and staff being clear about their roles, and understanding quality performance and risks; Continuous learning and improving care

At the last inspection, we found the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the fundamental standards (Regulation 8 to 20A). The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had an effective system to assess, monitor and improve the quality and safety of the service provided. Contemporaneous notes and documentation of the action taken following an incident or accident and identify lessons learned and themes following the incident had now been documented.
- The audit system had been reviewed and updated to identify shortfalls in service records. This included regular review of documents including medicine administration records and care plans.
- An analysis of audits was completed on a three-monthly basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.

- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents meeting.

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

- The staff were keen to share with us their feedback. Comments from staff included, "I'm impressed with Sylviancare. They listen when a concern is raised and act on concern regarding clients promptly." and "I feel able to raise concerns with my manager and I feel she would listen to me. This includes any whistleblowing. I feel that I can also make suggestions about the service."
- Feedback from people and relatives showed their care was at the centre of the service delivery. Comments included, "The carers look after [person] well and her personal care, although I am not present, is conducted with great care, kindness and respect."
- Staff told us they were involved and listened to. They commented on the registered manager's ability to identify a potential in them which already had resulted in supporting with further development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- Where incidents had occurred where the duty of candour was required, there was evidence the provider had taken appropriate action, including apologising for the incident to the relevant person, identifying areas of improvement within the service and recording all actions taken .

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to provide feedback. Minutes from meetings with people demonstrated their views were sought.
- There were recent surveys that had been carried out with people, staff and relatives. The management team had analysed the results and identified areas of improvement.
- Staff were supported via one to one meetings, group supervision and meetings. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision. Any concerns that had been raised had been discussed with staff members and actions were recorded.

Working in partnership with others

- The management team were able to detail when the service had worked in partnership with multiple professionals for one person receiving care to achieve successful outcomes.
- The management team work in partnership with the local authority and commissioners regularly to ensure people's needs were being met.
- There were regular reviews of people's health and social care needs by community-based professionals.
- We received positive feedback from professionals who work with the service. One professional said, "The care staff visiting my client regularly updates any concerns to the agency and the agency communicate the same with family and me."