

Silver Hellas Ltd

Sylviancare Bournemouth and Poole

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sylviancare Bournemouth and Poole is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 36 people were receiving the regulated activity of personal care from the service. 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

Improvements were needed to the governance systems within the service. The process for monitoring and checking that the service operated in a safe way were not effective. We discussed our findings with the registered manager who accepted there were areas for improvement and told us they would address the shortfalls immediately.

People had risk assessments, but these were not always completed consistently or in enough detail to guide staff effectively. Staff knew people very well so this had not had a negative impact on people's care. During the inspection the provider showed us a different format that they would implement for all risk assessments, they confirmed these would be completed immediately following the inspection. We have made a recommendation to the provider around the completion of risk assessments.

People received their medicines as prescribed. However, improvements were needed to the systems for managing the administration of prescribed creams and as required (PRN) medicines. Body maps for recording the application of topical creams, were in place but these were not always being completed by staff. There was not a PRN, protocol in place to guide staff on administering PRN medicines. This meant there was a risk staff may not be administering the PRN medicines in a consistent way. We have made a recommendation to the provider around the management and administration of medicines.

People's care plans were not always completed consistently. Some care plans were lacking in detail which may mean people did not receive their care and support in ways they preferred. Staff knew people well, so this had not had any impact. The registered manager told us these shortfalls would be addressed immediately.

People were protected from abuse and avoidable harm. People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an appropriate induction and were well supported through a programme of regular supervision and training.

People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness and care, whilst respecting their privacy and dignity. People received their care from a small, consistent team of care staff who knew people's care and support needs well.

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 service involved people and their families with people's day to day care and support needs. Relatives and people felt listened to and were consulted about how they preferred to receive their care and support.

Health and social care professionals spoke positively about the management team and told us the service was responsive and effective in providing care and support for people.

People felt the service was well led, friendly and professional. Staff felt well supported in their roles and appreciated the open and supportive approach taken by the management team.

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

Rating at last inspection

This service was registered with us on 20/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic and our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor this service.

We have identified a breach in relation to the management of the governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the governance of the service. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Sylviancare Bournemouth and Poole

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 3 March 2022 and ended on 7 March 2022. We visited the office location on 3 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This

information helps support our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and their relatives who used the service, about their experience of the care provided. We spoke with six members of staff including the registered manager, the managing director, the office administrator and three care staff.

We reviewed a range of records. This included six people's support and care plans, daily monitoring charts and six people's medicine administration records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, three staff recruitment, supervision and training records, spot check observation records and a range of the providers quality assurance records, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for their care. These did not always contain enough detail to ensure risks were always being reduced. Staff told us they knew people's risks well and we found no evidence of impact on people. The registered manager told us they would review all risk assessments to ensure instructions to reduce risks for people were clear.

We recommend the provider follows their company procedures for the completion of risk assessments for people.

- The provider had a business contingency plan in place. This covered a full range of risks that could negatively affect the business from running safely. Areas covered included, severe weather, fuel shortage, medicine shortages, and high levels of staff absence.
- Staff had received training in how to use specialist equipment safely.
- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- Learning was shared through team meetings and supervision sessions.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways they preferred, however guidance for staff to administer as required (PRN) medicines was inconsistent. There was not always a PRN protocol in place and PRN information had been recorded in different places which could lead to confusion for staff. The registered manager told us they would address this.
- Body maps and guidance documents were in place but these had not always been completed. Where people were using prescribed creams, information on how much cream, where and how often to apply was not always in place. We discussed our findings with the registered manager who told us they would review the systems that support the management of medicines to ensure they followed current guidance.

We recommend the provider follows the National Institute for Health and Care Excellence in regard to the management of medicines.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with staff. One relative told us, "My wife always feels safe with the staff." Another relative told us, "They do the best for [person]... tidying the house and keeping them safe."
- Staff had received safeguarding training and understood their role in protecting people from abuse. Staff knew how to identify and act on any concerns. A member of staff told us, "I've had training in safeguarding... I've not had to report any possible abuse in this role, but I have had to in the past."
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Staffing and recruitment

- Staff were recruited safely. Recruitment procedures were in place to ensure the required checks were carried out on staff before they commenced their employment. This ensured staff were suitable to work with people in a care setting.
- People told us they received their care from a regular small team of care staff who knew them well. One person told us, "I have the same two or three care staff, I know them well. They are good at remembering the details. I think the service is good I would recommend them." A relative said, "They are very good, they look after [person] and treat them very well, they know [person] well. They send the same regular person so they know how [person] likes things done."
- Rotas showed enough time for travelling between visits was given. Staff confirmed generally there was enough travelling time. Staff confirmed they received their rotas each week. A member of staff told us, "Travel time is all ok and the rota is on the application, all the tasks are on the application and it works well, it gives enough information." People confirmed staff telephoned them if they were going to be delayed. One person said, "The office staff always phone me to let me know if the care staff have been held up."

Preventing and controlling infection

- Staff were trained in infection control and spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff had access to and wore personal protective equipment (PPE) such as disposable gloves, masks and aprons. They had received training in this area. A member of staff told us, "I have enough PPE, this includes masks, aprons, gloves, shoe covers and hand sanitiser, we always have enough. "
- One person told us, "We always have the same two staff which is much better for consistency. They always wear all their PPE, gloves, masks, aprons and shoe coverings. We are extremely happy with them."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care needs were assessed before the service started supporting them. However we identified some people's care plans were lacking in detail. For example, two care plans reviewed only had brief detail such as, "Support [person] to get up". We discussed our findings with the registered manager who told us they would start a full review of all care plans immediately.
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant care staff had up to date information about each person they supported.
- A person told us, "They know how I like things done. Everyone has their own likes and dislikes and they support me well." Another person said, "I have met the manager and [office staff] when they came to do my assessment, which was very thorough. As I have been able to do a bit more, they have been able to change my care levels... It is reassuring to know someone is coming to visit, especially if I'm not feeling that well."

Staff support: induction, training, skills and experience

- New staff completed an induction and were supported to complete the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us their induction training had given them the necessary skills they needed to carry out their role.
- People told us the staff were well trained, knew them well and supported them in ways they preferred. Staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently.
- There was a system in place to ensure staff received their core training subjects and any specialised training they requested. Staff were completing online training of all core subjects such as medicine management, oral health care, food safety and hygiene and skin integrity. Practical training was delivered face to face for subjects such as medicine management and moving and handling.
- A member of staff told us, "I started and did two days of shadow shifts, that was enough as I know my client very well. The training is good. Some training we go to the head office and have practical training such as moving and handling. We also do a lot of training online... All the time we are learning with this job, it is very good."
- Staff told us they felt well supported by their management team. Staff received regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development. A member of staff said, "I've had a couple of supervisions, I found them helpful."

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

- People were supported by staff who understood their food and drink preferences. People and relatives

told us staff provided support where necessary. One person told us, "They are always on time, they do the morning and help me get up, get dressed and have a shower and do my breakfast. They make my cereal which is what I like. I don't like anything cooked in the mornings." And, "They make me a couple of nice cups of tea."

- A member of staff told us, "I cook cottage pie and lasagne, [person] eats well and their favourite drink is coffee." Another member of staff said, "I help people with their snacks and prepare some sandwiches or many prefer the ready meals or a meal the family has prepared, and I heat it up for them. I always make sure people have enough to drink as that is very important."
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.

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

- People were supported to access appropriate healthcare. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- One person told us, "They are very adaptable, they help me and take me to my appointments. Anything different they adapt straight away. Last year I needed to go to an appointment quickly and they took me and waited for me and took me back home. It is a very good service. I would recommend them."
- We received positive feedback from a health and social care professional, they told us, "They are very good and do not put up any barriers, they are very responsive, very good."
- The service worked collaboratively with other agencies, such as GP's and occupational therapists, this ensured people received effective care which improved people's quality of life.

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 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. 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.

- Staff had received training in relation to the MCA. People's consent to their care was recorded in their care records.
- Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People told us staff supported them to make decisions for themselves and they were involved in their day to day care. Staff told us how they supported people to make decisions about their care and support. Where possible, people signed their care records to show that they had consented to the care and support they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect and, involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received equality and diversity training when they commenced employment with Sylviancare. People received person centred care that respected their individual needs.
- People and relatives described staff as, "Excellent, very helpful, adaptable, very flexible, careful, friendly, cheerful, respectful and kind." One relative told us, "They are very efficient and very cheerful. They are very good at what they do, and they get on well with [person]. They do a very good job and do whatever you ask them." Another person told us, "They are lovely, always do their best and they are so accommodating, they are very flexible."
- Staff supported people in a kind, calm and patient way. They responded to requests respectfully and promptly.
- Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred their care and support to be delivered and what interactions worked best for each person.

Supporting people to express their views and be involved in making decisions about their care

- People, relatives, staff and health professionals were all involved in decisions regarding ongoing care and support. One relative told us, "They keep me informed of any changes straight away, they call me to let me know. They do the best for [person] making sure they have food and tidying the house but not doing too much so she keeps her independence and leave the house as [person] likes it."
- People and relatives told us they were kept well informed and felt fully involved in their care and support. One person told us, "If I have any changes at all I phone the office and any changes are done straight away and I'm always kept absolutely informed. It is a good service absolutely, I'm only too pleased to recommend them."
- People were encouraged and supported to maintain contact with those important to them including family and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- One person told us, "They are gentle, friendly and caring, but with just the right amount of friendliness." Another person said, "They are all very, very helpful. They take me to the shops for a look around. I appreciate a bit of company as that's what I miss. They respect my privacy they always knock on the door or ring my bell. They are all respectable and friendly, I'm very pleased with them."
- A relative told us, "They treat [person] well, very respectful and encourage [person] to walk and do bits and pieces which helps. I would definitely recommend them, they are very caring, very nice and do everything

extremely well."

- One member of staff told us, "We treat people with dignity. I make sure curtains are closed and the doors are shut. I also give them enough time so they have their privacy and are not rushed."
- Care and support plans reflected people's preferences and choices and encouraged people's independence.
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff.
- People told us they felt well cared for. One person said, "Having them visit makes me get up in the morning. It gives me a purpose, it's nice to have someone to talk to."
- Without exception, people and relatives described having a small team of consistent staff who knew how they preferred their care and support to be delivered and arrived when expected.
- People and relatives were able to check their weekly rotas electronically. If they preferred a paper copy of their rota this would be sent to them from the office.
- Staff used an independent electronic messaging application to ensure they were kept up to date with any changes to people's care. Staff told us this application worked well

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people.
- Assessments and care plans explained people's communication needs and guided staff on the best way to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to pursue interests and participate in hobbies and activities that were important to them. People told us how staff took them to places they enjoyed, which included shopping trips into town. One person told us, "They always check if I need anything else, and they sit and have chat with me... I would recommend them to anyone."
- Staff knew people well, what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed.
- Staff worked well together to ensure people were given the opportunities to take part in activities they enjoyed and maintained their independence.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and had received three complaints since registering with CQC. Complaints had been actioned as per the provider's complaint process. However, there was not a process to review and analyse the complaints to enable lessons to be learned. We discussed this with the registered manager who stated they would take immediate action to put a process of analysis in place.
- People and relatives were confident that if they had any concerns or worries, they would be listened to and action would be taken to rectify their concerns. How to complain information was included in people's welcome packs to ensure they knew who to contact at any time.
- One person told us, "I've not had any problems, so I've not had to complain. I do know how to though".

End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life.
- Staff received end of life training as part of their ongoing training programme. The registered manager told us they would be looking at implementing advance care plans for people to enable their end of life wishes to be recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers quality assurance systems and processes did not always operate effectively. Audits had not identified the shortfalls found during the inspection in regard to risk assessments, medicines management and consistent completion of care plans.
- There was not a process to review and analyse the complaints to enable lessons to be learned.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded during and after the inspection to address the shortfalls identified.

- Staff knew people well, which meant the shortfalls identified during the inspection had not had a negative impact on people's care. The registered manager told us immediate action would be taken to ensure the required improvements would be made to their governance systems, to ensure people received safe care and support.
- The registered manager and staff team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- Staff, people and relatives told us communication within the service was effective. Staff were fully informed of any changes to people's health or care needs in a timely way.

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

- There was a friendly, open and supportive culture amongst the management team and the care staff.
- People and relatives expressed confidence that the service was well-led. One person told us, "I know who the manager is, and we get on very well with them and the office staff, both of them. For my part I think it is well led, we are 100% happy with everything." Another person told us, "I know the manager. I've spoken to her about my Friday visits, they do a good job."
- Staff told us they felt well supported in their roles and felt they could approach the management team at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.
- A member of staff told us, "I feel supported in this job. I can contact management easily. What I would say this company does best, is support for the client and for their staff."

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 under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had sent out quality assurance surveys to people and relatives. We reviewed a selection of these which had all been positively completed, comments included: "I feel safe with Sylviancare, everyone is caring", "I'm satisfied with the care at the provided service", "My family is involved in all situations and Sylviancare keep in touch" and, "Every time there is someone to contact if I need to."
- Staff completed training in equality and diversity and described how they respected and promoted people's rights, choices and differences. Staff demonstrated an understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care.
- Staff attended regular staff meetings. These ensured information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best outcomes for the people they supported.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems and processes did not operate effectively. |