

Sylk Care Ltd

# Sylk Care Macclesfield

## Inspection report

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Date of inspection visit:  
19 November 2019

Date of publication:  
02 December 2019

## 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 ●

# Summary of findings

## Overall summary

### About the service

Sylk Care Macclesfield is a domiciliary care service that provides care and support to ten people living in their own homes.

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

People received care that was safe and they were protected from abuse and avoidable harm. Systems were in place to record accidents and incidents although none had occurred in the last twelve months. Safe recruitment procedures were followed ensuring people were supported by suitable staff. People were supported to take their medicines safely by trained and competent staff.

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.

A detailed assessment was carried out before people received a service to ensure their needs could be met. Following the initial assessment, a comprehensive support plan was developed to promote effective care. People were supported to make choices and were involved in decisions about their care.

People experienced care delivered by consistent and trusted staff who were caring and respectful. There were opportunities for people and their relatives to provide their views of the care they received.

People knew who to speak with if they had any concerns. Care was person-centred and outcome based. People told us they were satisfied with the care they received.

Sylk Care Macclesfield was well-led. Systems were in place to assess and monitor the quality of the service. The management team were clear about the responsibilities of their roles and had plans in place to maintain and develop the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 28/11/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration of the service.

### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our Safe findings below.

Good ●

### 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 is well-led.

Details are in our Well-led findings below.

Good ●

# Sylk Care Macclesfield

## 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 was carried out by an 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 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 a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2019 and ended on 22 November 2019. We visited the office location on 19 November 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service. We also sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with the nominated individual, registered manager and three support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also sought feedback from two professionals who have experience of liaising with the service.

We reviewed a range of records. This included three people's care records and a sample of medication records. We looked at two 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.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training and were aware of the steps to take should abuse occur. They felt able to report any incidents of abuse or poor practice.
- Staff had access to policies and procedures in relation to safeguarding and whistle-blowing [reporting to external agencies]. A staff member told us there were, "Very clear steps about actions we should take."
- People and relatives we spoke with told us the service they received was safe. Family members told us "[Relative] is very safe with this service" and "I completely trust them."

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

- Robust risk assessments were carried out, with measures identified to mitigate, and were regularly reviewed.
- Procedures were in place to record, monitor and analyse accidents and incidents. This meant that management would be able to identify any themes or trends to prevent recurrence. There had been no accidents/incidents in the last 12 months.

Staffing and recruitment

- Safe recruitment procedures were followed. Records evidenced that information was sought about the person's character and that Disclosure and Barring Service checks were carried out. This helped the registered manager to make informed decisions about recruitment.
- There were sufficient staff to meet people's needs. People and relatives told us that staff came as planned, arrived on time and that they were informed if staff had been delayed. A person told us "They arrive on time" and "They are generally punctual unless there is an emergency."
- However, we received two comments indicating people had not been informed that their call was delayed.

Using medicines safely

- People were supported to take their medicines safely by trained and competent staff.
- To support a person requiring their medicines to be administered in a specific manner, the registered manager had sourced training at a local hospital. This enabled staff to administer these safely.
- Medication administration charts [MAR] were completed appropriately by staff to confirm when medicines had been administered.

Preventing and controlling infection

- Staff were provided with personal protective equipment [PPE] to prevent and control the spread of

infection. Staff spoken with were aware of how to use this effectively.

# 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.

Staff support: induction, training, skills and experience

- New staff completed an induction programme, which included shadowing experienced care staff, before they began working independently to ensure they were fully prepared for their role.
- Staff completed a wide range of training to support their knowledge and development. Staff spoke positively about the training they received. They said, "We get any training we might need. I think it's good, it's really relevant. It makes sure we are happy and they [people using the service] are happy with us."
- People and relatives felt that the staff were well trained. People told us, "The staff are very well trained" and "It's very good, I'm quite satisfied with what they do." A relative said, "I do feel the staff are sufficiently trained".
- Staff had opportunity to discuss their learning and developmental needs during regular supervision sessions. Staff said they felt well supported and that they could "go through everything" during the sessions.

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

- A detailed assessment was carried out before people received support. This ensured that the service could meet their needs. A relative told us, "Initially we agreed a very detailed plan for [Relative's] care, and I signed it."
- Relevant people were involved in development of comprehensive support plans. The registered manager told us, "The client is at the centre of it all" and that they had received compliments from visiting professionals about the quality of plans in place.
- People's choices were clearly documented within their support plans.

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

- The service worked with other agencies to support people to maintain their health and wellbeing through effective care.
- Strong links had been established with a wide range of health care professionals including District Nurses, GP, Physiotherapy, Palliative Care and Continuing Health Care teams.
- A relative told us, "Staff spotted that [Relative] had developed a sore on their bottom and they got the nurse out to check it and have it dressed".

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.

# 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

- People were supported by caring and consistent staff who knew them well. Comments included, "The staff are jovial and helpful, they always offer to do more" and "The staff are pleasant, really good". One relative said, "It is the same people ninety nine percent of the time. They know what [Relative] likes and dislikes."
- Relatives comments about the care provided were positive. They told us, "The staff are very friendly and gentle. [Relative] smiles when they see them"; "The staff are lovely, nice and friendly. They are lovely with my [Relative], warm and homely, very caring" and "They are lovely with [Relative], they have a lovely manner".
- Staff received training to ensure people were treated fairly and without discrimination which included guidance about characteristics protected by law. The registered manager told us, "We assess whether people need support to practice any religions, and the same for staff."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Staff supported people in a way that encouraged them to do what they could for themselves. One person told us, "They [Staff] help me to stay independent", and a relative said, "They support [Relative] with washing and dressing to keep them more independent."
- People's privacy was respected. Staff described the steps they would take to maintain people's privacy and dignity and a relative described staff as "100% respectful." However, one person told us, "I sometimes have to remind them to close the curtains for personal care."

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

- People and their relatives, where appropriate, had been involved in decisions about their care and development of their support plans. We were told, "I have seen the plan and signed it"; "I have always been involved in [Relative's] support plan" and "Always involved."
- The service sought people's views in a variety of ways including during home visits and via quality surveys. We reviewed completed surveys on file and saw that all had received high scores demonstrating satisfaction with the service they had received.
- Comments recorded on the quality surveys included; the "Girls always had a smile for you" and "Feel able to trust the staff who attend. Very grateful for all the help given."

# 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; 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

- Each person had a detailed support plan tailored to their individual needs which was regularly reviewed. People were supported by a consistent staff team who knew them well.
- Support plans were person-centred and outcome based, people's likes, dislikes and desired outcomes were clearly reflected. A relative told us, "They know what [Relative] likes and what [Relative] doesn't" and "The care is excellent."
- People were supported to follow interests that were personal to them. For example, one person who had not left the house for some considerable time was gradually supported by staff to go outdoors. They visited places that were important to them including where they had previously lived and a loved one's grave.

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's communication needs were assessed before they received a service and their specific communication needs were reflected within their support plan.
- A staff member was learning a foreign language to help them to communicate with a person in their native language.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to handle and respond to complaints. One complaint had been received in the last 12 months which had been dealt with appropriately by the registered manager.
- Results recorded in quality surveys in addition to, people and relative's comments confirmed awareness of who to speak with if they had any concerns and they felt able to do so. One person told us, "I would complain to the manager, I have her details" and a relative said, "[Relative] has a folder with emergency numbers, I would call the main office."

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care although they had done so on many occasions in the past.
- The service worked with the palliative care and end of life teams to ensure that staff were appropriately skilled to provide a high standard of end of life care. The registered manager told us the service was a

'preferred provider' of the end of life care team.

- The service had received compliments about the end of life care delivered including, "Extremely happy and grateful with all the care provided by the girls at Sylk Care in [Name's] last few weeks of life. Very helpful, always going the extra mile, not just supporting [Name] but also being there for his family and friends."

# 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 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 roles, and understanding quality performance, risks and regulatory requirements; 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

- Systems and processes were in place to assess and monitor the quality of the service. Audit tools were used, and reports produced which allowed for the monitoring of quality and managerial oversight.
- The registered manager and nominated individual were aware of regulatory requirements including when and how to notify CQC about important events which occurred in the service as legally required.
- The provider had business continuity priorities and arrangements in place to evidence how the service would continue in the event of an emergency. Each person receiving a service had an individual emergency plan in place.

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

- Staff felt supported and listened to by the management team. They told us, "Management are fair, I feel well supported. I have nothing to complain about"; "Management are helpful, pretty good at everything" and "They [Management] run the business well."
- People and their relatives were satisfied with the care they received. People told us, "I am quite satisfied" and "It's [Sylk Care] is very good. I am quite satisfied with what they do." Relatives told us, "They [Staff] work well as a team and make you feel comfortable"; "I cannot fault them they [Sylk Care] are cheerful, responsive and more" and "I would recommend them."
- Staff were proud of the care they delivered, they said, "I think we are all quite considerate, compassionate and caring. If you've made a little bit of difference to someone it's not a bad day's work."

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

- Staff meetings were held regularly which staff felt were beneficial. One staff member told us, "You spend a lot of time on your own so it's nice to meet up, especially if there is someone new" and "We can bounce ideas of each other."
- Staff told us they were able to make suggestions and management would take them on board.
- There were effective means of communication between the people, relatives, staff and the management.

Continuous learning and improving care; Working in partnership with others

- The management team took opportunities to continuously learn and develop the service provided.

- The service is an approved provider for a 'Rapid Response' initiative to support people on discharge from hospital, prevention of admissions to hospital and provision of reablement care.
- An external professional we spoke with told us that the service was "Very accommodating" and "Quick to respond" when care was needed.
- The service had invested in electronic systems which supported the operational side of the business with plans in place for further development.