

Synchronised Care Limited

886b Manchester Road

Inspection report

886 Manchester Road
Bradford
West Yorkshire
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08 February 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Synchronised Care Limited is registered as a domiciliary care agency. The agency is based in Bradford and provides a range of services including personal care to people living in their own houses and flats in the community. At the time of inspection the agency was providing personal care and support to four people.

We inspected Synchronised Care Limited between 31 January and 8 February 2019. During this period we visited the office premises and spoke with people who used the service and a care worker. We announced the inspection 48 hours prior to the start of the inspection to make sure the manager would be available. This was the first inspection of the service since registration in January 2018.

At the time of inspection there was no registered manager in post as they had left the service 21 January 2019. However, one of the company directors had taken on the role and confirmed they would be applying for registration with the Commission (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.

We found care workers received training to protect people from harm and the manager was knowledgeable about reporting any suspected harm. The care worker we spoke with told us the training provided by the agency was very good and they received the training and support required to carry out their roles effectively.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place which showed what action had been taken to mitigate the risk.

The service had an infection control policy which gave staff guidance on preventing, detecting and controlling the spread of infection. Care workers had received training on infection prevention and control.

The feedback we received from people who used the service or their relatives about the standard of care provided was consistently good and people told us care workers were reliable and conscientious.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. People told us they had been consulted about the level of care and support they required and felt fully involved in the assessment process.

If people required care workers to assist or support them to prepare food and drink information was present within their support plan and people were encouraged to eat a healthy diet.

Medicines were managed safely and care workers received appropriate training.

There were enough care workers employed for operational purposes and the recruitment process ensured only people suitable to work in the caring profession were employed.

The manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and was aware of the process to follow should a person lack the capacity to consent to their care and support.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the manager and felt these would be listened to and responded to effectively and in a timely manner.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. People who used the service spoke positively about the manager and we found there was an open and transparent culture within the service.

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.

People told us they felt safe receiving care in their own home.

There were processes in place to ensure people were protected from the risk of abuse and care workers received appropriate training.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Care workers received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

The manager had a good understanding of the Mental Capacity Act 2005 and ensured care workers applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were treated as individuals and were involved in planning

how they wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Support plans were in place outlining people's care and support needs which enabled care workers to provide a personalised service.

There was a clear complaints procedure and people who used the service and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

People who used the service and their relatives told us the manager was approachable and listened to what they had to say.

The manager created a positive culture within the service that made care workers and people who used the service feel included, valued and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

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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 announced inspection took place between 31 January and 8 February 2019. The inspection was carried out by one adult social care inspector.

During this period, we visited the office premises and spoke with three people who used the service and/or their relatives and one care worker. We announced the inspection 48 hours prior to the first day of inspection to make sure the manager would be available.

During the visit to the office premises we spoke with the manager, looked at three people's care records, medicines administration records (MAR) and other records which related to the management of the service. We also looked at training records, two staff recruitment records and various policies and procedures.

As part of the inspection process we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection.

We also ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of any areas of good practice or potential areas of concern.

Is the service safe?

Our findings

People we spoke with told us they felt safe having their care and support provided by care workers employed by the agency. One person said, "I am pleased with the support I receive and look forward to (Name of care worker) coming to see me." A relative said, "We have the same carer every visit, they are honest and trustworthy and have formed a good relationship with (Name of person)."

We found the service had safeguarding policies and procedures in place to inform staff of what might constitute abuse and when and how to report any incidents. There was also a whistle blowing policy in place. The manager and care worker we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to.

The manager confirmed the agency currently only employed three care workers but this was sufficient for operational purposes and as the agency grew additional care workers would be employed. We looked at two staff recruitment files and saw checks had been completed. References were obtained and Disclosure and Barring Service (DBS) Checks completed. DBS checks assist employers to make safer recruitment decisions and reduce the risk of them employing people unsuitable to work in the caring profession.

The care worker we spoke with told us the recruitment process was thorough and said they had not been allowed to start work before all the relevant checks had been completed and satisfactory references received.

We saw detailed risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks to people's safety and independence. The risk assessments we looked at included the risk of falling, pressure sores, manual handling, mobility, finance, medication and the environment. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Medicines were managed safely and the manager confirmed all staff responsible for administering medicines received appropriate training. At the time of inspection, the service was only assisting one person with their medicines and medication administration records (MAR) were in place and completed correctly. We saw care workers also completed medication competency assessments as part of the quality assurance system in place.

We saw there was a system in place for monitoring accidents and incidents. The manager told us if an accident/incident occurred an investigation would be carried out to establish if any themes or trends could be identified which might result in preventative measures being put in place.

The provider had an infection control policy in place and protective equipment, such as gloves and aprons, were provided to care workers to minimise the spread of infection. People who used the service and relatives told us that care workers always wore gloves and aprons when completing personal care tasks and washed their hands.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes and appropriate care and support was provided to meet people's needs. People we spoke with told us an assessment of their needs took place when the service commenced and regular updates were carried out.

The manager told us they were committed to providing care workers with the training they required to carry out their roles effectively and care workers did not work alone until they felt confident and competent to do so. The manager told us all new employees completed induction training and if care workers were employed with no previous experience in the caring profession they would also complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. The service also worked closely with an external training provider to ensure care workers received appropriate training and support.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the manager understood how these principals applied to their role and the support the agency provided.

We saw evidence of consent in people's care records. For example, the records showed who had been involved in the process and people had signed to acknowledge they had read and consented to care workers providing their support.

The manager and care worker we spoke with told us they would always asked people's consent before assisting them with any personal care tasks and care and support was provided in line with their agreed support plan.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of an assessment of their care needs. We saw if people who used the service required staff to assist or support them to prepare food and drink information was present within their support plan. For example, one person's support plan showed where they liked to eat their meals and type of food they preferred.

We saw evidence people were supported to maintain good health. Information on people's medical history

and existing medical conditions was present within their support plans to help care workers be aware of people's healthcare needs. The manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. They told us they had established good working relationships with other health care professionals and care workers always follow their advice and guidance.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were professional and had a flexible approach to providing care and support. One relative said, "Because the agency is small (Name of person) gets very personalised care and support which is tailored to their needs." Another person said, "The staff are very good and know exactly what help I need – I would be lost without them."

We looked at how the service worked within the principles of the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

The provider information return (PIR) showed all care workers received training in Equality and Diversity and valued people as individuals. It also showed the service recruited care workers from different cultural, beliefs and backgrounds to ensure they had a diverse work force. In addition, the PIR showed the provider believed many people from the LGBT community required support and were looking at how best they could engage with them.

We found there was a caring ethos and the manager had clearly established good working relationships with the people they supported and had a good understanding of their needs. They recognised the importance of treating people as individuals, with dignity and respect and showed awareness and a sound understanding of the individual preferences and care needs of people they supported.

People told us they were involved in making decisions about their care and support and were confident their views were listened to, valued and acted upon. They and their relatives felt 'in control' of the care and support provided and confirmed they had been consulted and actively involved in the writing and reviewing of their support plan. The support plans we looked at clearly demonstrated this.

We saw the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information was restricted and only made available on a 'Need to know' basis. The people we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

Is the service responsive?

Our findings

People's needs were assessed before their support started and the manager told us they would only take on new people when they were sure they had capacity to provide the package of care they required.

People who use the service or their relatives told us they had been provided with information about the agency during the initial assessment visit and this had helped them decide if care workers had the right skills and experience to meet their needs.

We saw support plans were person centred and contained guidance about people's personal preferences and how they liked to be supported. They also provided care workers with a clear overview of the level of support and tasks required at each visit. We saw daily records were completed by care workers detailing the care and support they had provided during each visit and these were returned to the office monthly for audit purposes.

The manager told us support plans were routinely reviewed on a six-monthly basis or sooner if there were any significant changes in people's needs. We were told support plans were kept both in the home of the person who used the service and the agency's main office. This was confirmed by the people we spoke with.

The people we spoke with told us care workers were punctual, always carried out their duties in line with their agreed support plan and had never let them down. One person said, "The service I receive is very good and would recommend the agency to other people if asked." People also told us they had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. This showed the provider was taking account of the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The provider had a complaints procedure in place. People who used the service and their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One person said, "I have never had to make a formal complaint but I know the procedure and would contact the manager if I had a problem." We saw the provider had received one complaints since registration which had been dealt with appropriately.

Is the service well-led?

Our findings

People who used the service and their relatives told us the manager and care workers were approachable and they were always able to contact them if they had a problem. One person said, "I like the fact it is a small family run business, you know who you are dealing with." Another person said, "I have no concerns at all about the way the service is managed. (Name of manager) is very 'hands on' and makes sure the service runs well."

The manager told us although small in numbers the business was run on a professional basis and it was their intention that people who used the service and care workers were fully involved in all aspects of service delivery.

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by care workers and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern.

The manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The manager told us they also carried out random spot checks on care workers as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. In addition, the manager also worked alongside care workers and was therefore able to ensure people received appropriate care and support.

We saw staff meetings were held so that staff were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

We also saw survey questionnaires had been sent out to people who used the service and their relatives in 2018. We saw the feedback from the questionnaires was positive about the care and support people received.

Information in the PIR showed us the manager attended networking meetings. This allowed them to speak with other professionals and discuss issues currently effecting the Health & Social Care Sector to ensure best practice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service on their website. The manager confirmed they were aware of this requirement and would ensure once published, the rating was displayed.

