

Angel Souls Care Ltd

Sylviancare Bracknell and Ascot

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Sylviancare Bracknell and Ascot provides personal care to people who live in their own homes in the community. The service offers personal and social care to people within Bracknell, Ascot, Sunningdale, Crowthorne and surrounding areas. At the time of the inspection, the service supported 34 people and 17 staff were employed.

Sylviancare Bracknell and Ascot can support younger and older adults, people living with dementia, people living with learning disabilities and autism and people that may have sensory impairments, physical disabilities or a diagnosed mental health condition.

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

There were several safeguarding events where incidents were previously not adequately reported by care workers and logged or acted on by the registered manager. There was evidence that the service was working together with the safeguarding authority to make improvements. Recent concerns were better recorded and acted on. There was clearer evidence of steps taken to protect people. People and relatives felt the care was safe. People's medicines were managed safely. There were enough staff deployed to meet people's needs. Infection prevention and control helped protect people.

Staff had the necessary skills and competency to provide effective care. People's likes, dislikes and preferences for care were recorded and respected. Community social and healthcare staff were involved in people's care when required. Consent was obtained and recorded in the right way.

People and families commented that staff were kind and caring. They stated that they were included in the care and that staff promoted people's independence where able. Staff respected people's dignity and privacy. People and relatives stated they would recommend the service to others. They stated the care workers had a positive impact on their lives, and some had formed caring bonds.

Care plans were person-centred. They contained the necessary information for staff to provide personal care in accordance with people's needs. The management of complaints documentation was previously fragmented and hard to follow. The registered manager and field care supervisor had made improvements to keep complaints documentation together and in a clear format.

Oversight of the service's processes and care provision required some improvement. The registered manager lacked some knowledge and experience in relation to protecting vulnerable adults, the duty of candour and notification requirements. The registered manager acknowledged they needed to undertake further learning in these areas to improve their skills. They already had a plan of how they would achieve

this, and there were already some improvements underway. The field care supervisor had completed spot checks of care worker practices. The service had sent surveys to people and their relatives to gather views. The service was proactively working with the safeguarding authority and commissioners to make necessary changes.

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.

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 30 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sylviancare Bracknell and Ascot

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

This inspection was carried out by one inspector, an inspection manager 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.

The service has a manager registered with CQC, who is also the nominated individual for the provider organisation. A nominated individual is a person who is responsible for supervising the management of the service on behalf of the provider. As well as the registered manager of the service also being the nominated individual, they are also one of the two directors of the provider organisation. This means they are legally responsible for how the service is run and for the quality and safety of the care provided, as well as for the oversight of the service quality and safety. In this report, although the person has multiple roles, we will refer to them as the registered manager.

Notice of inspection

We gave the service 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 12 February 2021 and ended on 19 February 2021. We visited the office location on 18 February 2021.

What we did before the inspection

We reviewed information we held and had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who use the service and 12 relatives about their experience of the care provided. We spoke with two members of staff including the registered manager and field care supervisor. We received written feedback from another 12 members of staff. We spoke with one social worker and received written feedback from two commissioners.

We reviewed a range of records. This included ten people's care records and multiple medicine 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at survey results and governance information.

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 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 and family members stated they felt safe with personal care provided.
- Comments included, "I feel absolutely safe because I always have X [name of carer] and she is good and calm. We have a good relationship and I have a lot of trust in her" and "I know mum's safe because of how they are with her. They always engage with her when they come in. I don't feel like I have to be in there with mum or stay in the kitchen, hovering around."
- The registered manager acknowledged that some allegations of neglect in 2020 and in 2021 were not reported, logged or investigated properly. However, they demonstrated they worked with the safeguarding authority to improve their processes to ensure people were protected.
- Staff confirmed they received training in protecting people who were vulnerable.
- Recent allegations of people at risk of harm were recorded and acted on. Staff were more aware of the importance of reporting matters to the office without delays. There was evidence these were reported and that the field care supervisor had acted on them.
- The registered manager had closed off or marked as complete some concerns without gathering evidence that a person was adequately protected following an incident. The registered manager accepted our finding. The field care supervisor agreed to keep incidents open on the electronic care record system until confirmation of people's safety was obtained and saved.

Assessing risk, safety monitoring and management

- The service ensured that people were protected from risks by identifying them and mitigating the risks.
- A relative commented, "[The service is] absolutely [safe], because the carers that we have are excellent. They can't do enough for us, with no complaints. They make sure X [wife] has eaten and drunk and has her medication."
- Where there was a new referral, staff completed an initial risk assessment before any person's package of care was planned and implemented. This included the care requested and covered the person's needs based on their medical conditions and personal care requirements.
- Initial assessments included how to access people's houses (such as using key safes) and any environmental risks in a person's home, such as falls risks, use of manual handling equipment and security.
- Information from the initial assessment was then used to inform the care planning process.

Staffing and recruitment

- Sufficient staff were deployed to meet people's personal care needs. Recruitment processes were robust, which ensured that only 'fit and proper' staff were employed.
- The service's level of staff was flexible. This was based on people's needs, the number of calls and time

people needed to receive support and whether manual handling and equipment were used to help with the care.

- People were consulted regarding the amount of care and support required from staff. The service monitored whether call times needed to be increased or decreased in line with people's conditions.
- The service used a monitoring process to ensure that people's calls were not inadvertently shortened. Call duration 'spot checks' were also completed by the management team to ensure that people received the correct amount of time for their support calls.
- A commissioner stated, "They are very aware of their capacity and do not take on more packages of care than they can manage. Their communication is honest and prompt. They advise us when an issue occurs with any care packages that may arise. We have received no concerns about staffing from our service users."
- Personnel files contained all the necessary information and checks required by law, before a staff member commenced employment.
- Some relatives commented calls were late on occasions. Comments included, "They've been late on occasions when something unforeseen has happened, but they've not always let me know. On the whole they're pretty good" and "Sometimes they are five minutes late, but when they are here, they take their time. If it goes over time they stay here until they've finished."
- We provided feedback to the registered manager about late running calls. They explained the actions in place to ensure calls were on time. These included closer monitoring of the care workers' locations using their electronic system, employment of the field care supervisor in the office and telephone people (when possible) about any delays.

Using medicines safely

- People's medicines were safely managed and monitored.
- Staff completed appropriate training in medicines safety. This included induction, policies and procedures, a workbook, scenarios and competency assessments
- Medicines documentation was correctly completed.
- Some 'as required' medicines instructions required further information to ensure they followed best practice guidelines. The registered manager took action to update the medicines records to ensure they were in line with the guidelines.

Preventing and controlling infection

- People were protected against the risks of developing infections.
- Staff completed induction training and refresher training in preventing infections. Spot checks were completed by the field care supervisor to ensure staff followed infection prevention processes.
- The service followed government guidance pertaining to Covid-19. They correctly used the national reporting system to log any infections and vaccinations.
- Staff practised good hand hygiene. There was a satisfactory supply of personal protective equipment in the office, which staff could take out to the calls.
- No staff who were eligible had received Covid-19 immunisations. The registered manager stated staff were offered vaccination, but some had expressed anxiety or fear. The registered manager stated the office-based staff were booked for immunisations. This was going to be used as an example to encourage staff to have the immunisations.

We recommend the service encourages staff who consent, to receive Covid-19 vaccines.

Learning lessons when things go wrong

- The registered manager acknowledged that the reporting and recording of incidents and accidents was not previously always adequately completed or monitored.

- Electronic records examined showed processes had improved. Staff logged incidents and concerns electronically whilst at people's homes, which sent an alert to the office. The field care supervisor then took actions to ensure people's safety.
- Evidence showed the field care supervisor logged the steps taken. Examples included contacting district nurses and GPs to report specific concerns. There was improved communication with the local safeguarding authority.
- Where shortcomings were pointed out to the service by the safeguarding authority, the registered manager implemented steps to improve. These included investigations, staff disciplinary action, increased training and discussions with individual staff members.

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 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 preferences, likes and dislikes were assessed so the service could provide the right support in the right way.
- The service monitored people's care requirements and any changes needed.
- People's risk assessments contained information about their needs. This included for any allergies to medicines, food intolerances, night-time routine, mobility risks and financial management.
- Risk assessments were regularly updated and reviewed with people and their relatives, to ensure that accurate information was always available to the service and care workers.
- There was not always guidance for staff about how a person's health condition might present, if they became ill. For example, one person with diabetes who managed their own insulin had no information in their records about high or low blood sugar symptoms the person could experience.
- The registered manager and field care supervisor accepted our feedback about this. They noted that even when the service was not responsible for managing people's health conditions, they must have information in care records that can be viewed by care workers to understand potential complications.
- The field care supervisor agreed to review all people's records to check for any information that may be missing about people's health conditions.

Staff support; induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to carry out their roles.
- Comments included, "My husband has dementia. They do encourage him to do things for himself. They use the hoist for him...they are all safe and trained" and "I have a hearing aid and sometimes the batteries run out. They know exactly what to do and sort it out for me. They do more than the tasks set. They always put themselves out and ask if there's anything else they can do."
- Staff completed the Care Certificate upon commencing as a care worker. This is a group of nationally agreed learning modules for staff new to the care industry.
- There was a clear list of staff mandatory training and additional training. This was in line with best practice guidelines which set our core mandatory and statutory training subjects.
- Training records were recorded in an electronic system which highlighted when a staff member's refresher training was becoming due or overdue.
- The management team were responsible for planning and conducting face-to-face training. They had managed to maintain and plan training throughout the Covid-19 pandemic, following necessary government guidance.
- Staff took part in regular supervision sessions with the line manager. Staff also completed annual

performance appraisals. These ensured staff had the support they needed to provide effective care.

- Some staff had completed additional qualifications in health and social care. This included diploma level courses, to gain further knowledge about effective adult social care for older adults.

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

- People who required nutrition and hydration assistance were appropriately supported by the care workers.
- A family member stated, "They do try to encourage her [the person who received care] to eat and drink."

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

- The service had processes for referring people to other services, where needed.
- Evidence demonstrated staff worked alongside other services such as district nursing teams, to help support people appropriately.
- Staff sought advice from community health professionals such as the GP.

A family member commented, "They keep an eye on nan as she has had issues with bed sores. If the carers have any concerns, they speak to the district nurse."

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.

- People's consent to personal care was collected and recorded in line with the MCA requirements.
- Records showed that people had consented to their care. Where appropriate, people who couldn't consent had consent provided by those legally permitted to do so on their behalf.

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 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 and relatives described the service as caring.
- Comments included, "I couldn't wish for better company, they listen to me. They ask me what I want before they do things" and "They are incredibly professional, very caring and very attentive. We've had a few emergencies where they have stepped in and helped out the paramedics. I couldn't ask for anything better."
- The service ensured that people's cultural and language diversity was recorded and respected. The service respected these choices and ensured that appropriate staff were deployed to meet people's needs.

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

- The service regularly liaised with people and relatives to ensure that people received care in line with their needs.
- A relative said, "Dad's carer is a little diamond. They have a lot of banter, he gives dad choices, and dad looks forward to him coming."
- The service reviewed the package of care within a few days of care workers commencing the personal care, to ensure any modifications were made if needed. Further reviews were conducted every six months (or sooner) thereafter. The service asked people whether they wanted their relatives involved. This ensured that people's and others' views were actively considered when a package of care was reviewed and updated.
- People were also encouraged to ring the office and request any changes or report issues.
- Comments included, "I think the overall office staff have gone that little bit extra and if I wanted to speak to someone specifically, they have always returned my call" and "The caring staff are absolutely first class, they really are. They completely understand my dad was very distressed over having to have carers in, and he's much less anxious now."

Respecting and promoting people's privacy, dignity and independence

- People and families confirmed privacy and dignity was respected.
- A person stated, "They certainly do [treat them with respect and dignity] They're just nice people, they talk to me. They always ask before they wash me. They look after everything."
- A family member commented, "They always make sure the doors are closed to mum's room and the curtains are closed over the patio doors while they do her personal care."
- Records confirmed people's independence was encouraged and where possible maintained. Examples included people washing parts of their body they could reach, people assisting with preparation of meals, and staff only intervening when a person was unable to complete a task on their own.

- A relative said the care workers would encourage their family member to use the prescribed cream on her leg ulcer as advised by the district nurse, even though she liked to try different creams.

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 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

- Care was clearly planned and tailored to people's individual needs.
- People and families said they were involved in care choices. Comments included, "They are pretty good at involving me in mum's care. I would ring them if I had any concerns, but I haven't had to. They are always helpful" and "We had an issue once when a female came out. Dad was [worried] she would be doing a bed wash. I phoned up and explained dad gets too stressed with a female. They totally respected that, and it's not happened since."
- The service used an electronic care system. Care plans provided relevant background information, identified people's needs and recorded their wishes.
- Care plans had been updated regularly and the system highlighted when changes were made.
- The electronic system had a daily notes section, which were person-centred and recorded both the tasks and care support carried out.
- Two relatives were not aware there was an option to access people's notes and view the entries. One stated, "I learnt from the carer today that there is a [care notes app], which I can have access to and see from home." We advised the registered manager so that steps could be taken to improve awareness of people and relatives about accessing notes.
- There was ready access to the notes for health and social care professions using passwords provided by the office. These staff could access the notes for home visits and to gather information if the person required further input from other community professionals.

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 recorded in their care plans.
- Only a small number of people required information provided in different ways to help with understanding.
- For example, one person's care plan indicated they needed a longer time to process communication and respond. The care plan informed staff to give the person time to respond and to speak slowly and clearly with them.

Improving care quality in response to complaints or concerns

- There was a complaints system in place at the service.
- People and families knew how to make a complaint about the care agency, and most people felt the staff responded well to any concerns they had raised.
- Complaints and concerns were recorded by the field care supervisor and the registered manager. However, some record keeping made it difficult to follow how complaints were acknowledged, investigated and resolved.
- For example, one complaint lead to staff being subject to investigation and the provider took appropriate action, but it was not clear how they came to those decisions. The matter was not well documented and was stored within various parts of the service's electronic record system, so difficult to follow.
- However, there was evidence that with more recent issues, improvement to the recording of complaints and concerns was made to ensure a clearer audit trail. The field care supervisor took responsibility for managing complaints and had kept detailed notes of decisions made.

End of life care and support

- People's end of life care was appropriately planned and delivered.
- Evidence showed staff sought appropriate support and advice from health professionals to ensure pain free, dignified end of life support.

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 service. This key question has been rated 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

- The registered manager recognised she needed to improve her knowledge and understanding of her role and legal responsibilities.
- Areas identified included, duty of candour; reporting, logging and investigating incidents and accidents plus allegations of neglect; providing sufficient information to care staff on people's health needs; recording of complaints and outcomes; notifying incidents to CQC as required within deadlines
- The registered manager had submitted most, but not all statutory notifications to us. A notification is information about certain events at a service that must be notified to us by law. Some notifications were submitted with a delay. The registered manager stated in preparation for the inspection, they had reviewed all incidents and determined that further notifications were required. They acknowledged that these should have been submitted earlier, however had submitted them in time for our site visit.
- They explained changes they had made to ensure better monitoring of people's care. These included the employment of an experienced field care supervisor, checks of care quality by telephone calls, and unannounced spot checks of care workers who provided the personal care. Audits of medicines records were introduced to detect any omissions and correct them promptly. Checks of all reported incidents were completed to determine whether they required reporting to regulators.
- Daily checks of notes recorded by care workers were completed each morning. These were completed to check the quality of recording, detect potential issues and provide feedback to staff about their performance.
- The registered manager and field care supervisor did not always record what they had examined in these daily checks. They provided reassurance they would document all future checks they completed.
- Key performance information was collected, which included data about people who received personal care, staff, complaints, safeguarding and other factors. This contained some detail about the governance of the service on a regular basis.

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 demonstrated some limited knowledge about their responsibilities in the duty of candour process.
- They were able to explain transparency with regards to documentation, and honesty when things went wrong. However, they were not able to effectively explain how duty of candour was required if there was a serious injury.

- Records showed improvements in recording such information and actions taken by the registered manager or field care supervisor.

Continuous learning and improving care

- There were some instances where the service had not examined incidents which they could have learnt from. These events, once known, may have been prevented or properly managed if there was better oversight of them by the registered manager.
- Evidence showed improvements in how the service used information from some events to implement improvements to foster well-led care.
- Concerns, complaints and some incidents were used to help staff learn about how to ensure people's risks for harm were reduced.
- There was evidence in team meeting minutes that specific incidents had been discussed, and how staff reflected on them.
- A social worker confirmed improvements were underway, and actions were taken by the registered manager to learn from the prior events.

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

- People, families and staff confirmed there was a positive, person-centred approach at the service.
- Comments included, "They have been extremely helpful. You do feel as if they know what they're doing. They extend out to mum as well and chat to her" and "Yes, [I] definitely [recommend the agency]. They do care so much about their clients. Nothing is a problem and they are very approachable."
- Staff responses were positive about the working arrangements, managerial support and access to training.

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

- People and families provided feedback about the staff and service.
- A survey was sent out to people and families to gather feedback, with 18 responses received in 2021.
- Comments included, "Excellent service at all times", "I am reassured, having met with [the carers] that they are kind and caring" and "My father is very happy with [care worker]."
- A tally and summary of the responses was created, and the registered manager explained this would be shared with people and families.
- There was no survey to gain staff feedback, but staff provided positive responses when we contacted them.
- Comments included, "I am very happy to work for Sylviancare because they always support me and my clients with anything. They make me feel confident with them and they offer very good qualities" and "Sylviancare appreciates employees by putting the needs of employees and customers at the centre of everything they do. We are appreciated for the work we do; we support each other, and we never exclude others."
- There was evidence of regular staff meetings being held. Topics discussed included training, infection prevention and control, improvements to recording and changes in the service.

Working in partnership with others

- The service worked closely with the local authority and commissioners.
- The registered manager and field care supervisor explained the work they were completing with the local authority to improve and learn from past experiences.
- There was evidence an improvement plan from a commissioner was taken seriously and steps taken

towards meeting objectives. This was under regular review by the registered manager and field care supervisor.

- A commissioner of the service commented, "We believe the service is currently safe...the registered manager and field care supervisor have worked closely with [us] and have evidenced learning, and good practise. The field care supervisor is a real asset to the team and understands the need for clarity and guidance. The registered manager needs a clearer insight to [incidents], although with support has followed the process effectively. No further concerns have been raised, and feedback from service users [people] is positive."
- The registered manager had booked a course with the local authority to complete more comprehensive training in overseeing and managing safeguarding allegations and incidents.