

Sylviancare Ltd

# Sylviancare

## Inspection report

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09 April 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

This inspection took place on 8 and 9 April 2019 and was announced. Sylviancare is a domiciliary care service providing care and support to people in their own homes to promote their independence and well-being. At the time of the inspection personal care was provided to 108 people.

The service had a registered manager in place at the time of inspection.

During the inspection we looked at people's experience of using this service. We found that medicines management was not always safe, not all daily notes were legible, where people were prescribed 'as required' (PRN) medication, the service did not have protocols or guidance in place to support staff with knowing when to administer medicines. The provider had not evidenced a full employment history across and all care plans viewed did not detail how to support people's risks. The Commission was not notified, as required by law, of all notifiable incidents. The governance audits did not always illustrate discrepancies, actions taken and how quality assurance processes helped to drive service improvement, but relatives knew how to complain and knew the process to follow if they had concerns. However, it was not clear how the service used complaints to identify patterns of concern and lessons learnt.

Staff received regular supervision and appraisals and could demonstrate a knowledge of safeguarding and the processes. People and their relatives told us staff were caring.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

There is more information about this in the full report.

Rating at last inspection: Good (Report published 28 September 2016)

Why we inspected: This was a planned announced inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

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

## 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Sylviancare

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

There was a registered manager in post, 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. The service a registered manager.

Inspection team: One inspector carried this inspection.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to make sure the relevant staff and information would be available in the office.

The inspection site visit took place on 8 and 9 April 2019. We visited the office location to see the office staff and to review care records as well as relevant policies and procedures. The registered manager and a director were available and assisted us on the days of the visit.

What we did:

- We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with the registered manager, director, care coordinator and a health care assistant. We also reviewed information about:

- Five people's care plans, daily notes, monitoring records, risk assessments and medication sheets.
- Recruitment records

- Records of compliments
- Training matrix
- Supervision Matrix
- We spoke with four people from Sylviancare
- Records of accidents, incidents
- Safeguarding folder
- Medication Administration Recordings Charts

After the inspection additional information was sent

- Complaints log
- Compliments log
- Policies and procedures
- Feedback from one person using the service
- Feedback from four relatives
- Feedback from eight staff members
- Feedback from one professional
- Training Matrix

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Requires Improvement

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

### Using medicines safely

- We found that medicines were not always managed safely by the service.
- We found where people had been administered medicines, staff had not always signed the associated medicine administration record (MAR) to say this had been given.
- Although medicine audits were completed every four weeks, these did not always identify when there were gaps in MAR charts. For example, in one person's MAR, over a three-month period, there were eight missed signatures that had not been identified via the service's audit with no reasons given for not signing. It is important that medicines are signed for to prevent the risk of 'double doses' being given.
- Where a signature had been missed on the MAR sheet, there was not always evidence detailed in the daily notes for the reason this was not given.
- Where people were prescribed 'as required' (PRN) medication, the service did not have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

The registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager stated all staff received e-learning then practical training for medication administration. They also stated if a medication error was reported, an investigation took place leading to a number of possible outcomes, including retraining.

### Systems and processes to safeguard people from the risk of abuse

- It was evident where a safeguarding incident had been identified, the registered manager had informed the local authority and investigated these internally however they had failed to notify the CQC as required.
- Staff members stated that the service had a lone working policy. The policy highlights the safeguarding measures staff should take when lone working.
- All staff spoken with could demonstrate the process they would take to safeguard people from abuse. For example, one staff member stated, "Identify and evaluate the risk, report the concern to the manager, record the concerns and control, avoid and eliminate the risks". A second staff member stated, "I would report to the care manager and I would contact the GP surgery. I would record the incident and follow this up".

### Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care provision.
- Risk assessments did not always detail how to support people's risks. For example, one person was identified as being at risk of falls and was not able to weight bear. No information or risk mitigation was

written in the comments section to advise care staff how to prevent and manage the risk of falls.

- Not all daily notes were legible, and some were incomplete.
- The registered manager had introduced a new 'daily log sheet' in January 2019 which had a tick box and comments section. This daily log sheet replaced daily notes as the registered manager felt these did not detail enough information. These daily notes were not always completed in all sections, and additional comments were not added. For example, the tick box was only used when it asked, 'Food and/or drinks prepared, cooked and/or provided'. Nothing was written in the additional comments. This meant that people were at risk of not having their needs met.
- The service kept an accidents/incident log. There have been no recorded accidents in the past year.

#### Staffing and recruitment

- Required staff recruitment checks with the Disclosure and Barring Service were carried out to ensure people were protected from having staff work with them who were suitable.
- However, the provider could not always evidence a full employment history. This had been recognised by the registered manager prior to the inspection and they had changed the process and added a recording document.
- Staff rotas were scheduled one week in advance on the 'Malinko system'. The service had a phone app where staff could check their rota and use the app to check in and out of visits. This app was linked to google maps to help identify where staff were in an emergency. Rotas demonstrated that sufficient suitable staff were consistently deployed to meet people's needs and to keep them safe.
- The registered manager identified measures the service would put in to place in a staffing emergency. They stated, "care coordinators and office staff are trained in care, we would also see if people on a day off could come in."
- Staff spoken to felt there was enough staff to meet the needs of people who used the service.
- In the past year the service had received ten complaints regarding scheduled visit times. The majority of the complaints were regarding care staff being late for a visit or not staying the allotted time.

#### Preventing and controlling infection

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment when going into people's homes.

#### Learning lessons when things go wrong

- The service had a "Because we care action plan" in place that included an action around medication audits, however this was not effective as it did not highlight the errors we identified, such as gaps in the MAR charts.
- The registered manager stated they had added an employment history form to the recruitment process, as this had not always been fully recorded as required.

# Is the service effective?

## Our findings

Our findings - Is the service effective? = Good

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had an effective system to ensure that staff received appropriate training. The care certificate modules formed part of the induction training.
- All training the provider considered to be mandatory was up to date.
- All new staff would receive an employee induction pack. All staff spoken with confirmed 'I completed an induction which prepared me fully for my role before I worked unsupervised.' One staff member stated, "When moving here I felt confident following induction".
- The registered manager stated that staff received supervision three times a year, three support checks and one appraisal. They provided a supervision matrix to support this. Staff confirmed this.
- The registered provider had a list of training they deemed mandatory for staff members. This included manual handling, fire safety, Infection control, safeguarding, dementia, and Mental Capacity Act (MCA)/deprivation of liberties (DOLS).
- People were asked if they thought staff had the training they need to support them. One person responded and stated, "All [Staff] have being great and the cover staff", a second person stated, "Had three lots [staff]. The first lot are fantastic".
- One member of the care staff stated that 'the time allowed for each visit means that I am able to complete all of the care and support required by the person's care plan'.

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

- People's needs and choices were taken into account when delivering care however further improvements could be made to ensure care needs were always adequately assessed, planned and reviewed to ensure people received support how they wanted.
- The 2018 annual quality assurance survey sent out by the provider illustrated people felt their needs were considered, for example one person stated, 'Sylviancare staff always respected your choices, wishes and preferences', with the maximum rating being given.
- It was evidenced from daily task sheet that people were asked how they like their daily tasks completed. For example, one person's daily task sheet stated, "please knock at the door, please ensure you address yourself on entry".

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

- People were supported to have a healthy diet. All staff received training in fluids and nutrition.
- A daily food and nutrition log was completed by workers during their visits.



- Staff members were asked about people's dietary needs and wishes. One staff member stated, "We would ask this at assessments. For example, if they have special dietary requirements or low sugar diets or a soft diet".

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager stated they have formed links with "local authority and clinical commissioning group". For example, when someone is due to be discharged from hospital the registered manager stated that they would assess the person on the ward to see if they could meet their needs.

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.

- All staff stated that they had received training and had an understanding of the MCA. One staff member stated, "It is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment", a second staff member stated, "To protect and empower those who may have lack capacity to take decisions".

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service undertook an annual customer satisfaction survey. One relative commented in the survey, "I am receiving excellent help, support from your team at Sylviancare."
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
- All relatives spoken with felt that staff were caring and treated people with dignity and respect. One relative commented, "They always treated my relatives with dignity and kindness."
- Staff consistently spoke with pride and fondness about people they supported.
- The service had kept a calls log and recorded two missed calls from April 2018.
- The service received 33 compliments in the past year. One person commented, "[Person] wanted to pass on their thanks to [person] as they are wonderful, they treat their [person] with upmost respect and is very thankful for their support".
- The registered manager told us how staff go above and beyond for people. For example, staff collected belongings from hospital after a person was discharged and had forgotten them. The registered manager stated the items had an emotional meaning for the person and they were very happy that the staff were able to collect them.

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

- Where appropriate, care plans had relative's involvement and input. The relative would provide information about people's social background, their likes and dislikes and recent history.
- The care plans were drawn up with people, using input from their relatives where applicable.
- Carers told us that their relatives had been asked their consent by care staff when needing any treatment or support

Respecting and promoting people's privacy, dignity and independence

- Staff stated, "People who use this care agency are always treated with respect and dignity."
- People's right to confidentiality was protected. All personal records were kept locked in the office and in a place of their choice within people's own homes.
- One person stated, when asking if they were treated with dignity and respect, "very much so".
- One relative stated, "I did use another care agency in the beginning. Once I used Sylviancare I was more than happy and settled with the care provided".
- People received care and support from a regular staff team which helped to promote people's confidence and independence.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support that was individualised to their personal needs. People's care plans were personalised and placed people's views and needs at the centre. One person stated, "Sylviancare has always listened to the way my relatives care is conducted, they are easy to contact and are immediate in their reactions".
- The service was responsive to people's communication needs. For example, they used a sign language service where they could support people who were hard of hearing with medical appointments. The service worked with an organisation called Sign Health. The Sign Health service can attend the GP surgery or hospital to support the person with their communication needs. The registered manager also stated that live in carers have learnt basic sign language key signs to better support people with their communication needs.
- The registered manager advised that following a referral, an assessment is carried out within a maximum of a 48-hour period. The first visit is then completed by the person carrying out the assessment and the care worker.
- A university psychology student, working for Sylviancare, is working to implement a memory box for people living with dementia to aid reminiscence work. The memory box is a tool to build rapport and enhance their working with people. The registered manager stated they hoped to roll out this to all people they support who live with dementia.
- However, people's individual care plans and support needs had not always been assessed. For example, in the care plans it asked, 'If I suffer regular pain, how is this managed?' and 'How I sleep at night, if medication is prescribed, how is this managed?'. In all of the care plans it did not detail how staff should support people with any maintenance of pain or medication. This was reported to the registered manager during the inspection who acknowledged that specific information on how to manage these was needed.
- In another example, a section in the care plan called, 'My health assessment' didn't document how health needs would be managed. One person was identified as needing an air mattress by the occupational therapist. The care plan did not highlight anywhere how staff would support or assist with this need.

Improving care quality in response to complaints or concerns

- From April 2018 to March 2019 the service had received 86 complaints. The most common theme for complaints was poor quality of care and scheduled visit times. For example, one complainant stated "[person] called the office to complain that the carer did not spend 45 minutes with [person] at the morning visit and that the carer did not support [person] to be shaved". A second person commented, "I spoke to [person] today about the incident that happened on Sunday. He said that [person] turned up for his AM call at 10:40am when they should have been there for 10:00am".
- The registered manager responded to complaints and concerns in a timely way, however, we did not see evidence for how these drove improvements.

- All people and relatives we spoke with following the inspection were positive about the service and the quality of care they provided.
- Staff were aware of the procedure to follow should anyone raise a concern with them.

#### End of life care and support

- At the time of inspection, the service was not supporting any one with end of life care.
- The registered manager stated staff would receive eLearning training on end of life care to help prepare them and support following any end of life.
- People with end of life care preferences were recorded in their individual care plans service

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# 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager did not have effective operating systems and processes to promote person-centred care. The leadership did not promote high quality care.
- Records were not always kept fully up to date. The monthly quality audits did not always evidence shortfalls.
- It was found that all five premises and environmental risk assessments we looked at did not detail how to mitigate any risks identified. For example, in relation to lights or trip hazards.
- People's risk assessments were not always detailed and did not contain actions required to mitigate risks. It was not clear how people's level of risk was assessed. On inspection the registered manager stated that care staff had not been trained in risk assessments. Following inspection at the factual accuracy stage, the registered stated, "The Sylviancare assessors are trained on how the scoring system works and the care staff are shown how to interpret the scoring system during their induction"
- People's changing needs were not always reassessed after a period in hospital. For example, one person was discharged home and administered the wrong medication due to the person's needs post hospital not being reassessed.
- The registered manager understood their Duty of Candour. People and relatives told us they were open and honest when things had gone wrong, for example; when medicine errors had occurred.
- Staff felt the registered manager was approachable and could raise any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services registered with Care Quality Commission (CQC) are required to notify us of significant events, of other incidents that happen in the service, without delay. The registered person had not consistently notified CQC of reportable events within a reasonable time frame. Six safeguarding incidents had been identified as being unreported.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not notified the commission of significant events, of other incidents that happen in the service, without delay.

- We found recording issues in people's medicine administration records. The registered manager had been unaware of this until it was brought to their attention at the inspection.
- We found that the medication audits the completed were not always effective. For example, we saw that

there were gaps on MAR charts where staff administering medication had failed to sign, and the audit check sheet did not identify these.

- We did not see effective systems in place for monitoring quality.
- The registered manager stated that file audits took place monthly, with a full review every three months. These file audits were found to be ineffective. Most audits did not contain feedback or identify any trends.
- Where one error had been identified on the audit form, there was not a clear process in place for how this would drive service improvements or be communicated back to staff.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- Staff rotas were in place and highlighted each person's visit schedule for the coming week. The service had its own cars to assist staff members with travel for staff that did not own their own cars. They also had a four by four vehicle for bad weather

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

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service actively gained feedback from staff and people on an annual basis.
- One staff member commented, "I am very happy to be part of Sylviancare team", a second stated, "Yes, I feel supported by my Care Coordinators and Care Manager. I have received guidance and support every time I needed it and training was always very helpful".
- One relative commented on the customer feedback, "Sometimes I don't understand the carers English". The register manager's action plan following this highlighted 'Carers to improve their English skills' within a specific timescale, however failed to identify what support they would provide to staff to achieve this.

Continuous learning and improving care

- The registered manager spoke about a development plan he had formulated called "Because we care action plan" which they started in January 2019. This plan focused on service improvements which were allocated to a number of job levels in the organisation, which included directors, registered manager, administration staff and field staff. Initial timescale set at three months, where some actions had been reviewed and moved to six months." At factual accuracy stage the registered manager confirmed this was an annual service improvement plan.
- For example, one action identified stated, "Check lists to be created for clients with complex needs to allow cover and temporary staff better insight into daily tasks to be completed on each visit".
- All staff spoken with said they would recommend the service to a member of their family.
- The service held monthly staff meeting that were available as drop in session. Each team meeting had a policy theme each month, which would highlight the services responsibilities and risks to people. For example, safeguarding was highlighted in 2019.
- The registered manager stated they have an open and honest culture where they encourage transparency and learning from mistakes. They stated they have been promoting this culture change in team meetings, quarterly newsletter and supervisions with staff.

Working in partnership with others

- One professional stated, "Sylviancare have a good structure of management in place, with good support in the office and out in the field."

- The registered manager stated they had good working relationships with the local authority, clinical commissioning group and social services.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not notified the commission of significant events, of other incidents that happen in the service, without delay.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p>



