

Synergy Homecare Ltd

Synergy Homecare

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?	Good ●

Summary of findings

Overall summary

About the service

Synergy Homecare is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were five people using the service.

Not everyone who used the service received personal care. 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

People care needs were met safely by staff who they trusted. People's safety was maintained and promoted through effective systems and processes to protect people from abuse. Potential risks to people were assessed and kept under review. Support plans had clear guidance about the level of support people required to meet their needs in a safe way. Staff knew how to report concerns when people's safety and wellbeing was at risk.

Safe staff recruitment procedures were followed to protect people from unsuitable staff. There were enough staff to meet people's needs. Staff were trained for their role and supervised to ensure their skills and knowledge were kept up to date to meet people's care needs.

People were supported to maintain good health. People were supported with their medicines and accessed health care services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

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.

People received timely care and support from reliable and caring staff. People's privacy, dignity and independence was promoted. People had developed positive relations with staff who were committed to non-discriminatory practices. People's communication needs were met and understood by staff.

People received person centred care. The registered manager and staff had a good understanding of people's needs and their individual preferences. Support plans were personalised and took account of people's religious and cultural needs. Staff worked flexibly to enable people to maintain their independence and contact with family and the wider community friends. People had the opportunity to express their wishes in relation to end of life care.

Everyone we spoke with felt the registered manager was approachable and responsive. People were confident complaints would be listened to and acted on. People's views about the service were sought

individually and through surveys.

The registered manager understood their legal responsibilities. The quality of care was monitored through reviews, audits and feedback. Systems were in place ensure staff were trained and supported in their roles. The registered manager and staff team understood and promoted the provider's values and principles. This was achieved by the registered manager who worked in partnership with health care professionals, agencies and community services and shared learning with the staff team when things went wrong.

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

Rating at last inspection

This service was registered with us on 20 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service began to provide care to people.

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 well-led.

Details are in our well-Led findings below.

Good ●

Synergy Homecare

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 one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 5 November 2019 and ended on 6 November 2019, after we visited the registered office.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority 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.

During the inspection

We spoke with five relatives of people who use the service. We spoke with the registered manager and three care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, induction training and support. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and the updated business continuity plan.

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's safety was monitored and promoted. People were provided with information which included the safeguarding procedures when they first started to use the service. Relatives told us staff provided safe care and support to their family members'. A relative said, "[Family member] is safe because [they] get the care needed."
- People's support plans detailed the support they needed to protect them from potential harm and abuse at home and whilst accessing the wider community.
- Staff had been trained in the safeguarding procedures, and knew what action to take to protect people from harm and abuse. A staff member said, "Any signs of abuse I would report it to [registered manager] and Care Quality Commission. If I need to, I will whistle-blow because it's my duty to report abuse." Staff were supported by the registered manager and had access to the provider's policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments were in place to promote people's safety whilst maintaining their independence as much as possible. Risks associated with people's care needs such as their mobility, mental health and cultural needs, and risks within the home had been assessed. Support plans provided staff with guidance to reduce risks and to keep people safe. Risks were regularly reviewed, and support plans were updated to reflect any changes to the support required.
- People and their relatives were involved in the risk assessment process. A relative said, "[Family member] uses chair lift and carer walks with [them] who uses the [walking aid]. A [walking aid] is upstairs, and one is downstairs. I feel [family member] is very safe with the carer."
- Relatives had shared information with the registered manager to enable staff to understand how their family member expressed themselves using their body language and signs that would indicate a change in mental wellbeing. Staff were aware how people communicated and gave examples that demonstrated they recognised and acted on people's wishes. This was consistent with the information in the person's care plan.

Staffing and recruitment

- Safe staff recruitment practices were followed. Staff records contained evidence of a Disclosure and Barring Service (DBS) check and references were obtained before staff were appointed. The checks help employers to make safer recruitment decisions.
- People were supported by regular, reliable staff. Relatives told us staff were punctual staff and said, "[Staff] is always a few minutes early and has never been late" and "[Staff] are always on time and [family member] looks forward to see the carer."
- Staff told us the rotas were planned so they visited the same people, and they had enough time to deliver

the care and support people needed and to travel between calls. Staff used the electronic call monitoring system to sign in when they arrived at the person's home and left. This enable the registered manager to monitor the timeliness of staff and manage any potential delays.

Using medicines safely

- People were supported with their medicines in a safe way. Where people required support with their medicines, their ability to do so was assessed.
- Staff were trained to support people with their medicines and knew what action to take if the person declined to take their medicine or in the event of a medicine error. A staff member said, "[Name] takes tablets with water, I just give the [blister] packet. We have to follow the [support] plan. The body chart shows where to apply the [prescribed topical] cream and we always have to wear gloves to do this."
- Support plans described the level of support people required, for example, to remind them they needed to take their medicines and complete records to confirm when medicines had been taken. Details of any allergies to specific medicines was clearly documented and would be shared with the emergency services in the event emergency medical care was needed.
- The registered manager as part of their quality assurance system checked people were supported with their medicines in a safe way and records were checked weekly.

Preventing and controlling infection

- Relatives told us staff used personal protective equipment (PPE) and disposed of them safely. A relative said, "I watch the carer, [they] put on shoe covers when [they] come in, wash their hands and uses paper towels to dry and put on the gloves and aprons."
- Staff were trained in infection prevention procedures and had access to relevant information and guidance. Staff practice was checked by the registered manager to ensure infection control procedures were followed. Staff confirmed they had a good supply of PPE and disposed of them after each task.

Learning lessons when things go wrong

- All incidents and accidents were logged in people's care files, which made it difficult to identify any trends, so action could be taken to reduce risks. When this was raised with the registered manager, a central log was developed. They also assured us any learning from these events would be shared with the staff.
- Staff told us the registered manager shared learning with them, for example, the importance to follow a set routine to support a person as a consistent approach promoted their wellbeing.

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

- Relatives told us the registered manager and staff were trained and competent in meeting their family member's needs. A relative said, "Staff have a brilliant insight into mental health and how it affects the simplest tasks."
- Staff had completed induction training for their role and worked alongside the registered manager as part of their competency assessment. A staff member said, "I completed the care certificate which had 15 modules with a test in each. Manual handling was face to face. The training has helped me with my confidence to support people." Staff had completed a range of practical, competency-based training related to health and safety, promoting person-centred care and were encouraged to complete a nationally recognised qualification in care.
- Staff were supported by the registered manager and received regular supervision which helped to identify any training and development needs. Team meetings enabled staff to review their care practices and share ideas to improve the care people received.

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

- Assessments of people's care and support needs were completed in good detail. The registered manager involved the person, their relative and used information provided by commissioners. Assessments reflected the best practice guidance and the Equality Act. This enabled the registered manager to ensure staff had the skills needed and to identify if further training was needed.
- People and their relatives were involved in the planning of their care. People's individual needs, routines were identified, and their disability, age and race were recognised and met.
- Staff knew people well and how to best to meet their needs. Staff referred to the support plans which provided clear guidance about the level of support that was needed. A relative said, "[Staff name] is so gentle with [family member] when they are drying [them] after a shower because [name] feels pain due to their [health condition]." This demonstrated staff followed this person's support plan consistently to meet their needs.

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

- Relatives told us staff prepared meals, snacks and drinks that were suitable for their family member. A relative said, "Lunch calls [staff] has to make roti [Indian flat bread] for the curry which just needs warming up." The food and drink logs completed by staff assured relatives that their family member had eaten well and also helped to identify a possible health concern.
- People's support plans described people's dietary requirements and preferences such as non-vegetarian or halal meals and the level of support required to eat and drink.

- The registered manager and staff were trained in food hygiene and safety and were aware of people's requirements and encouraged them to eat a healthy balanced diet.

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

- People were supported to access health care services when needed. A relative told us call times were changed so their family member was ready to attend planned health care appointments.
- A relative said, "[Staff] is very much on the ball and will let me know if [family member] seems unwell and their mood is out of character." Staff were aware of people's health conditions and the support plans provided a clear overview of people's health condition, the support required and the action to take if there were any concerns about their health.
- The registered manager and staff worked with health care services to ensure people received timely coordinated care and support when needed. It was difficult to identify in the records when referrals had been made and advice sought from health care professionals. This was raised with the registered manager and they developed a 'professionals log' where all communication with health and social care professionals would be documented and including instructions to meet people's specific 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.

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.

- The service worked within the principles of the MCA. People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments when need and their outcomes. These processes were clearly documented and included evidence where the person's relative had the legal authority to make best interest decisions.
- Staff were trained in MCA and were aware of how this legislation affected their work. A staff member told us they would explain what they were doing and why and were respectful when people declined care and support. Relatives we spoke with confirmed staff sought their family member's consent and respected their 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.

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

- Relatives told us their family member received good care from staff who they trusted and had developed good relationships with. They said, "Carer is excellent, caring and gentle with [family member]." And "[Family member] has a really good relationship with [registered manager], [family member] likes to call her every day and she always takes [their] calls and they chat about things. She never ignores the calls."
- People's diverse needs, such as their cultural or religious needs and lifestyle choices, were reflected in their support plans. Staff were aware of people's religious and spiritual needs. A relative told us staff delivered care in a timely way, so their family member could practice their faith.
- People were cared for by staff who enjoyed their work and worked as a team. Staff had developed trusting relationships with people and their relatives. Staff knew people well and gave examples of people's preferences, likes and dislikes and interests. A staff member said, "Everyone seems to get along with each other and help out when they can."

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

- People made decisions about their care which had been documented in their support plans. These ranged from people's food choices to their preferred spoken language which was not English. Support plans described people's individual needs, daily routines and preferences such as the gender of staff to support them.
- The registered manager visited people weekly, and also provided care. They kept the person, their relative, where appropriate and staff informed about any concerns or changes to people's needs. Staff said information was shared in a timely manner, which contributed to people's care.
- Staff told us people's support plans were kept up to date and they read through relevant support plans to ensure they provided care to people as required.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity was promoted. A relative said, "[Staff] when showering, will ask [family member] to wash their private parts, and uses two towels, one to cover [them] before they are moved to sit on the bed and the other [towel] used to dry them". A staff member told us they had asked a relative to leave the room to maintain the person's privacy.
- A relative said, "[Staff] encourages [family member] to walk and to eat by [themselves] with support." Examples given by staff showed they promoted and supported people to remain as independent as possible in relation to their daily care needs.
- The registered manager and staff were aware of their responsibilities to maintain confidentiality. People's confidential information was kept secure and managed in line with the legal requirements.

Is the service responsive?

Our findings

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

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

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

- People received person centred care from regular, reliable and consistent staff. Relatives told us their family member had been introduced to staff to ensure they felt comfortable with them.
- People were involved in the planning of their care and decisions made were documented. Staff knew people well and gave examples of people's preferred daily routines and the support needed to keep control of their lives and independence, as much as possible.
- Support plans were personalised and reflected people's preferences, and race, religious beliefs, their sexuality, hobbies and interests. This helped to ensure people were not at risk of being discriminated against. The plans set out how their individual needs should be met and information about any support they needed to complete household tasks.
- People's support plan and risk assessments were reviewed regularly or when staff reported changes to people's needs and the support plans were updated. The registered manager liaised with the commissioner when it was identified a person's needs had changed and the package of care was increased so staff could continue to meet the person's needs safely.

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 had been assessed and were met. A relative said, "[Staff] is definitely matched to [family member] as [they] also speak several languages so [family member] can talk to them."
- People's support plans described their preferred language which was not English and how they communicated, which included specific non-verbal communication. Staff were aware of how people communicated, for example, how a person used their body language to give consent and to indicate refusal.
- The registered manager had made information available in formats people could easily understand and had updated the Accessible Information policy to include information would be made available in pictorial formats, electronically and in different languages.

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

- Relatives told us staff had developed positive trusting relationships with their family member. A relative said, "The know if [family member] is feeling cold and will put a shawl around her and talk with [them] if they are feeling down."

- People required minimal support with social needs. Where the package of care included social support this was documented in the person's support plan.
- Staff had good insight about what was important to people such as their family, their faith, hobbies and interests. A staff member told us they supported a person regularly to go out to use community services. They said, "The family has arranged for a carer to take [name] out in the fresh air which is good for [them] as it makes [them] happy; [they] enjoyed looking around when they went to see the Diwali lights."
- The registered manager told us staff worked flexibility and call times were adjusted to accommodate planned appointments or for people to attend social, cultural or family events.

Improving care quality in response to complaints or concerns

- Relative did not have any complaints. They were confident that complaints would be acted on. A relative said, "No concerns or any complaints about the care or the agency. We are more than happy with the carers. Keep up the good work."
- People were given a copy of the provider's complaints procedure which included the contact details for advocacy services and the local government ombudsman.
- Records demonstrated complaints had been investigated by the registered manager, a written response was sent to the complainant, which outlined the actions taken to resolve their issue.

End of life care and support

- People had the opportunity to discuss their end of life care when they felt ready to make such decisions. Any cultural and religious needs and wishes were included in their support plans.
- At the time of our inspection, there was no-one who needed end of life support. The provider had policies in place to support this and staff training was planned to assure people their wishes would be respected.

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.

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

- Everyone we spoke with felt the service was well-led. They praised the registered manager for their caring approach and commitment to provide good care. Relatives were confident to contact the registered manager at any time and knew their issues would be resolved. Their comments included, "Well run agency. [Registered manager] really cares about my [family member]," and "[registered manager] is responsive."
- The registered manager and staff understood the culture of the service and promoted the principles and values of the provider. Staff were able to tell us how they implemented the provider's values in their day to day work in providing support and care. A staff member said, "I really enjoy working for this company; I fulfil my duties and feel I make a difference to people's lives."
- People received quality person centred care. Relatives told us the registered manager and staff met their family member's care needs and their emotional needs. A relative said, "My [family member] matters to them. I want to say thank you to [registered manager] and hope she and the carers continue to give the same standard of care and kindness which she's done from day one."
- Relatives told us they and their family members' had developed good relationships with the registered manager and staff team. A relative said, "I would recommend this company to anyone. They had to provide care at short notice, and [registered manager] did the assessment quickly and managed to get the right staff needed and they've not really changed."

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 worked in an open and transparent way. They understood their responsibilities in line with the duty of candour and submitted timely notifications were sent to the Care Quality Commission (CQC). They were aware of their responsibility to display the rating on the publication of the inspection report.
- The registered manager was open and honest when things had gone wrong and were responsive to issues raised during this inspection. Accurate records were kept of incidents and accidents which they analysed. Information and learning from incidents and complaints were shared with the staff to reduce risks. The registered manager was responsive when we raised issues during this visit and took action to address, for example, staff meeting to address the issue of using inappropriate terminology when referring to continence care.

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

regulatory requirements

- The registered manager was committed to providing a quality care. They delivered care, worked alongside staff and contacted people and their relatives to gather feedback about the quality of care received and addressed any issues promptly.
- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried out on people's care and their care records. The registered manager analysed information such as the timeliness of staff through the electronic call monitoring system. A central system had been developed to enable them to monitor that all incidents, accidents and complaints had been investigated and analysed to identify trends, so action could be taken. These practices were underpinned by the provider's policies, procedures. The business continuity plan was reviewed and updated to ensure the service delivery would not be interrupted by unforeseen events.
- Staff spoke positively of the registered manager who they described as "friendly and easy to talk to." Staff were supported to deliver good quality care and received regular training and supervisions.

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

- People were regularly asked for their views about their care individually and during reviews of their care. A relative said, "[Registered manager] does spot checks on the carer and will call me to make sure I'm happy with the care my [family member] is getting." These checks assured people and the provider, that people's care needs were met safely and as agreed. Satisfaction surveys results were all positive.
- Staff understood their role to provide quality care and report concerns to the registered manager. Staff were aware of the whistleblowing procedure and were confident that any concerns and suggestions made would be listened to and acted on. Staff views and ideas were sought about how to improve people's quality of care and life.
- Staff told us they felt valued and appreciated by the registered manager, people who used the service and their relatives. The service had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept themselves up to date with changes in best practice by reviewing the CQC guidance and changes in legislation.
- The registered manager had developed links within the community and other small care providers to promote people's quality of life. They shared information with the staff team to enhance their knowledge and develop their working practices.
- The registered manager and staff team worked in partnership with GP's, community nurses and commissioners to ensure people received joined up care.
- The registered manager had developed an action plan to identify areas for further development. They recognised effective monitoring was essential to deliver good quality care and were committed to increasing the use of electronic records to support all functions of the service.