

Sevacare (UK) Limited

# Synergy Homecare - Wakefield

## Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Synergy Homecare – Wakefield is a domiciliary care agency providing personal care and support to people aged 65 and over. At the time of the inspection the service was supporting 78 people.

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

There were systems in place to protect people from the risk of abuse or harm. Risk assessments were in place and were reviewed and updated as required. The recruitment of staff was thorough. Some people told us their call times were irregular and they did not always know which staff would be attending their call. People received their medicines from appropriately trained staff.

Feedback about the management of the service was mixed but people did feel improvement were being made by the new registered manager and care manager. There were systems in place to monitor and review the quality of the service, but improvements were needed to ensure they were robust.

Staff received regular training, supervision and observations of their performance. Where people were assessed as requiring support to eat and drink, this was provided. People were enabled to access other health care professionals as required. 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.

Staff were kind and caring. People were encouraged to retain their independence and make choices about their care. Staff respected people's right to privacy and ensured they took steps to maintain their dignity.

People's care records were person centred and provided staff with sufficient detail to enable them to provide individualised care and support. The registered manager was aware of the requirements of the Accessible Information Standard. Formal complaints were logged and investigated.

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

### Rating at last inspection

The last rating for this service was good (published 5 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 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.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Synergy Homecare - Wakefield

## **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 team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

We gave a short period 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 26 February 2020 and ended on 13 March 2020. We visited the office location on 3 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four members of staff including the registered manager, care manager and two support workers. We reviewed a range of records. This included five people's care records and four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures. We also spoke on the telephone with two people who used the service and nine relatives.

#### After the inspection

We spoke on the telephone with a further six support workers. We also requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Staffing and recruitment

- Feedback from people and their relatives regarding call times and consistency of the staff was mixed. Relatives comments included; "Its pot luck with who we get" and "Its hit and miss on timings." One relative told us on three or four occasions this year, staff had arrived at 6.30pm to put their family member to bed instead of the usual time of 9pm. They told us this was too early for them to be going to bed. However, another relative said, "We see mostly the same people, my relative does like that."
- Staff told us, they were not aware of anyone not receiving their scheduled call, but they told us people sometimes complained staff were late.
- Improvements were being made to call scheduling. There was an electronic call monitoring system in place. Information supplied before the inspection by the local authority evidenced an 8% improvement from December 2019 to January 2020, in the timeliness of people receiving their calls within 30 minutes of their scheduled time. At the time of the inspection electronic call monitoring was not in place for people who funded their own care. The registered manager told us this was to be implemented in the coming months.
- Recruitment of staff was safe. Pre-employment checks included, checking candidate's employment history, obtaining references and checking if candidates had any criminal convictions.

### Using medicines safely

- Care records detailed the support people needed with their medicines.
- People's medicine administration records (MAR) were audited regularly. A summary of findings was completed, and action taken. However, the audit only checked staff had signed correctly when they had administered people's medicines. For example, the audit did not check the MAR had been transcribed correctly or that medicines had been administered in line with the prescriber's instruction.
- Staff had completed medicines training and we saw an assessment of staff's competency was completed at least annually.

We recommend the registered manager consult current good practice guidance regarding the management of people's medicines in the community and act to ensure systems and processes are robust.

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

- People told me they felt safe when the staff visited their home due to the friendliness of the staff.
- Staff had received training in safeguarding and were aware of their responsibilities in keeping people safe. Staff were confident any concerns raised would be addressed by the management team.
- The registered provider had a system in place to ensure safeguarding concerns were investigated, recorded

and referred to the relevant authorities.

#### Assessing risk, safety monitoring and management

- Care records included a range of person-centred risk assessments. These covered peoples home environment as well as their specific care and support needs.
- Staff were aware of the procedures they should follow in the event a person had fallen or they were unable to gain access for a scheduled call.

#### Preventing and controlling infection

- Staff had completed infection prevention and control training. Personal protective equipment was available for staff to use.
- The care manager told us since the emergence of a global viral infection, they had been in contact with other relevant health care agencies for advice. An advice sheet had been given to staff.

#### Learning lessons when things go wrong

- There was no evidence any accidents had occurred. However, the registered manager and care manager demonstrated an open attitude to learning lessons and improving practice in the event things went wrong.
- The registered provider had a system in place to ensure any accidents or incidents were recorded and analysed to enable opportunities for improvement to be identified.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's needs were assessed prior the service accepting a new care package.
- Care records and risk assessments were reviewed and updated annually or in the event a person's needs changed. A relative told us their family member's needs had been re-assessed following a recent hospital stay.

Staff support: induction, training, skills and experience

- New staff were supported with a period of induction, training and shadowing a more senior member of staff. A member of staff told us, "They [new staff] would come with us, they follow us. Then on the next call one of us stands back and they help the other one." One of the staff we spoke with raised concerns about the quality of their practical moving and handling training. Following the inspection, we spoke with the care manager who assured us this shortfall would be addressed promptly.
- The registered providers training matrix evidenced all staff had completed and refreshed training in a variety of topics. We also saw staff had attended workshops during 2019 to improve their knowledge and skills regarding the management of medicines and end of life care.
- Staff had received regular management supervision as well as unannounced field-based checks on their performance.

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

- People were supported to eat and drink. People and relatives told us staff ensured people had access to drinks. One relative said, "They make sure [person] is tucked up in bed with a drink by their bed." Another relative told us, "They make [person] four meals a week with pre made meals and microwave meals."
- Care records included the support people needed to prepare meals and drinks. Where people had preferences or needs regarding their diet, these were clearly recorded.

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

- There were systems in place to enable affective communication between office and field-based staff.
- Care records provided contact information of other health care professionals involved in people's care.
- Staff were aware of the action they should take in the event a person was unwell.

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.

- At the time of the inspection the service was not supporting anyone who had a deprivation of liberty authorisation in place.
- A signed record of people's consent to their care and support was kept in their individual care records.
- Staff were able to tell us how they enabled people to make decisions about the care and support they received.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Through talking to staff we were satisfied care and support was delivered in a non-discriminatory way and people's rights were respected.
- People and their families told us staff were caring and kind. Comments included; "They are all very nice", "The care is unquestionable, and the carers are great" and "They are all very friendly."
- Four of the six staff we spoke with told us they had a regular group of people they supported. It was evident from speaking to staff, they knew their regular client group well. The registered manager, care manager and each of the staff we spoke with, talked about the people they supported with respect and empathy. One of the staff we spoke with said, "It is quality over quantity, how you want your mum and dad to be treated. Person centred care, what they want and how they want [to be cared for]. It's all about them."

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

- People were involved in making decisions about their care and support. A member of staff said, "Making choices, it's a normal part of life, I always encourage them to make their own choices." Another member of staff told us, "It is always up to them. I ask them, what do you fancy, do you think that [item of clothing] will go with that."
- People and their relatives were aware of their care plans. A relative told us, "I've added a few things to the care plan recently."
- The registered manager was aware of how to access advocacy support for people if that was required.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and maintained their dignity.
- People were encouraged to retain their independence. Care records included information about the tasks people were able to complete independently or with support from staff. One person's care record noted, they were able to pull up their own trousers.
- Staff understood the need to keep people's personal information confidential.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff told us a copy of people's care records were kept in their homes. Staff also told us they were reflective of people's needs and were updated in the event someone's needs changed.
- Each of the care records we reviewed was person centred and detailed. The records provided clear instructions about the individual care and support to be provided at each scheduled call.
- Staff completed a written summary of the care they had provided. Entries were dated and signed.

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.

- The registered manager was aware of the requirement of the AIS. They assured us information could be provided in alternative formats if required.
- People's care records included information about their communication needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they had been provided with the office telephone number and they were aware of how to raise a complaint.
- There was a system in place to manage complaints. Three formal complaints had been recorded in 2019. Records evidenced they had been investigated and responded to. No formal complaints had been recorded for 2020.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

- There were systems in place to gain feedback from people, but these were not always effective. Some people told us they did not feel listened to by the office staff and there was a lack of response when minor concerns were raised. The registered manager and care manager told us low level concerns were recorded in individual peoples records but they were not recorded or dealt with as part of the formal complaint's procedure. This meant there was a lack of collective oversight and areas of weakness were not being identified or addressed to the satisfaction of the person receiving the service.
- People and relatives were invited to complete an annual survey. The most recent one had been completed in May 2019. The service had taken over the care packages from another provider during 2019 so a further survey of clients affected by this change has been completed in September 2019. The feedback in both surveys was predominantly positive
- Phone calls to check the quality of the service were completed within the first month of the care package commencing and then at six monthly intervals. We saw evidence of this in the care records we reviewed.
- A staff survey had been completed in August 2019. The registered manager told us all staff employed at the time had received a survey, but they did not have a record of how many had been distributed. Of the 11 returned surveys, all but one was positive in their feedback. Staff told there were regular staff meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- When we spoke with people about the management of the service, feedback was mixed. Some people thought communication with the office-based staff needed to be improved while others thought communication from the office was good. A number of relatives told us things had improved since a new manager had been in place.
- Feedback from all but two of the staff we spoke was positive about the management of the service. One member of staff told us, "The office [staff] are approachable, if there is something up I can talk to them, things are done properly."
- The registered manager, care manager and staff we spoke with were clear about their roles and responsibilities.
- There were a number of systems in place to monitor and review the quality of the service people received. This included regular support and monitoring of support workers. Regular audits of peoples MAR's were

completed but as evidenced in the safe section of the report, these needed to be more robust. An action plan monitored the services progress in meeting identified shortfalls.

- A weekly report was compiled by the care manager which provided senior managers with oversight of a number of key performance indicators. This included staff recruitment and training, client reviews, missed calls and safeguarding concerns. The report did not provide information regarding the timeliness of peoples calls.

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

- Statutory notifications were sent to us in line with the registered managers legal responsibilities.
- Staff were confident any concerns they raised would be listened to and acted upon.

Continuous learning and improving care

- The registered manager and care manager were clear in their intention to continually improve the service. The registered manager told us future improvements included further moves towards digitalisation, reducing the dependence upon paper records.
- The care manager attended local manager forums and meetings with local commissioners.
- Fact sheets regarding various topics were routinely distributed to staff providing information and guidance around particular health conditions as well as health and safety matters.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to achieve good outcomes for people.