

Sevacare (UK) Limited

Synergy Homecare - Leeds

Inspection report

Wira House, Wira Business Park
Ring Road, West Park
Leeds
West Yorkshire
LS16 6EB

Tel: 01132741900

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14 September 2017
18 September 2017

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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

We carried out the inspection of Synergy Homecare - Leeds on 13, 14 and 18 September 2017. At the time of our inspection there were 73 people using the service. This was an announced inspection.

At the last inspection on 27 June 2016, we asked the provider to take action to make improvements around consent, safety and governance and this action has been completed. However we had found further concerns around audits that had been completed.

Synergy Homecare - Leeds provides personal care and support to people who are elderly and may be living with dementia and are living in their own homes in Leeds and the surrounding areas.

The service did not have a registered manager in place. 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 was caring. People received support from caring, committed and compassionate staff. A strong caring ethos was promoted by the registered manager and area manager, which ensured the staff team kept people at the heart of the service.

Staff sought ways to improve people's lives and people using the service said staff frequently went over and above to assist them and ensure they were happy and safe. People confirmed they were always treated with dignity and had their privacy respected.

There were sufficient numbers of staff employed to provide people with their planned service. People were supported by a stable, skilled and caring team, who knew each person well. People said they were safe using the service because it was reliable; staff were well trained and caring.

Staff were knowledgeable in relation to safeguarding people from abuse and they knew how to keep people safe from avoidable harm. Risks to individuals had been identified and there was guidance for staff on how to keep people safe. Where people were assisted with their medicines this was administered safely.

Accidents and incidents were recorded and analysed for trends and how to make improvements. Staff told us how they were instructed to respond following an accident or incident.

The provider had systems for monitoring the quality of the service provided. We found audits identified areas of concern. The information gained fed into an action to solve concerns identified and reduce reoccurrence. However, recording documentation for medicines was not always completed correctly. This had been regularly identified in audits but this area of concern was not showing improvement.

There was an effective recruitment and selection process in place and the necessary relevant checks had been obtained before new staff started to work alone.

People's right to make decisions for themselves was respected and staff sought consent when delivering care and support. People were supported to ensure they had a sufficient amount of food and fluid to promote their wellbeing. People received support from staff who understood and responded to their health needs.

People's needs had been assessed before their support started. People and their relatives (where appropriate) confirmed they had been involved in creating and updating their care plans. Care records were personalised and reflected people's current needs. All people felt involved in making decisions about the care and support they needed. One person described the relationship of care that had formed, ensuring they were fully involved in their care and support.

People said they knew how to contact the provider at any time, and felt confident about raising any concerns or other issues. Most people told us staff would deal with any concern raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm. They had confidence in the service and staff and felt safe and secure when receiving support.

Risks to people's health, safety or wellbeing were identified and addressed and staff had the time to care for people in a safe and consistent manner.

There were safe recruitment procedures to help ensure people received their support from staff of suitable character.

Peoples' medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

The service ensured people received effective care that met their needs and wishes. Staff were provided with on-going training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff had an awareness of the Mental Capacity Act 2005 and ensured people's rights were protected.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were motivated and provided compassionate care to people.

People experienced positive outcomes as a result of the service they received and gave us very positive feedback about their care and support.

People were treated with kindness and respect and people

valued the staff who visited them.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their needs and preferences and they were involved in all aspects of their care.

The service had a complaints procedure and people felt able to raise any concerns with the registered manager or staff. Any suggestions or concerns were acted upon.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had systems for monitoring the quality of the service provided. Areas for improvements had not always been identified and repeated concerns were recognised.

There was not a registered manager in place.

The management team promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Regular feedback was sought from people to continuously improve the service.

Synergy Homecare - Leeds

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13, 14 and 18 September 2017 and the inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure someone would be on the office.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has personal experience of working with or in a specific field. For example, the expert by experience who supported this inspection had experience of working with older people.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines. We reviewed a range of records about people's care and how the service was managed. We looked at seven care records for people that used the service and three staff files. We spoke with ten people who were using the service, three relatives and two support workers as well as the regional manager and service manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

At the last inspection we rated this domain as 'Requires Improvement'. We found the service had breached Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved.

No concerns were raised with us about people's safety or welfare during the inspection. Everyone we spoke with said they felt very safe with the staff working for the service. Comments included, "I get my regular faces coming to see me, that makes me feel safe", "I sometimes worry when they are late", "I keep a diary of the carers names, that makes me feel safe" and, "They always show me their name badges."

Peoples' medicines were safely managed. People said they were happy with the level of support they received to manage their medicines. Some people were able to self-administer their medicines with support and prompting from staff, while other people required staff to administer prescribed medicines. The level of support required was recorded in individual care plans and staff recorded the support they had provided to people. Staff received training about how to manage medicines safely and their competency was checked during observation visits by senior staff.

The manager or care coordinator checked medicine records regularly to ensure staff were following individual care plans. We checked these records and found them to be completed appropriately by staff. However, we found some medicine administration records (MARs) had been handwritten and not signed by two staff to ensure accountability and accuracy. The area manager said they would review this immediately and ensure records were signed by staff. They confirmed that no medicines administration errors had occurred in the past 12 months. Audits had identified recording errors in the past, these errors had been investigated and further appropriate action taken. For example the issues had been raised with the member of staff in formal supervision and further training supplied. However, we found consistent recording errors occurred during 2017. We have reported on this in more detail in the 'Well-led' domain.

There was sufficient staff available to ensure planned visits were fulfilled. Staff we spoke with told us there were a lot of people to see, but they felt there was enough of the staff team to meet people's needs. Most people we spoke with confirmed it was regular staff that attended the calls most of the time. This showed us rotas could be planned effectively as there was sufficient staff. Two of the 12 people we met or spoke with had experienced one missed visit in the last 12 months. They said the service had apologised at the time and that the missed visit had not impacted on their safety. The regional manager said missed visits were 'very rare' but that two visits had been missed due to a rostering error. The regional manager told us the rotas were now double checked to ensure all visits had been created on the rota system. This meant the rota system highlighted any visits left uncovered by staff to ensure they were allocated to staff appropriately.

Other people said visits had never been missed; one said, "I would like my relative to have more regular carers. There are some I wouldn't trust them to shower him." We spoke with the person further about this and they told us they would not trust them because they did not know them yet and had not built up relationships with them.

Travel time was not allocated between visits and so people's time of support was reduced to include this. One person said, "Staff don't stay for the full time, but they get everything done." Another said, "They are great, they stay for most of the time, sometimes a little late but I am always here," and, "They stay later if I need them." There was an on call telephone number for people to use in the event of an emergency outside of office hours. People told us the service always responded if called.

Staff understood their role in protecting people from harm or abuse. They had received training about safeguarding adults and were able to explain how they would respond to any incident of suspected abuse. Staff knew to report any concerns immediately to the service manager or regional manager who were regularly involved in the running of the service. They were confident appropriate action would be taken to protect people. Staff were aware of external organisations to contact about concerns, for example the local authority or the Care Quality Commission (CQC). The service manager whose intention was to register with the CQC understood their responsibility with regards to safeguarding people and had previously raised issues with the local authority when concerns had been identified.

Risks to people's health and personal safety had been assessed and plans were in place to minimise these risks. For example, one person had a risk assessment and comprehensive moving and handling plan to manage risks associated with their mobility. Risk assessments identified any risks within the home environment, for example hazards such as slips and trips, access to transport, home security and behaviour that could challenge. Staff said they had a good level of support and guidance about how to support people safely. If they had any concerns, the manager was always available to discuss and was responsive. The majority of staff had undertaken training in health and safety, which helped staff to recognise any hazards and ensure they worked in as safe an environment as possible.

There had been no accidents or incidents in the past 12 months in relation to the delivery of care and support. However, should people experience accidents, incidents or near misses there was a process in place to record and monitor these in order to look for developing trends. Staff were aware of the reporting processes. When people had experienced an accident at home, such as a fall in between care visits, the service manager and area manager reviewed the person's needs and made adjustments where necessary, to reduce any future risk. For example, reviewing the environment and removing identified hazards. Staff were confidently able to describe what they would do in an emergency situation, for example if they found a person had fallen or if they could not get an answer at the door. This demonstrated the service had systems in place, which staff were aware of, to deal with and respond to emergencies as they arose.

Robust recruitment procedures had been followed to reduce the risk of unsuitable staff being employed. The required checks had been carried out prior to staff working at the service. Records contained a proof of identity, two positive references, employment histories and a check had also been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults.

Is the service effective?

Our findings

At the last inspection we rated this domain as 'Requires Improvement'. We found the service had breached Regulation 11 (Need for Consent) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People and their relatives said staff were well trained; had the right skills and experience and understood people's needs. Comments from people using the service included, "Everybody (staff) seems to know what they are doing" and "Whatever they are going to do, they always ask me before hand." One person we spoke with said, "They do all my little odd jobs for me, like making me a cup of tea and putting the rubbish out." A relative said, "My relative gets half hour visits twice a week to get him showered," and another said, "I certainly think the staff are well trained."

Newly appointed staff were supported with an induction period, which included training for their role and shadowing experienced members of staff. The induction training aimed to ensure staff were sufficiently skilled to carry out the roles expected of them before working independently. The service had used the nationally recognised Care Certificate for staff new to the care industry. Staff said they were well supported by the service manager, area manager and team. All confirmed they were never expected to undertake responsibilities they were not trained to do. Comments from staff included, "If we need training they will support us through it", "The system does not allow you to be rostered on unless training has been completed." and "I felt very supported at the beginning that made all the difference."

Staff had also received training in a range of subjects relevant to their roles. For example, first aid; moving and handling; dementia awareness; the Mental Capacity Act and food hygiene. Staff told us they received good training opportunities and very good support from the manager and area manager. Comments included, "We have a range of courses that we can do. If we support someone new and they have specific needs, we can request training to support them appropriately"; "The support and training is very good and checked regularly" and "I have had all my training to do my job safely now."

The provider and manager had monitored staff supervision and annual appraisals. Staff told us they received supervision sessions through one to one meetings and observations that were completed when senior staff accompanied them on visits. Records we looked at confirmed this. Supervision enabled staff to discuss any concerns or training and support needs. They also received feedback about their performance. Staff said they could speak with the service manager or area manager at any time should they have any concerns or requests for training or support. One said, "I know they [management] are based at the office so I see them regularly anyway." Records showed care coordinators often worked with staff to provide care and support to people, which enabled them to monitor staff's performance and model good practice.

The service worked well to ensure people's health and wellbeing was maintained and staff responded to people's changing health needs. One person said, "They keep an eye on me; they call the doctor if I need them," and another told us they could ask the staff to stay longer on occasion to help with appointments.

Through conversations with staff, they were aware how to deal with any concern and they told us, if they thought someone may not be well, they would pass the information on so they could be supported.

Where people required support in relation to food and fluids, this was documented in their care records. Some people received help from staff with preparing their meals and drinks. The amount of help people required varied; staff prepared full meals for some people and snacks and drinks for others. People told us staff prepared meals they enjoyed. One person said, "They make me something to eat three times a day." Other people told us they were encouraged to drink to prevent dehydration and were left a drink by staff before leaving. Staff were aware of people's nutritional risks. For example, where people were at risk of weight loss, they were able describe how they fortified foods (in line with healthcare professionals guidance); offered supplements and gave encouragement to people to help maintain their health.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The area manager confirmed people using the service had the capacity to make decisions about their day to day care. Individual care plans showed people's capacity to consent to care had been considered. People confirmed staff always involved them in decisions about their care and support and that staff sought their consent before delivering care or support. One person said, "They ask me before doing anything." Another person described how they had been fully involved in developing their care plan, they added, "They want to know I am happy with everything."

Staff had received training about the MCA and they demonstrated an understanding of the MCA and how to apply it to their role. Staff explained they supported people to be as independent as possible when it came to making decisions. The manager and area manager were clear about the need to work alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

Is the service caring?

Our findings

People using the service and their relatives consistently described a service which was personalised, friendly, caring and compassionate. The area manager and staff were highly praised for their approach and people shared several examples including, "I think the care I get is excellent," "The staff are very pleasant," "I couldn't do without their care and attention" and, "They are all so kind to me." Relatives also shared their comments with us, including, "They show my relative a lot of respect and dignity" and, "You can't fault the carers."

The area manager placed a strong emphasis on personalised care and a caring approach towards all the people using the service. This was adopted by the staff team and people were placed at the centre of the care provided. The area manager ensured people were supported by a small consistent staff team, which enabled them to build up trusting relationships where possible. This helped people to feel safe and comfortable when receiving care and support from the service. One person said, "Most of the staff that come I know well, they can have a laugh with me." Another person said, "It's usually the same people who come" and, "There was one staff who I wasn't sure about but they changed them now." A relative added, "They really help me to support [person's name] even better."

Several people described how the service reduced their social isolation and how much they valued the visits from the staff. People said staff always chatted about local news or family news. People felt staff were interested in them and what they had to say.

Staff enabled people to remain independent and supported them with their wish to remain at home. People stressed the importance of the service in enabling them to live at home and to be as independent as possible, which was their preference. Comments included, "They help me to be independent and stay at home." "They make it possible for my relative to stay at home with me," and "The service has helped me stay at home and I wouldn't want to be anywhere else" People shared examples of how the service had promoted their independence and choice. People said staff were always happy to help with any additional tasks. For example, one person told us staff helped them do their washing as they could no longer do these themselves.

People said staff respected their privacy and always treated them in a dignified way. Comments included; "The staff are always very respectful and professional", "They always treat me very well." and "They always make sure I am decent." Staff paid attention to people's personal care needs. One relative said their family member was "Always dressed lovely, everything is always matching." They explained this was very important to the person who had always taken pride in their appearance.

The area manager and staff were highly motivated to offer care that was kind and compassionate with a strong person centred culture. Staff comments included, "I like working with our customers, we have a good team"; "The managers know what they are doing, I have confidence in them" and "We all work hard but I think we all work well together."

Is the service responsive?

Our findings

At the last inspection we rated this domain as 'Requires Improvement'. At this inspection we found the service had improved.

Most people described the service they received as responsive and reliable. All said the service was meeting their needs. However, there were some people who voiced concerns around last minute changes of staff and timings. Comments included, "Staff are brilliant"; " We've had no visiting rota for the last fortnight " and "Sometimes they arrive at different times so it can be hard to know when they are coming. Some ring if running late which helps." We spoke with the regional manager about this and they said they try to respond to people's changing needs and sometimes this affects other people on the rotas. This was something the manager was currently recruiting for more staff to respond to peoples changing needs better.

People's care and support was planned in partnership with them and/or their relative where appropriate. People confirmed that the service manager or care coordinator visited them to discuss their needs and preferences before the service started. One person said, "(The service manager) came and did a very thorough assessment and told me about the service. She gave me confidence from the start."

Each person had a care plan, which contained information about the care and support the person required during each visit. This included the individual's personal care needs; skin care; moving and handling requirements, food and nutritional needs and preferences, and support required with medication. The information gathered also included people's life histories, likes and dislikes preferences, and who and what was important to them. This helped staff to plan care and support in a person centred way. People had a copy of their care plan in their home and they were aware of its content. One person said, "I was fully involved in planning my care and the reviews. They are responsive to any changes I request." The joint approach to care planning and delivery helped to ensure care and support was provided which met people's needs and reflected their preferences.

Staff said care plans contained sufficient information to enable them to deliver safe and personalised care. They said communication about any changes was good. One staff member said, "The care plans are really helpful, but anything we are unsure of we ring the office"; another said, "We read the care plans; they give an overall personal sense of the person. They are up to date and we are always told about any changes." Care plans were kept up to date with any changes recorded. Care reviews were completed annually to ensure people were happy with the support provided and any changes requested could be reviewed and included in the care plans. Records of care reviews showed people were very satisfied with the care. Copies of the care plans were kept in the office as well as in people's homes where they could be accessed by staff to ensure care was delivered in the agreed way.

The daily care records for each visit showed the care and support delivered. These included any food or drink prepared and taken by the person, information about any observed changes to the person and details of when staff arrived and left. This showed the service was responsive to individuals needs and staff monitored this in a meaningful way.

People's feedback was valued and people felt that when they raised issues these were dealt with quickly. A copy of the complaints process was included in information given to people when they started receiving care and everyone was aware of how to raise a concern or complaint. No formal complaints were received during the last 12 months People said, "I don't want to make a complaint but I can tell them how I like things", "I've had no cause to complain. I did mention that I didn't get on so well with one person and (the registered manager) changed the carer, no bother or fuss" and, "I wouldn't' complain but the rota we get each week that tells us who is coming is often changed." The area manager told us they asked for people feedback and even if they did not want to make a complaint, any issues would be looked into for them. No formal complaints about the quality of the care and support provided had been received by the service. The service manager and care coordinators were in regular contact with people, providing regular care and support to them. The registered manager explained this provided an opportunity to discuss any niggles or concerns.

Is the service well-led?

Our findings

At the last inspection we rated this domain as 'Requires Improvement'. We found the service had breached Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved.

People using the service and their relatives said they felt the service was well managed and that they would recommend the service to others. Comments included, "The manager called round a few weeks ago to see how I am" and "I'm very happy with the service "and another person told us, "I feel as though I can trust the staff." A relative said, "You can't fault the carers, it's just that there is no information from the office." We asked them for more information and they told us that sometimes you will get told someone will call you back and it doesn't happen.

The service did not have a registered manager in place. As part of their conditions of registrations, the service must have a manager registered with the Care Quality Commission. We spoke with the area manager about this who told us they had recruited a new manager who was to be registered. At the time of our inspection the service had no registered manager since February 2017.

We looked at the quality assurance systems. We saw checks on documentation had been carried out on a regular basis, for example an internal branch audit had been completed which looked at the overview of the service and its customer contracts, five people's files and seven staff files. This audit had identified issues with a lack of health needs information for one person and no personal history. This information was then placed in an action plan. The area manager explained that if any concerns were found in the records, these were discussed with staff.

However, we looked at the medicine records audits. This showed us that errors and mistakes were identified every month. For example we saw gaps in recording of staff administration had been regularly identified. The area manager explained they received this information from the service regularly and they looked for trends with the mistakes. Where trends had occurred the area manager had sent out invites for interview of staff to whom had made the mistakes. When we reviewed the records we found that similar mistakes were still being made on a monthly basis. This showed us although they had identified areas of concern with recording of medicines and action had been taken, this had not stopped the common errors. We spoke with the area manager about this and they acknowledged further action was required.

The service manager and area manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Unannounced spot checks were also undertaken to review the quality of the service provided. This included staff appearance, if they followed the care plan and treated people with dignity and respect. Staff practice was observed and they were provided with guidance to ensure best practice was followed when delivering care and support. Records were kept of each spot visit and any areas for improvement were discussed at staff supervision. Verbal feedback was also sought from people using the service during these visits. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Formal care reviews were undertaken three monthly, which provided an opportunity for people to feedback about their experience of the service and to discuss any changes or concerns.

The provider also carried out an annual satisfaction survey to gain feedback from people about the quality of the service. The last surveys were completed in 2017 and the 35 responses from people were mostly positive. Outcomes from the survey showed 88.6% of people who responded said they had regular carer workers 80% said they were happy with the arrival time, 88% said carers work in line with their care records and 100% said staff were polite and respectful and people believed they were competent to do their roles. The regional manager showed us staff had spoken with people about their concerns following the survey and changes in the rotas had been made to suit people's needs better.

The leadership of the service promoted an open and approachable culture, which was willing to listen and learn. People who used the service knew the service manager and area manager and had regular contact with them. The service manager and area manager were involved in the daily delivery of care and support and knew the people using the service well. One person told us, "You can talk to (the service manager). She is great. We can have a laugh and a good chat." Another person said, "The service is good, I would recommend it to someone if they needed it. The manager comes round to see you."

Staff were clear about their roles and responsibilities and all said they enjoyed working for the service. They said the service manager and area manager were approachable and they felt listened to and supported if they raised any issues. Comments included, "We are a happy workforce here and it shows"; "This is very different to other services I have worked for. This is the best company I have worked for" and "The support is always there if you need it. I know I can bob into the office or ring them up if I have a problem."

Regular staff meetings had been established to provide an opportunity to share information with staff and review events with the service manager and area manager. For example, staff were reminded that records were to be completed accurately at every visit, including medicine administration records. Staff were reminded about the uniform code and other issues such as food hygiene. Minutes taken from meetings showed an open conversation had taken place with staff able to express their concerns and the service manager asked staff for their thoughts about how to improve things, like the rota. The area manager explained staff had been working additional shifts to cover vacancies and holidays but that these pressures were reducing.

People's information was treated confidentially. Personal records were stored securely in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.