

Sevacare (UK) Limited

Synergy Homecare - Washington

Inspection report

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26 March 2018

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

This inspection took place between 16 and 26 March 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records.

When we last inspected the service we found the provider had breached the regulations relating to safe care and treatment because potential risks to people's safety were not managed safely. We rated the service as Requires Improvement. Following this inspection, to reflect the improvements the provider has made, we have rated the service as Good.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) is the service safe, responsive and well-led to at least good. We found progress had been made and the provider was now meeting the regulations. In particular, there was now a more robust risk management process in place to help keep people safe from harm.

Synergy Homecare – Washington is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection it provided a service to approximately 130 people.

The service had a registered manager. 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. People, relatives and staff described the registered manager as supportive and approachable. They told us since the registered manager had started there had been significant improvements made to the service.

The provider did not always maintain accurate records for the medicines people had been given. We found gaps in signatures on medicines administration records (MARs). A similar trend had already been identified through the provider's own quality assurance checks and action was underway to remedy this.

People and relatives told us the service provided a good level of care. They also said staff were kind, considerate and caring. People, staff and relatives felt the service was safe.

A reliable and consistent staff team provided people's care. People told us staff usually turned up on time. Some people said they did not always know which staff were due and at what time. The provider had set up individual arrangements with people to improve this.

The provider had effective processes so that new staff were recruited safely.

Staff had a good understanding of safeguarding and the whistleblowing procedure. They told us they did not have any concerns about people's safety but knew how to raise them if they needed to.

Staff felt the support they received had improved. They confirmed they had regular opportunities to speak with management. They told us training had also improved.

Staff supported people to meet their nutritional and healthcare needs. People told us staff supported them to have enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans had improved since the last inspection. They were now more personalised and included detailed guidance for staff to follow about how people wanted their care provided.

People knew how to complain if required. There had been no complaints made about the service since our last inspection.

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.

Medicines records did not accurately account for the medicines people had been given.

The provider had improved the effectiveness of the risk management process.

People, staff and relatives felt the service was safe.

People said staff were reliable and consistent. New staff were recruited safely.

Staff had a good understanding of safeguarding and the whistleblowing procedure including how to report concerns.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff support systems and training opportunities had improved since the last inspection.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People were supported with their nutritional and healthcare needs.

Good ●

Is the service caring?

The service was caring.

People and relatives told us the service provided good care. They said staff were kind and caring.

People were treated with dignity and respect.

Staff supported people to maintain their independence.

Good ●

Is the service responsive?

Good ●

The service was responsive.

The quality of care planning had improved since the last inspection.

Care plans were person-centred and included information about people's care preferences.

People gave positive feedback about their care. They knew how to complain if required.

Is the service well-led?

The service was well led.

There was now a registered manager in post.

People, relatives and staff told us the registered manager was supportive and approachable.

People, relatives and staff said there had been significant improvements made since our last inspection.

The provider had a structured approach to quality assurance.

Good 

Synergy Homecare - Washington

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.

This inspection took place between 16 and 26 March 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

One inspector carried out the inspection.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with 12 people and seven relatives either face to face or by telephone. We spoke with a range of staff including the registered manager, two care co-ordinators, four care workers and the administrator. We reviewed a range of records including five people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

When we last inspected Synergy Homecare – Washington the provider had breached the regulation relating to safe care and treatment. We concluded the service was not always safe and rated it Requires Improvement. This was because some areas of potential risk to people had not been set out in a risk management plan or kept under review. Therefore, staff did not have the correct or most recent guidance to minimise potential risks to people's well-being.

Following this inspection we found improvements had been made to protect people from potential risks. However, we found the accuracy of medicines administration continued to be an issue. As a result our rating for the key question 'is this service safe?' remains Requires Improvement.

We noted during this inspection that, for some people, there were gaps in signatures on MARs. This meant there was not an accurate record of the medicines people had been given. We also noted the prescriber's guidance had not been recorded on the MAR presenting a risk that people may not receive the correct medicines. The gaps had been investigated and the conclusion found was people had received their medicines correctly. The gaps had been due to staff either forgetting to sign the MAR or to add the correct non-administration code. We found these issues had been flagged up as a trend requiring action during the provider's last quarterly medicines audit. In order to address these issues the registered manager had enrolled all staff on in-depth medicines management training and medicines recording was discussed with individual staff during supervisions and team meetings.

People were supported to ensure they received their medicines on time. One person said, "They are always here for my medication, they are always here when they should be. They always ask if I want [pain relief]." Another person commented, "They always look at the dosette [medicines dispenser] to check I have taken my tablets."

Where potential risks had been identified, a risk assessment was in place. A risk management plan accompanied this which identified the measures required to minimise the risk of harm to the person. Risks were also prominently highlighted at the front of the person's care file as a prompt to staff when they opened the file. Other assessments were carried out focusing on specific care needs, such as moving and handling and medicines administration.

People and relatives felt the service was safe. One person said, "I would trust all of them. I think everything is more than okay." Another person told us, "They always use the hoist (when moving the person). They do know what they are doing. They are very patient." One relative commented, "I have no worries about safety. They always make sure [family member] is alright. They are really good with equipment (used to assist people to move). I have no complaint about anything like that."

Staff also said the service was safe for people to use. One staff member said, "Risk assessments are done frequently to keep people safe." Staff told us about other measures to keep people safe such as security of passwords for computer systems.

Staff showed a good understanding of safeguarding and the provider's whistle blowing procedure. They confirmed they had no concerns about people using the service. One staff member said, "If I needed to, I would use it (whistleblowing procedure)." Another staff member commented, "I haven't used it (whistleblowing procedure) but I would use it if required." The provider had effectively dealt with one previous safeguarding concern including referring the matter to the relevant local authority.

People and relatives told us they usually received support from a reliable and consistent staff team. One person said, "They usually arrive on time. They always explain if they are going to be late." Another person told us, "They always stay for the full half hour, sometimes longer." A third person commented, "They are on time most of the time, there has been an odd time (when they have been late)."

Some people told us they did not always know who was coming as they no longer received a paper rota from the provider. One person commented, "They move the call around a lot." Another person said, "I haven't got a timesheet to tell what time they are coming in." The provider had communicated with some people to arrange alternative arrangements. For some people this was an email and others a weekly telephone call.

Staff told us the provider's policy was not to build travelling time into rotas. One staff member said, "There is no travelling time." They went on to tell us the registered manager was taking this up with senior management. People using the service did not raise any concerns with us about punctuality or calls being shorter than expected.

The provider followed robust procedures for recruiting new staff. This included carrying out pre-employment checks such as receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider had up to date procedures to deal with emergency situations. Where required detailed incident and accident records were kept. Accident records related to staff members rather than people using the service.

Is the service effective?

Our findings

When we last inspected Synergy Homecare – Washington we concluded the service was effective and rated it Good. Following this inspection we found the service was still effective and our rating remained Good.

People's needs were assessed when they started using the service This helped ensure they received the care they wanted and needed.

Staff told us they were now well supported to develop the skills and knowledge they needed. One staff member commented, "I am now supported. They bend over backwards to help. For a long time that was something we lacked. There are always different courses going on. Nurses are coming in and showing us different things." Another staff member said, "I feel 100% supported. Any questions I am straight on the phone. We are always doing courses. I am doing falls prevention at the moment." A third staff member told us, "Support is much better now. In the past I wouldn't come down to the office. Now I can come in and get a cuppa. I am always made to feel welcome." Records showed training, supervision and appraisals were up to date.

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. Staff showed a good understanding of MCA and knew how to support people appropriately to make decisions. They used strategies such as showing items of clothing to help people choose their own clothes.

People were asked for consent before receiving any care. One person commented, "They will do anything I want. Even when they have done everything, they always ask if there is anything else I want doing and they would do it for me." Another person said, "They always ask if there is anything else we need before they go." A third person told us, "If you ask them anything, they will do it for you." Staff confirmed they always asked people for consent before providing any care. One staff member commented, "We always ask first for everything."

Staff supported people to meet their nutritional and health care needs. Care plans described the individual support people needed in these areas including their preferences. One person told us, "They are very helpful when I have to go to hospital."

People told us staff supported them to have enough to eat and drink throughout the day. One person said, "They always ask what I want for breakfast."

Is the service caring?

Our findings

When we last inspected Synergy Homecare – Washington we concluded the service was caring and rated it Good. Following this inspection we found the service was still caring and our rating remained Good.

People and relatives said staff provided good care. They also said the staff were kind and caring. One person commented, "They are all very nice girls. They are very friendly and chatty." Another person commented, "They are absolutely brilliant, every single one we have had in. I can't find fault with any of them. They are very kind and caring. I give them 10 out of 10." A third person said, "They are good, they are very friendly." One relative said, "They are lovely people and they are caring."

People and relatives described the positive relationships which had developed with staff. One person commented, "They are very sociable, nice and chatty which is what we want. [Staff member] is like a breath of fresh air." Another person told us, "Everything is champion. The majority I can have a bit chat with. It makes a difference, when I am sitting here and I can see the uniform, it lifts me up. It makes me feel better just to see them coming in. It's a pleasure to have their company." One relative commented, "They all love [family member]. Some have been coming for a long time. They are like part of the family."

People were treated with dignity and respect. One person said, "They maintain my dignity. They take me to the bathroom, they leave me until I shout for them." Another person told us, "They are very respectful." A third person commented, "They are very good with my personal care." A fourth person told us, "They help me with a shower. They cover you with a towel straightaway. They are very good. I appreciate them very much."

Staff supported people to be as independent as possible. One relative commented, "They are here to wash [family member] if we want them to. Sometimes he wants to do it himself."

People's care records had been improved to be more personalised. We noted they included information about people's preferences. For example, one person had a preferred routine for their personal care. This was recorded in-depth in their care plan so that staff were able to consistently provide care in the way the person wanted it. This included things like how the person liked their cup of tea to be made.

Is the service responsive?

Our findings

When we last inspected Synergy Homecare – Washington we concluded the service was not always responsive and rated it Requires Improvement. We found care plans lacked specific information about how to provide people's care. In particular, information relating to diabetes management, personal care and mobility.

Following this inspection we found improvements had been made to improve the quality of care planning. As a result we have changed our rating to Good.

People now had detailed and personalised care plans which described how they wanted to be cared for. An objective or desired outcome had been agreed, such as one person wanted to be clean and well-dressed each day. This followed with detailed, step-by-step guidance about what staff needed to do at each call. Specific prompts were included to remind staff of important things they had to remember. For example, people's preference and actions to reduce potential risks. Where people had specific medical conditions, care plans described what staff needed to do to support people in these areas.

Staff told us they found care plans were much more detailed and useful. One staff member commented, "Care plans are a lot better, they are more detailed now. Nothing fazes you now as they are pretty much step-by-step as to what we are to do. If they (person) likes things a certain way, it tells you that."

People we visited had their care plans to hand and knew what was in them. We saw people had signed care plans to confirm they were happy with the contents. Care plans had been evaluated regularly to help keep them up to date with people's current needs.

People and relatives gave us positive feedback about the care provided. They went on to tell us if they had concerns they knew how to raise them. Where people had previously raised concerns, they said these had been dealt with. One person said, "We had a chat with [registered manager]. She watched what the carers are doing (to check it was right)." There had been no complaints received about the service since our last inspection.

Is the service well-led?

Our findings

When we last inspected Synergy Homecare – Washington we concluded the service was not always well-led and rated it Requires Improvement. The service did not have a registered manager. We found systems to monitor the quality of the service needed further time to become fully effective.

Following this inspection we found the service now had an established registered manager. Quality assurance systems were now effective in identifying areas for improvement. As a result we have changed our rating to Good.

The service had a registered manager. 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.

People, relatives and staff gave us positive feedback about how approachable the registered manager was. One person said, "We met her, she is really nice." Another person commented, "[Registered manager] is very nice, she is approachable. You can go to her if you need anything." One relative told us, "[Registered manager] is great, fantastic. If you have a problem, she gets back to you. It gets sorted." One staff member commented, "[Registered manager] is tough but fair. If you have a problem, she is happy to help." Another staff member told us, "[Registered manager] is the best manager since I started. She has been there supporting all the way."

People, relatives and staff felt the service had improved since the registered manager took over. One relative told us, "It has got a lot better. Since [registered manager] took over, it has been really great." One staff member commented, "[Registered manager] has improved the service. It is a lot nicer now." Another staff member said there had been, "A massive difference, everything runs so smoothly now".

Staff told us there was a much better atmosphere now within the service. One staff member told us, "It is a pleasure to be at work. You can come in and have a cup of coffee. It is a nice place at the moment." Another staff member said, "We all stick together, like a big happy family."

The provider had recently received compliments about the service. One person had written to express their happiness with the care and to say thank you. Other relatives had commented on how much their family member was fond of the staff and the kindness the registered manager had shown them. The provider had issued questionnaires to people and relatives to gather their views about the service. At the time of this inspection the provider was waiting for these to be returned.

The provider completed audits to check on the quality and safety of people's care. These included checking medicines were given correctly and that staff arrived and left people's homes on time. Senior staff carried out unannounced 'spot checks' to help ensure people received the care they wanted. One person told us, "[Supervisor] from the office checks up on the carer to make sure she is doing the right thing. She came

yesterday to see if there was anything I am not happy about." Another person said, "[Supervisor] came out to check if we were happy." A third person said, "[Supervisor] keeps in touch to make sure I am alright." Records were available to show the outcome from these checks.