

Sync Alliance Limited

SYNC ALLIANCE HEALTHCARE

Inspection report

3 Brundard Close
Walsall
West Midlands
WS3 1AR

Tel: 01922518661

Date of inspection visit:
21 May 2019

Date of publication:
20 June 2019

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:

Sync Alliance Healthcare is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported two people.

People's experience of using this service:

Staff had not been recruited safely as the registered provider had not ensured all the required checks had been undertaken before staff commenced work at the service. These checks are required to ensure staff were suitable for their role. This was a breach of the regulation.

The systems to check the quality of the service provided for people were not consistently effective and required some improvement.

Relatives told us their family members felt safe when supported by staff. They told us their family members received a consistent and reliable service which met their needs. Staff reminded people to take their medicines which enabled them to take them on time. Staff wore gloves and aprons to ensure they protected people from cross infection.

Staff were aware of how to keep people safe from potential risk of harm. Risk assessments were in place and staff knew how to support people's individual needs. Relatives confirmed they and their family members were involved in the assessment process. This ensured the service provided could meet people's needs.

Staff received an induction when they started work to enable them to gain skills for their role. If required staff supported people to access healthcare services, and they monitored people's wellbeing. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way.

Relatives described staff as polite, kind and caring. Relatives confirmed to us that staff encouraged people's independence, protected their privacy and treated them with dignity. Relatives confirmed people were supported by staff who knew their preferences.

Relatives told us they were happy with the service provided to their family members, and they knew who to contact if they had any concerns. Feedback was actively sought about the quality of the care being provided.

Staff felt supported in their roles, and relatives were happy with the way the service was being managed.

Rating at last inspection:

This was the first inspection of the service since they registered with CQC.

Why we inspected:

This was a planned inspection. The site visit took place on the 21 May 2019 and telephone calls were made to people using the service on the 21 May 2019.

Enforcement:

Please see the action we have told the provider to take at the end of the full report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

SYNC ALLIANCE HEALTHCARE

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience contacted relatives by telephone to gain feedback about their experiences of using the service. An Expert by Experience is someone who has had experience of using or supporting someone who uses with this type of care support service.

Service and service type:

Sync Alliance Healthcare is a domiciliary care agency registered to provide personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission (CQC) at the time of the inspection visit. A new manager had been appointed and was in the process of applying to register with CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 21 May 2019 to see the provider, and to review care records. Telephone calls

were also made to relatives on the 21 May 2019 to gain their feedback.

What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection visit.

We contacted two relatives by telephone to gather their views on the service being delivered. We also spoke with the registered provider and one staff member. We reviewed a range of documents and records including the care records of two people, two staff files and training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- Robust recruitment procedures were not followed by the service. We reviewed the recruitment records for two members of staff. We found the required checks had not been fully completed prior to them starting work.
- Staff are required to have disclosure and Barring Service checks (DBS) before they start work. One staff member had not had this check completed. Another staff member had a DBS from a previous employer, but a risk assessment had not been completed to evidence what additional checks had been done to enable the provider to use this DBS. We found gaps in staff members employment history which had not been explored by the registered provider. We also saw that professional references had not been validated or reflected the employer they had been provided from.

A failure to demonstrate robust recruitment procedures were followed, means the provider did not have the assurances staff were suitable for their role. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff arrived on time. One relative said, "The timekeeping is good, and (name) receives support from the same staff member. The service is flexible, and they will accommodate changes if necessary."

Systems and processes to safeguard people from the risk of abuse

- Relatives, we spoke with told us their family member felt safe in the presence of care staff. One relative said, "My family member feels safe, and we have no worries about the care and support provided. If we had any concerns, we know who to call to discuss these."
- The provider and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff told us, "If I had any concerns I would always report these to the provider, CQC or the local authority, I would take action."

Assessing risk, safety monitoring and management

- Staff were knowledgeable about any risks to people and how to manage these safely. For example, ensuring people had their alarm pendants within reach.
- The registered provider had a variety of risk assessments in place including assessments that covered the environment, moving and handling and medication. This ensured any risks had been identified and action recorded to reduce these where applicable.

Using medicines safely

- Relatives told us staff reminded their family members to take their medicines and did not dispense or administer medicines to people. One relative said, "The staff remind (name) to take the tablets which they do. It is working well."
- Staff we spoke with confirmed they did not administer medicines but reminded people to take these as specified in their plan of care.
- Staff confirmed, and the records showed they had completed medicines training as part of their induction. However, staff had not completed any practical training and a medicines competency assessment had not been completed to ensure staff could administer medicines safely. The provider advised that this training, and an assessment would be completed if staff needed to administer medicines to people.

Preventing and controlling infection

- Relatives told us staff wore protective personal equipment such as gloves and aprons to prevent the spread of infections.
- Staff members told us they had completed infection control training as part of their induction. A staff member said, "I have completed the training and we get supplied with gloves and aprons. The provider undertakes spot checks to make sure we wear these when we need to."

Learning lessons when things go wrong

- The service had not had any incidents or accidents to report at the time of our inspection visit. The registered provider told us in the information they shared with us prior to this inspection that he would 'monitor and review all accidents and incidents to identify any trends and potential corrective action, and review actions taken'. The registered provider confirmed this on the inspection visit.

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

People's outcomes were consistently good, and relative's feedback confirmed this.

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

- Relatives confirmed both they and their family member were involved and contributed to the assessment that was undertaken before the service commenced.
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. People's gender preferences for staff support were known and respected.
- The registered provider told us care records would be reviewed when people's needs changed or every six months.

Staff support: induction, training, skills and experience

- Relatives told us they thought the staff had the appropriate skills to support their family member. One relative said, "Yes I think the staff are trained, my family member is happy with them."
- Staff we spoke with told us they had completed the Care Certificate as part of their induction. The Care Certificate is a set of national standards that sets out expectations of people working within the care sector. Staff also confirmed they had opportunities to shadow other staff and records confirmed this.
- The registered provider had systems in place to provide support to staff such as supervision and observations of their performance. The registered provider told us annual appraisals would also be completed for staff.

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

- Relatives told us staff supported people where required to have a meal and a drink. One relative said, "It works well. (Name) chooses what they want, and they prepare it. (Name) always has two glasses of water at hand."
- Records included information for staff to refer to, about people's preferences and any dietary requirements.
- A Staff member we spoke with told us, "I always ensure people have a drink before I leave."

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

- Relatives told us staff supported people to access healthcare services when required. One relative said, "A staff member went with (name) to a hospital appointment when we asked them to."
- Staff we spoke with told us they monitored people's health care needs. Staff would inform relatives and healthcare professionals if applicable when there were any changes.

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.

- Relatives we spoke with told us staff would always seek consent before supporting their family members. A relative told us, "The staff ask (name) what they want and (name) will also tell them if they want to do something."
- Staff confirmed they had completed MCA training as part of their induction. They had a basic understanding of the MCA and how this related to seeking consent before supporting people.

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

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 provided positive feedback about staff and the service. They confirmed their family members were treated with kindness and the staff had caring attitudes. One relative told us, "They are always thoughtful and have a conversation. Nothing is too much trouble."
- Staff knew people well, and one staff member told us, "I really enjoy my job and supporting people."
- People's records included details of life histories, wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- Relatives told us they and their family member were involved in the planning of their care and were actively encouraged to make their own choices. One relative said, "Staff involve (name), they get to do the things they want."
- Care records showed people and their relatives were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family members were supported in a dignified way. One relative told us, "The staff are always polite and kind."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; or giving people privacy in their rooms.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Relatives confirmed their family members received support from the same staff team who knew their needs. One relative said, "The continuity works really well so they know exactly what's required."
- Where required, staff supported people to go out into the local community, for example, for a walk or to the shops.
- The registered provider told us the people currently using the service did not have any specific communication needs. The Registered provider initially had a limited understanding of their responsibility to comply with the Accessible Information Standard (AIS). He advised following our discussion if an occasion arose where a person used specific communication methods or where English may not be their first language; they would provide information in the person's preferred format. The AIS makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns

- Relatives told us they knew the procedure to follow to raise any concerns. Relatives told us they had no concerns about the support provided to their family members.
- A complaints procedure was in place. The registered provider told us about a concern they had received. This concern had not been recorded formally to demonstrate the action taken in response to the concern raised. The registered provider confirmed following our visit that this had been addressed and records were now in place.

End of life care and support

- The registered provider told us they were not currently supporting anyone on end of life care. He told us if they did support someone in the future they would work in partnership with the person their families and other agencies to ensure people received care in line with their needs and wishes.

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

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

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

- We saw some audits were in place to monitor the service, such as reviewing the daily records, care plans and regular spot checks were being undertaken on staff. However, audits were not in place for the recruitment of staff to ensure all required checks and legal requirements were met. The registered provider confirmed an audit would be put in place and all shortfalls would be addressed.
- The registered provider worked closely with staff and provided direct care to people, which gave him oversight of the service. However, there was limited systems in place to monitor the delivery of the service. For example, systems to monitor missed calls and action taken in response to these were not recorded. The registered provider was able to tell us this information and following the inspection the registered provider confirmed a formal system had been implemented.
- Body maps were not in place to guide staff on where non-prescribed creams should be applied to ensure consistency. Staff were able to tell us this information, but records were not in place. The registered provider confirmed following our visit these had been implemented.
- The registered provider told us a new manager had been appointed and would be commencing her role in the next few weeks. The manager was in the process of completing her application to register with CQC.
- Staff felt respected and supported in their roles. One staff member said, "The provider is approachable, and I know I can ask him anything and he will advise me."

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

- Relatives we spoke with were happy with the support provided to their family member. One relative told us, "Yes, we are happy so far and would happily recommend this service. The provider is approachable and one of us."
- The registered provider told us in the information shared with us, his aim was to, 'promote an open, transparent culture within the service'. Feedback from relatives and staff confirmed this.
- The registered provider supported people alongside staff and led by example to demonstrate how people should be supported with respect.
- The registered provider understood his responsibilities in relation to the duty of candour regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; learning and improving care

- Relatives told us they were given regular opportunities by the registered provider to give feedback about the service. They also told us regular spot checks were undertaken on the staff.

- Relatives told us they thought the service was well managed. One relative said, "Yes, it is working well. If there's anything they are not sure of they get in touch and I know I can contact them any time I need to."
- Staff felt able to make suggestions and ideas and felt listened to and valued. A staff member told us, "We have a mobile chat group set up, so we are in constant communication with each other which works really well."

Working in partnership with others

- The registered provider told us how they worked in partnership with a local authority to ensure people's support needs were met.
- The registered provider told us in the information shared with us, as the service develops he intends to, 'involve all stakeholders, and work with external specialist agencies to learn best practice in all areas of our service and support and use information gathered to support staff competency and development of practice outcomes'. This is something we will review on our next inspection visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to establish and operate effective recruitment procedures.</p> <p>Regulation 19 (2) (3)</p>