

Sevacare (UK) Limited

Synergy Homecare - Blackpool

Inspection report

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26 September 2017
27 September 2017
05 October 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

The inspection visit at Synergy Homecare - Blackpool was undertaken on 26, 27 September, and 05 October 2017 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

Synergy Homecare - Blackpool provides personal care assistance for people who live in their own homes. The office is based in a commercial and residential area of Blackpool.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Synergy Homecare - Blackpool registered under a new name and at a new address on 12 October 2016. Consequently, this was their first inspection.

During this inspection, we discussed Synergy Homecare – Blackpool with the Local Authority contracts and commissioning team. They told us the service did not always work collaboratively with a timely approach when people, relatives and healthcare professionals raised concerns and complaints.

We received mixed feedback from people who used the service and their relatives about the quality of care provided. One person said, "I am very happy with my carer. I also get different carers who are all very good. However, another individual stated, "They do what they need to do and go." A third person added, "In the evening I would like a later call. I have asked the agency before, but they said they have no slots for me." A relative told us, "In a half an hour slot, I have witnessed [the staff] staying 15 minutes."

Action taken by the provider to address identified concerns was not always consistent and we could not fully assess this. However, we found the registered manager had recently installed a new system to maintain oversight of care package delivery and quality assurance. Although we were unable to assess the impact this had on quality auditing, they assured us they would continue to develop this process. We saw those who used the service were safe.

We have made a recommendation about the enhancement of working relationships with other organisations and quality assurance.

People and their representatives told us they felt safe whilst being supported in their own home. A relative commented, "Yes, [my relative's] safe, she loves the carers." Additionally, they said they usually had consistency and good levels of care staff to support them.

Staff files we saw contained the required information before recruitment to demonstrate applicants were of

good character. The registered manager provided a range of training to underpin staff skills and knowledge. One staff member told us, "We get whatever training we want and our supervision is really good." A person who accessed Synergy Homecare – Blackpool added, "They give me assurance that they know what they are doing."

When we discussed safeguarding with staff, they demonstrated a good grasp of related procedures. To enhance people's safety, the management team had completed risk assessments to assist staff to protect them from unsafe support in their own homes. They also had effective oversight of accidents and incidents and acted on identified issues to reduce the potential of risk.

The management team monitored and trained staff to ensure people received their medicines as prescribed. Medication charts we reviewed were completed correctly and there were no gaps or missed signatures. A relative said, "The lady in the week is spot on. She knows what to give [my family member]. They wear gloves when doing medication and creams."

Records we looked at confirmed staff had training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. When we discussed this with staff, they demonstrated a good awareness of their responsibilities. People told us staff were respectful and supported them to make their day-to-day decisions.

Staff worked with people and their relatives with a collaborative approach to care planning and review of goals and general progress. A relative told us, "They always write in the file. We had a review several months ago." They told us they found staff were consistently kind and caring. Another relative stated, "The staff are courteous and professional. [My relative] is very happy."

We found care planning was aimed at helping people to maintain their independence. One person commented, "I don't ask them to do things I can do. The carers respect this and it keeps me active." Care records were personalised to each person's preferences and individual, agreed goals. Information in care plans consistently referred to people's dignity and respect.

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 told us they felt safe when they used Synergy Homecare - Blackpool. Staff files we looked at confirmed staff had safeguarding training to protect people from poor care or abuse.

We found the management team followed their recruitment procedures to ensure they employed suitably qualified and experienced staff.

They were improving oversight to ensure staffing numbers met people's agreed care packages.

We observed staff managed people's medicines, where applicable, with a safe and supportive approach.

Is the service effective?

Good ●

The service was effective.

The management team provided staff training about the principles of the MCA. We saw staff helped people to retain their independence and freedom of movement.

We reviewed training the registered manager provided and found a wide range of guidance to support staff in their duties.

Where staff supported people with their meals as part of their care packages, guidance was available in their care plans.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind, patient and caring when they supported them. Staff files held evidence of equality and inclusion training to help them understand care provision and people's diverse and cultural needs.

Staff understood how involving people in support planning was essential to the maintenance of high standards of care.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to reduce isolation, maintain their independence and enhance their social needs.

We found records were comprehensive and personalised to people's individual needs, whilst designed to maintain their independence.

Information was provided for people to help them understand how to raise concerns or give feedback about their care.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not always work collaboratively with other organisations to improve the quality of care delivery. Action taken to address identified concerns was not consistent and it was difficult for us to assess this fully.

People we spoke with gave us mixed comments about the quality of their care.

The management team completed a variety of regular audits to assess quality assurance and monitor service oversight.

Synergy Homecare - Blackpool

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 team consisted of one adult social care 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. The expert by experience for the inspection at Synergy Homecare - Blackpool had experience of caring for people who received packages of care in their own homes.

Prior to our announced inspection on 04 July 2017, we reviewed information we held about Synergy Homecare - Blackpool. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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 spoke with a range of people about this service. They included seven people who used Synergy Homecare - Blackpool, four relatives, two members of the management team, the service's training provider and 15 staff members. We did this to gain an overview of what people experienced whilst using the service.

We also spent time looking at records. We checked documents in relation to eight people who had received support from Synergy Homecare - Blackpool and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

Those who used the service said they felt safe when staff delivered their care. One person told us, "I feel safe with my carers." Another person added, "Absolutely safe. I never have had a thought about feeling unsafe." A third individual stated, "Yes, I am safe. They are an excellent support team." A fourth person commented, "I feel very safe with every one of them. They are a good set."

We found the management team followed their recruitment and selection procedures to ensure they employed suitably qualified and experienced staff. Staff files included background and criminal record checks, as well as the candidate's full employment history. The management team acquired this information before recruitment to demonstrate applicants were of good character. A staff member said, "I thought my recruitment was very good, very professional." The training manager told us new staff completed shadow shifts after their induction, whereby they worked with experienced colleagues to build their confidence. They added, "There's no set process for them, we work around the staff member's needs to support them."

The registered manager acknowledged they had a small number of issues related to late staff and people not receiving their full visits. They told us they had a new electronic system to better monitor staff/client ratio, staffing level requirements and care package delivery. This had only been recently introduced and we were unable to fully assess the impact this would have on the monitoring of care delivery. The registered manager said the process was ongoing and we saw those who used the service were safe. One person told us, "They are very rarely late and if they are going to be they advise you beforehand." Another individual commented, "They stay for the right amount of time and ask if there is anything else they can do before they leave."

Furthermore, we reviewed staffing levels in line with consistency of regular staff. People and relatives we spoke with confirmed they received care from staff they had built up a relationship with. One person told us, "I am lucky to have the same carer most of the time. You know them and they know you. There is a degree of familiarity." Staff stated they had time to complete visits and ample travel time in between. One staff member commented, "There's loads of staff so we get time to spend with the service users and to get to our next visit."

We found accident logs were completed at the time of the incident. These detailed what occurred, any injuries present and what actions were taken to reduce the potential for reoccurrence. For example, we saw one document evidenced an accident had been fully dealt with through to completion. The outcome of this was a requirement to acquire new movement and handling equipment. We noted this has had been obtained and implemented in the person's own home. One person who used the service commented, "They use my hoist and they do it properly."

We found care records included risk assessments to assist staff to protect people from unsafe support in their own homes. Documentation was detailed and covered potential risks, along with a personalised approach to risk management. The management team recorded the severity of the hazard and control

measures to reduce the potential of occurrence. Assessments included risks associated with medication, mental health, safety and security in the person's own home, behaviour management, nutrition and use of equipment.

Staff files we looked at confirmed staff had safeguarding training to protect people from poor care or abuse. When we discussed this with them, they demonstrated a good awareness of reporting procedures. One staff member told us, "I feel confident about dealing with concerns. I would document it and contact the office. I wouldn't hesitate to take it further, like ringing social services."

We found staff managed people's medicines, where applicable, with a safe and supportive approach. When we visited a person in their own home, we observed staff provided these in the way they preferred. They prompted the individual to take their tablets and recorded this afterwards to evidence the medication had been administered. Care records covered the person's support needs and control measures to minimise associated risks. We reviewed medication recording charts and saw these were completed correctly and there were no gaps or missed signatures. One person said, "Yes, I get my medication on time, no worries there." If people refused their medicines, we found staff understood the correct procedures to follow. A staff member told us, "We would still encourage them and explain the importance of the tablet. Ultimately, it's their right and we would inform the office."

The management team monitored and trained staff to ensure individuals who used the service received their medicines as prescribed. This included auditing of established procedures and assessments of staff skills to reduce the risk of errors and ensure medication was administered safely. One staff member confirmed, "Yes, I've had the full training. It's such a serious task that I always make sure I do this safely."

Staff told us there was sufficient personal protective equipment available to manage good standards of infection control in people's own homes. One staff member said, "There are plenty of gloves and aprons, which is helpful for infection control." We observed staff sufficiently washed their hands in between tasks, such as preparing meals and administering medication. People we spoke with confirmed staff wore gloves and aprons and kept their own homes clean and tidy.

Is the service effective?

Our findings

When we discussed staff skills and experience with people who used the service, they told us staff were competent and supported them well. One person said, "Yes they are trained and skilled." Another person stated, "They are people who are qualified to do it and who understand illness." A third individual commented, "They are excellent with me." A relative added, "They are competent and do training courses."

We reviewed training the registered manager provided and found a wide range of guidance to support staff in their duties. This included catheter care, communication skills, confidentiality, mental capacity, equality and inclusion, health and safety, medication and infection control. The provider's training manager told us, "All the training is face-to-face. It's a good process because it makes the staff more comfortable to ask questions." Staff confirmed they had guidance to carry out their duties confidently and effectively. A staff member commented, "The trainer is very informative. She told us about what to do and what not to do." The management team maintained a close check of when staff training was due for renewal to assess whether their employees were kept updated. This was underpinned by competency testing of practical skills, such as with medication, care package delivery and movement and handling.

Records we looked at contained evidence staff received regular supervision and appraisal to support them in their roles. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. The support sessions covered, for example, complaints, incidents, the staff member's health and general progress, personal care and any training needs. A staff member said, "I feel the managers are good at helping us to progress."

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection.

Records we looked at confirmed staff had MCA and DoLS training. When we discussed this with staff, they demonstrated a good awareness of their responsibilities. One staff member said, "You always ask the person first, like is it ok if I help you with a wash. You can never force anything on them because that would be a deprivation of their liberty." When we visited a person in their own home, we saw staff helped them to retain their independence and freedom of movement.

We found people signed general and decision-specific consent to care. This covered, for example, permission to use the call monitoring system, care planning, risk assessment, medication support and information sharing. The main form included space to assess people's capacity and ability to sign their consent to care on a day-to-day basis. We saw evidence the management team discussed this with each person annually or when changes in care occurred. This meant staff ensured care packages continuously

met people's agreed goals to provide a consistent service. A member of the management team said, "The staff discuss with the service user and agree a new care plan and the service user signs their consent."

People's nutritional support requirements were documented when this formed part of their agreed care packages. For instance, records included people's food likes and dislikes, as well as assessments intended to reduce the risks of malnutrition and dehydration. One person told us, "I love my food and the carers make me lovely meals." Training records we viewed evidenced staff had food hygiene training to maintain safe food handling requirements, which staff confirmed assisted their effectiveness.

Care records we looked at contained reminders for staff to visually check the person for any changes or identified risks during care delivery. If staff saw any concerns, they were required to contact the office and other healthcare services, if necessary. One staff member commented, "If you need to you'd call an ambulance or 'out of hours' for advice. If there's no family then we'd stay until the ambulance arrived and also record to let the next lot of staff know." We saw evidence, where applicable, to confirm professional engagement was recorded and care plans updated to any changes. The management team documented healthcare services involved, such as the GP, mental health professionals, housing services, district nurses and day care centres. One person commented, "I hurt my toe and the carer rang the doctor for me."

Is the service caring?

Our findings

People and relatives told us staff were kind, patient and caring when they supported them. One person said, "The carers are wonderful, they've become a part of my family now." Another individual stated, "We are really lucky to have very good care." A third person added, "They are kind and caring all the time." A relative commented, "[My family member loves the carers.]"

The provider and staff understood how involving people and their relatives in support planning was essential to the maintenance of high standards of care. Records included agreed goals as part of the person's care package to enhance their wellbeing and meet their individualised needs. We found there was good evidence of consent to care and visit times were agreed. The management team recorded each person's preferences in relation to their care packages. This showed the service worked with those who used Synergy Homecare - Blackpool to meet their requirements. One person said, "The staff want to know who you are and are very interested in you."

When we discussed the principles of good standards of care with staff we found they had a strong level of understanding. One staff member told us, "You've got to think if you wouldn't want that care carried out on yourself you shouldn't carry it out on others." Furthermore, the management team provided staff with a range of training to underpin their skills in assisting people with a personalised approach. Another staff member added, "The thing I enjoy most is watching someone smile on leaving and knowing I've made someone's day."

Care planning was detailed and geared around assisting people to retain their independence. Staff were keen to promote each person's self-reliance when delivering their support. A staff member told us, "I love my job, it gives me the opportunity to build strong relationships with people. It's wonderful seeing the client get better and improve, knowing I've been part of that." People said staff worked hard to develop caring bonds between them. A person who used the service commented, "We are very lucky that the standard of care is excellent."

Information in care plans consistently referred to people's dignity and respect. When we visited a person in their own homes, we observed staff were kind and respectful. One staff member stated, "Some of what we do is so personal and undignified. It's extremely important we always have the client's comfort at heart." People told us they felt staff were caring, patient and kind in their approach. They said staff consistently maintained their privacy and dignity whenever they supported them in their own homes. One person commented, "They knock on my door and call my name so that I am not alarmed."

We found staff files held evidence of equality and inclusion training to help them understand care provision and people's diverse and cultural needs. They also guided staff to each person's associated needs by checking and recording their religion, spiritual preferences and meal requirements. A person who used Synergy Homecare – Blackpool told us, "I'm vegetarian and they all know how important that is to me." The service user guide retained in people's homes advised them all records and forms could be made available to them in other formats. This included large print, pictorial and in different languages. These are examples

of how the service respected people's human rights.

The registered manager provided information for people about how to access local advocacy services. Advocates provide independent support for those who may require assistance to express their views. Pointing people towards advocacy services helped to promote their rights to make decisions about their care and support.

Is the service responsive?

Our findings

Staff had a good awareness of helping people to reduce isolation, maintain their independence and enhance their social needs. One person who used Synergy Homecare - Blackpool told us, "I hate being in this position, but the carers help me to do as much as possible for myself, in order to keep my independence." Another individual stated, "They give a bit of companionship."

Care records included the individual's life history to assist them and staff to build strong bonds. This covered information about what interested them and their hobbies and activities, as well as spending time talking with individuals during care visits. A staff member explained, "It's about being cheery and having fun with the clients." A member of the management team told us they were in the process of converting the large, empty room at the front of the office into a community space. They said they were utilising this to provide social support and activities. This involved care staff bringing people who wished to come to the office, particularly if they felt isolated. The staff would then provide soup, a sandwich and informal socialising with other individuals who used Synergy Homecare - Blackpool. This was a good example of the service implementing new ideas to improve people's lives. Another staff member commented, "Sometimes we are the client's only lifeline, so it's very important we chat and half a laugh before, during and after care."

The management team completed assessments with people to confirm they could meet their needs, which each person signed afterwards to evidence their agreement. These covered, for instance, physical, emotional and social health; medication; family support available; access to the individual's home; communication skills; mobility; and nutrition. The management team utilised this information to build care plans with the person who received support. We found records were comprehensive and personalised to people's individual needs, whilst designed to maintain their independence. For example, we saw staff recorded in one individual's care plan the person would, 'Help as much as I can as I like to keep my independence.' One person told us, "Yes, I have a care plan and we have reviewed it."

Furthermore, the management team had documented people's preferences and background history to assist staff to get to know them and their wishes. This included getting up or staying in bed during the day, medication support, use of toiletries, having a shower or bath, meals and drinks. One person said, "They listen to me. I'm quite sure they would do what I ask."

The registered manager had introduced a new electronic care planning system to better monitor and check support met people's needs. Staff and the management team were about to be provided with portable electronic devices. This would facilitate them to complete assessments, reviews and any amendments to care planning and risk assessment. Consequently, people's care documentation would be live and updated continuously. This ensured records held at the individual's home matched those at the office. The system further alerted staff to any cancellations or visit time changes made by those who used the service. This enabled staff to better respond to people's needs and wishes. A member of the management team told us, "It means there's no miscommunication or conflicting information."

Synergy Homecare - Blackpool had good communication systems to ensure staff were kept informed and

enabled to be responsive to people's needs. For example, they were required to check the communication book at the start of every visit to understand the person's current condition. This also included reference to any incomplete tasks from the previous care package delivery they needed to carry out. Consequently, procedures were in place to maintain people's continuity of care, changing support and ensure they received the agreed care package.

The registered manager discussed a variety of procedures, including complaints, with people, who then signed a form to demonstrate their understanding. This ensured they understood the process to undertake if they wished to complain about the service. Details covered how the management team would respond and contact details of other services, such as the Local Government Ombudsman. Staff confirmed with us they would always report any concerns raised with the office so timely action could take place. One person said, "The office are good and try to sort things out for me."

Is the service well-led?

Our findings

There was a registered manager responsible for the oversight and day-to-day management of Synergy Homecare – Blackpool.

The management team sent out satisfaction surveys and completed telephone monitoring with people to check their experiences of using the service. Comments we saw included, '[Staff member] is fantastic as a carer, but all carers are great. Very happy,' 'Happy with the carers, they do a good job,' 'Carers are marvellous,' and, 'Carers are excellent.'

However, although we saw action taken to address identified concerns, this was not consistent and it was difficult for us to assess this fully. We saw there were 12 complaints in the last year related to, for example, missed medication, late/short visits and staff attitude. We found evidence the provider was making improvements as a result of complaints received. Nevertheless, people we spoke with gave us mixed comments about their care. For instance, one person said, "[The staff] in the morning are great, others in the evening are not so great." Another individual added, "Generally, [the staff] come on time. They don't ring if they are going to be late." A third person told us, "The two carers in the morning, no complaints about them. In the evening, one carer is in a rush and sometimes the others are not caring, they just want to get in and out." A relative commented, "Some carers will go above and beyond, whilst with others it is very functional."

The Local Authority contracts and commissioning team discussed Synergy Homecare – Blackpool with us before our inspection. They told us the service did not always work collaboratively with a timely approach when people, relatives and healthcare professionals raised concerns and complaints. We reviewed this during our inspection, and found not all concerns were fully acted on or outcomes reviewed to consider service improvement. The authority added the management team did not consistently attend the local services' forum to share and gain good practice.

When we discussed this with the registered manager, they said they had installed a new system to maintain oversight of care package delivery and quality assurance. This had only been recently introduced and we were unable to fully assess the impact this would have on the monitoring of care delivery. The management team assured us they were keen to work with commissioners in order to ensure people received the best possible care. They said the process was ongoing and we saw those who used the service were safe.

We recommend the provider seeks to enhance their working relationships with other organisations to improve the quality of care delivery. We further recommend the management team seeks advice from a reputable source to develop its quality assurance systems.

The management team had a variety of systems and completed regular audits to assess quality assurance and monitor service oversight. These checked, for instance, care file contents/records, staff files and required recruitment documentation, communication, complaints, safeguarding and medication. Additionally, the provider employed an auditor who focused on medication administration at the time of our inspection. They showed us a new system intended to assess the safety of medication procedures

carried out by staff. The system highlighted areas of risk and concern, at which point the auditor would raise these with the management team and continue to monitor for improvement. They told us, "We would discuss with the branch managers and set up an action plan. Any concerns we will address through our newsletter, in team meetings or in one-to-ones if it's concerns with an individual staff member." We saw how this process led to improvement in medication administration of the service.

Staff told us the management team were supportive and assisted them in their duties. One staff member said, "The managers are always encouraging us to go to them for anything. They're pretty good that way." Another staff member stated, "The managers are approachable and there's always someone around to talk to." They told us this formed an open working relationship between the management team and staff. The training manager added, "The managers are always supportive and are very welcoming at the offices I train at. They'll take my advice on board."

Information we saw evidenced staff were supported to make suggestions about the improvement of the service. For example, one staff member proposed using a large area at the front of the office as a community space for people to meet and socialise. A member of the management team said this was in the process of being implemented. They commented, "The staff are always coming up with ideas to improve people's lives. They genuinely care." Staff confirmed they felt the management team kept them up-to-date with new procedures, current good practices and changes within the service. One staff member told us this included the opportunity to suggest ways of improving Synergy Homecare – Blackpool. They said there was good communication, such as team meetings and newsletters. They added, "We've all been recently issued with mobile phones. We get messages on these about incidents, clocking in and out, new procedures and about new forms and information packs."