

Sevacare (UK) Limited

# Synergy Homecare - Manchester

## Inspection report

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Date of inspection visit:

29 November 2018

30 November 2018

Date of publication:

04 January 2019

## 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?

Good ●

# Summary of findings

## Overall summary

Synergy Home Care is a domiciliary care agency (DCA) located in Oldham, Greater Manchester. The service provides personal care to people living in their own homes. At the time of the inspection the service provided care and support to 252 people.

At our last inspection the overall rating of the service was 'good'. At this inspection we found that evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Safe recruitment practices were in place to protect people from unsuitable staff. Staff were aware of their responsibilities to safeguard people from abuse and there was a whistleblowing policy which staff felt confident to use if they needed to report poor practice.

There were sufficient staff to care for people. Risks to people's safety were assessed and measures put in place to mitigate any risks. Medicines were administered safely. Infection control was covered in the induction and practice was checked through spot checks carried out by senior staff. This was well managed and staff understood their responsibilities.

People's care plans showed an assessment of their needs had been undertaken by the service before any care and support was provided. People that we visited confirmed that they were happy with the support from the provider and that their needs were being met as agreed in the assessment and recorded in the care plan.

There was good support in place for staff. This included an induction that covered key areas of knowledge, shadowing experienced members of staff, competency checks and spot checks by senior staff. We have made a recommendation about staff training on the subject of moving and handling.

People had access to external healthcare professionals and the care files demonstrated that the service was responsive to people's health needs.

Support with food and drink was identified in the initial assessment and was transferred into the support plan.

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

People told us that the staff were kind and caring and people were involved in their care and this included regular reviews.

People's independence was promoted and staff were very clear that it was their role to encourage people to do as much as possible for themselves before providing an intervention. Staff understood how to protect people's privacy and dignity.

Equality and Diversity information in the care files was revised during the inspection to ensure that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010.

Access to independent advocacy was promoted and information about how to contact these services were in the files that we looked at in people's homes.

The service had improved and was now responsive. Care plans were produced in partnership with the person to meet their identified needs. Each file had a checklist that was signed by people to confirm that everything had been completed as required. The care plans were well organised with a clear consistent format that was easy to follow. There was detailed information about people's needs and clear guidance for staff to follow.

The care files were person centred and we saw evidence that the service was responsive to changing needs.

There were good systems in place to manage complaints. Accidents and incidents were managed appropriately. The service received good feedback from annual surveys and good feedback collected throughout the year.

The service met the Accessible Information Standard. They routinely asked what people's communication needs and preferences were, and these were clearly recorded in the people's files that we looked at.

The service did not deliver end of life care directly but could support relevant professionals such as district nurses where applicable.

The service was well led. The registered manager was committed and staff received good support. The service had good systems in place to monitor performance. Feedback from staff we spoke with about the manager was overwhelmingly positive.

The service had policies and procedures in place, which covered all aspects of service delivery. There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required. CQC had received all the required notifications in a timely way from the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service has improved and is now rated Good.

Care plans were well organised, person centred and met people's needs.

The service was responsive to accidents and incidents and complaints were well managed.

The accessible information standard was met.

### Is the service well-led?

Good ●

The service remains Good.

# Synergy Homecare - Manchester

## **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 29 and 30 November 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to ensure there would be someone present at the office to facilitate the inspection.

The inspection was carried out by one adult social care inspector and two experts 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 onsite visits gave us the opportunity to speak with the registered manager and office staff and review care records, policies and procedures.

Before this inspection we reviewed information, we held about the service and used the information to decide which areas to focus on during our inspection. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about events which the service is required to send us by law.

We contacted Healthwatch Oldham and the Local Authority Commissioning and Safeguarding teams to obtain their views about the provider. They raised no concerns about the service.

We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service and tells us what the service does well and the improvements they plan to make.

During the inspection we spoke to the area manager, the registered manager and seven staff members. We visited five people in their own homes and spoke to eight people and five relatives by phone.

During the office visit we looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, five staff recruitment files, five training and supervision records, ten care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection we found the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

All the people we spoke with told us they felt safe when using the service. People we spoke to said, "Oh yes, I do feel safe and if not, I would contact the manager", "Yes I always feel safe..I would phone the office if I didn't" and "Yes, and if not, I would phone Synergy".

Staff were recruited safely. Recruitment procedures helped to protect people from the recruitment of unsuitable staff. We looked at five staff personnel files to check that the procedure had been followed. They confirmed that the required checks had been carried out before staff began working for the service.

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Policies and procedures provided guidance and training records showed that all staff had received safeguarding training. All the staff we spoke to told us what action they would take if they suspected abuse was taking place.

The service had a whistleblowing policy, which allowed staff to report any unsafe or poor practice without fear of recrimination. Staff told us that they were willing to report any practices which they felt were unsafe and were confident that the registered manager would be supportive.

Risk information was routinely collected and assessed and measures put in place to mitigate any risks. This was evident in all ten care files that we looked at. The content included risk assessments for medication and a risk management plan that recorded how each identified risk would be managed. A general risk assessment also covered the home environment including checks on smoke detectors.

The service provided sufficient staff to meet people's needs. We based this judgement on what people told us and on feedback from evaluation surveys and the low level of complaints received by the service. The staff we spoke to said there were enough staff and there was a very low level of missed visits for a large service.

Medicines were managed safely. Policies and procedures had been followed. Staff received training and competency assessments before they could administer medication. We looked at five Medication Administration Records (MARS) kept in people's homes. Medications were listed clearly, and we found that records were completed to confirm the person had received their medicines as prescribed. We saw that medication files were audited monthly by senior staff to ensure accurate records were kept and corrective measures put in place where required.

We saw infection prevention and control policies and procedures were in place to guide staff and staff had been trained in infection prevention and control. There were competency checks and spot checks in place to support good practice. Staff we spoke with understood the importance of infection control and this was

confirmed by the people we spoke to.



# Is the service effective?

## Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service were positive about the support they received. People said they were happy, "Yes we are happy. Our [relative] receives the care when she needs it" and "Yes my [relative] is very happy with the care and yes we do get the care when we need it".

People supported by the service had received an assessment of their needs before carers commenced their visits. This ensured the service had information about the support needs of people and they could confirm these could be met. Following the assessment, the service, in consultation with the person had produced a care plan for staff to follow in all the files that we looked at.

The care plans we looked at identified each person's individual needs and gave clear information about the support people needed and the tasks staff were to complete at each visit.

There was good support in place for staff. Newly appointed staff received an induction to prepare them for their job. We looked at five staff training records. Each was well documented and provided evidence that induction workbooks had been completed. New starters shadowed an experienced member of staff and assessments of their competency to work effectively with people had been completed. Spot checks and reviews had been completed within six weeks of a new staff member starting.

Staff received a comprehensive programme of online training and regular supervision. All staff received an annual appraisal. Staff members we spoke to felt valued and that the support and training was good, "I can't fault the support, there is always someone at the end of the phone when you need them." and "The training is really really good. It is in depth and they cover everything. The support is available daily. They are quick to resolve issues." Some staff did comment that moving and handling training needed to be classroom based as they needed to build confidence through hands on practice. We recommend that the service reviews the effectiveness of this training.

The care records showed that people had access to external healthcare professionals and listed their contact details. The care files demonstrated that the service had regular contact with these professionals and were responsive to people's health needs and the people we spoke with confirmed this.

Support with food and drink was identified in the initial assessment and was transferred into the support plan. The support plans we looked at contained sufficient information and guidance for staff to follow. All staff received training in food safety and the people we spoke to confirmed that they were given choices.

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.

Policies and procedures were in place to guide staff and the registered manager had a good understanding of the legislation. We saw in the care files that people agreed to their care and support and signed to confirm this. Staff we spoke to understood the importance of gaining consent from people and the people we spoke to confirmed this. One person said, "Oh yes they always ask if I am ready for a shower or whatever or if there anything else they can do for me".

## Is the service caring?

### Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

All the people we spoke to said the staff were kind and caring. People said, "The carers are helpful, caring and go that extra mile." and "Yes I am happy with the service. I have no concerns."

The service had a service user guide that included all relevant information about the service. Care plans showed people were involved in decisions about their care and regular reviews took place after four weeks and every six months. People confirmed this when we spoke to them. One said, "We have had one or two reviews a year of the care plan".

People's independence was promoted. Staff explained how they supported people to be independent by encouraging them to do as much as they could for themselves. Most people who used the service told us that they were not rushed and were supported to maintain their independence.

All the people we spoke with felt they were treated with dignity and respect by staff. Staff members that we spoke to stated that they would be happy for their own family to use the service.

Equality and Diversity information in the care files was revised during the inspection to ensure that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010. The legislation identifies nine protected characteristics such as religion and sexuality that people should be given the option to share and discuss. This is important as it can help to inform care planning and to remove barriers to good care.

Access to independent advocacy was promoted and information about how to contact these services were in all ten care files that we looked at in people's homes. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights.

# Is the service responsive?

## Our findings

At the last comprehensive inspection of the service in January 2016 we found the service was not always responsive and was rated as required improvement.

At this inspection we found the required improvements had been made. The rating for responsive was now found to be good.

At our inspection in January 2016 there were concerns from the annual service user satisfaction survey that staff did not always carry out the tasks stipulated in the care plan. There were no further concerns raised about this issue in the surveys carried out in 2017 and 2018 and all respondents confirmed that they were happy with this issue when asked.

At our inspection in January 2016 there were concerns that the information from the assessments had not been accurately transferred in to the care plans. We examined ten care plans and we found no errors or concerns. All the needs identified in the assessments had been recorded correctly in the care plans.

Copies of care plans continued to be held at both the head office and in people's homes. All ten care files that we looked at contained copies of council assessments and care plans that were produced in partnership with the person to meet the identified needs. Each file had a checklist that was signed by people to confirm that everything had been completed as required.

The care plans were well organised with a clear consistent format that was easy to follow. There was detailed information about people's needs and clear guidance for staff to follow. Each file contained a task sheet which clearly set out what tasks were required on each visit made to the person's home. Clear notes about the support provided were made by staff after each visit. There were regular reviews of the care provided after four weeks and again after six months and also in response to any changes.

We saw evidence that the service was responsive to changing needs. One person had been discharged from hospital and now required a Percutaneous endoscopic gastrostomy (PEG) feed. PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of sedation. Abbot nurses had provided staff with PEG training to ensure that the person using the service received high quality care. An Abbot nurse works with healthcare professionals and provide structured nutritional care and support to achieve best practice and researched and evidenced outcomes for patients with specific nutritional requirements.

The care plans were person centred. Each care file that we looked at contained a document called, 'About me', recording what people prefer to be called, their hobbies, likes and dislikes and what was important to them.

There was good feedback from the people we visited and spoke to on the phone. There was further good

feedback in the service user satisfaction survey and in the comments book in the office. A relative that we visited said, "We are happy. The care agency is a good safety net that helps to keep [relative] in his own home. The main carer is excellent, she's really good with him and they even sing together. She knows him well and can spot any changes in mood." Comments in the survey were all positive. People said, "I have the best carers possible and receive an excellent service" and "Very pleased with [carer], they go above and beyond."

Information about how to complain was in the service user guide. This was kept in each person's care file in their homes. The service had received seven complaints in 2018. We could see that the registered manager had followed the policy. Each complaint had been thoroughly investigated and an outcome recorded for each.

Accidents and incidents were managed appropriately and there was a log of any incidents, including the action taken to reduce the risk of a reoccurrence.

The service met the Accessible Information Standard. They routinely asked what people's communication needs and preferences were, and these were clearly recorded in the people's files that we looked at. This included the option of providing the service user guide in an audio format or in a different language. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.

The service did not deliver end of life care directly but could support relevant professionals such as district nurses where applicable. The office comments book recorded the following comment, "To all at Synergy Home Care thank you for all the care and kindness...with your help he was able to stay at home which was where he wanted to spend his final days". At the time of the inspection, the service was not involved in supporting any person or relevant professional in providing care for people who were at the end stages of life.

# Is the service well-led?

## Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

There was a registered manager in post who had been registered with the service since January 2016.

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 had a clear set of aims and objectives which were referenced in the service user guide/statement of purpose; a statement of purpose is a legally required document that includes a standard set of information about a provider's service. We saw evidence that the service was aspiring to these guiding principles.

Policies and procedures were available and up to date and covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

There were good communication systems in place. These included up to date care files, a communication book, regular team meetings and an on-call system that was responsive and valued by staff. All staff reported that support was easy to access and the registered manager was quick to resolve any problems that arose. A monthly newsletter featured a section on learning, a section on updates and reminders and a section called the 'Mum principle'. This stated, "Would I be happy for my Mum or anyone I love to receive the care I am giving." The service also provided a safeguarding leaflet with the staff payslip.

The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements in the service. The service was very organised and had internal quality assurance systems in place to monitor performance. This included quality audits, staff spot checks, monthly audits of medication and monthly audits of records of care. We looked at a sample of these and determined they were carried out regularly and any shortfalls were recorded and resolved.

A compliance matrix was used to ensure that all supervisions, appraisals, competency checks and spot checks were kept up to date and a training matrix that would not allow someone to work unless their training was up to date.

Staff felt supported in their roles and could seek guidance when they needed it. Feedback from staff we spoke with about the manager was overwhelmingly positive. Staff said, "Yes I think the manager of this branch is outstanding. He always has time for you. He listens, and he resolves issues. He is responsive and proactive. Very understanding and very positive", "Yes, I feel that I get good support. They are always at the

end of the phone if you need them. Extra training is provided if needed" and "The registered manager is always there to talk to and things are ironed out quickly."

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required.

The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or loss of data.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.