

Sylwia Care Limited

# Sylwia Care Limited t/a Home Instead Senior Care

## Inspection report

Sylwia Care Limited t/a Home Instead Senior Care  
119 Neasden Lane  
London  
NW10 1PH

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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?

Good 

### Overall summary

We undertook an announced inspection on 10 August 2015 of Sylwia Care Limited t/a Home Instead Senior Care.

Sylwia Care Limited t/a Home Instead Senior Care is registered to provide the regulated activity personal care to people in their own homes. At the time of the inspection, the service was providing care for 21 people and 17 care workers working for them.

At our last inspection on 3 September 2013 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like

# Summary of findings

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.

There were safeguarding and whistleblowing policies in place and records showed carers had received training in how to safeguard adults. Care workers demonstrated an awareness of the different types of abuse and actions to take in response to a suspected abuse.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Each care plan had identified the risk and measures to manage the risk and were individualised to people's needs and requirements.

Family carers told us care workers turned up on time and there were no missed calls. They also told us they received the same care workers on a regular basis and had consistency in the level of care they received.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service. Care workers told us "I just love my job", "I am happy."

Care workers had a good understanding and were aware of the importance of treating people with respect and dignity. Care workers also understood what privacy and dignity meant in relation to supporting people with personal care.

One person using the service told us "They treat me with respect and they are very kind. They help me when I need something. I don't have to say anything, they see when I need help and offer it".

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible and family carers were also involved. One relative told us "Yes, I helped with the care planning and am involved in the reviews."

People received personalised care that was responsive to their needs. People's care preferences, personal habits and daily routines were reflected and the service encouraged and prompted people's independence.

People using the service and relative spoke positively about the service. One person using the service told us "I have had carers from the council and then these were recommended to me by a friend and I have been very happy with them, completely satisfied." Relatives told us "It's excellent", "I think they are jolly good", "I am happy with the service."

There was a clear management structure in place with a team of care workers, duty manager, registered manager and the provider. Carer workers spoke positively about the management and culture of the service, they told us "The company is really good and they really try to help people. I think they are doing a good job", "I can only say good things about Home Instead and how professional they are" and "This is a good agency."

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback about the quality of the service people received through questionnaires and telephone monitoring. Quality audits had also been conducted by the provider.

The service was involved in various initiatives to help provide a quality service to people and encourage and motivate their staff as well as being involved in community projects. The registered manager showed us the service has been voted seventh in the Homecare Top 10 Agency Awards 2015 for London and three care workers had been nominated for awards as part of the Great London Care Awards run by The Great British Care Awards.

As most people using the service had dementia, the registered manager had undertaken Dementia workshops once a month with families, family carers and healthcare professionals which received positive feedback from the people who attended.

# Summary of findings

## 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 safe. There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were suitable arrangements in place to manage and administer medicines safely.

Care workers turned up on time and there was consistency in the care being provided to people using the service.

Good



### Is the service effective?

The service was effective. People were cared for and supported by care workers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People received the assistance they needed with eating and drinking.

People's health care needs were detailed in their care plans.

Good



### Is the service caring?

The service was caring. One person using the service told us "They treat me with respect and they are very kind. They help me when I need something. I don't have to say anything, they see when I need help and offer it."

Care workers had a good understanding and were aware of the importance of treating people with respect and dignity.

The service supported people to express their views and be involved in making decisions about their care, treatment and support where possible.

Good



### Is the service responsive?

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The home had clear procedures for receiving, handling and responding to comments and complaints.

Good



### Is the service well-led?

The service was well led. There was a clear management structure in place with a team of two case workers, registered manager and Head of Service.

Carer workers spoke positively about the management and culture of the service.

Good



# Summary of findings

Systems were in place to monitor and improve the quality of the service.	
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# Sylwia Care Limited t/a Home Instead Senior Care

## 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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 provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

Most of the people being cared for were elderly people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked their views about the service and how they thought their relatives were being cared for.

We spoke with two people using the service, eight family carers, six staff, duty manager and the registered manager. We reviewed six people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

People using the service told us they felt safe with the care worker. One person using the service told us they felt “Very safe”. Relatives also told us “Yes absolutely [person] is safe” and “Yes they help [person] a lot.”

When speaking to care workers, they demonstrated a good understanding of keeping people safe. Care workers told us “You must always make sure [person] is kept safe” and “The first, most important thing, is the person should be safe.” There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Care workers we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager. One care worker told us “Yes, I can complain to the manager and escalate if necessary and “Reporting things is important.” Care workers were also able to explain certain characteristics a person they cared for would display which would enable them to know that something was wrong or the person was not happy. For example, one care worker told us “You would maybe see they are afraid, marks or unexpected bruises, changes in behaviour.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk assessments forms were completed for people using the service.

The forms identified the risk and measures to manage the risk in various areas such as sight, memory, continence support, personal hygiene, speech, swallowing and medication administration ability and were individualised to people’s needs and requirements. Moving and handling risk assessments were also in place which provided clear information for people who needed support with their mobility including what equipment was needed such as wheelchairs, walking frames, shower chairs. The information also included the support needed and risks to people when they went outside into the community. Relatives told us “Yes. I think it is a balance between being overprotective and letting [person] do the things they want to sometimes, but I think they have got it about right” and “As much as is practicable, they allow [person] to do things but obviously consider the risks.”

There were suitable arrangements to manage medicines safely and appropriately. Records showed and care workers confirmed they had received medicines training and policies and procedures were in place. There were people who could self-administer their own medicines or were given to them by the family carer. Where people needed support by the care workers, the appropriate support for that person was outlined in their care plans. Care workers we spoke with understood their role to ensure people took their medicines safely and Medicines Administration Record (MAR) sheets were completed. Care workers told us “I know what the medicine is for and there is a chart which you initial”, “I record it on the chart” and “I always check the sheet but if it changes they let us know as well.” Care workers were also aware of what to do if a person refuses their medicines, they told us “Record if they don’t take it and phone the manager” and “You can’t force them, I would try a different approach, if they refused I’d record it and contact the family or office.”

We spoke to people and their relatives and asked whether care workers turned up on time and if there were any missed calls. Most people told us they had not experienced a care worker not turning up and care workers were usually on time. They told us “Yes they are reliable, there is some flexibility but very reliable”, “Yes, they may be a bit delayed but if they are they text to let us know” and “That’s the big advantage of this service, the reliability.” Two relatives however did tell us “Sometimes they are late and it is a problem with meals and that. My son is going to write to them” and “That’s the only thing I am not too happy about half an hour to an hour late. We don’t mind but they do seem to keep changing the hours around.”

We asked the duty manager how they monitored whether care workers were late or had not turned up. The duty manager told us the service had a telelogging system in place which would flag up if a care worker had not logged a call to indicate they had arrived at the person’s home or that they were running late. If this was the case, the duty manager told us they would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed. The registered manager told us they dealt with any issues such as lateness very promptly but would review the telelogging system to identify areas in which they can further improve any timekeeping issues.

## Is the service safe?

People received a level of consistency in the care they received. We asked people who used the service and family carers whether they received the same care workers on a regular basis and had consistency in the level of care they received. They told us “Yes we do. We have two who come regularly, It’s always them and that is excellent”, “Yes and it is especially important because of the dementia” and “We have a regular person and a regular sub for their days off or when they can’t come.”

People using the service also told us that they were notified if there was a change of care workers. One person using the service told us “They always phone and tell me” and relatives told us “They provide a schedule every month. They do whatever they can to help and to let you know what’s going on” and “They always email or telephone if there is going to be a change of time and they always do come.”

When speaking to care workers about staffing levels, they told us they received their rotas on time and their visits were planned well in relation to the time allocated for each person and the distance they needed to travel between

visits. Care workers told us “Yes there is enough time for what I have to do, and travel time is ok”, “There is enough time but if something happens and I do overrun I can let them know”, “Yes, there is time to do everything and usually time to be friendly, have a bit of a chat if they [person] want that” and “Only once there was an emergency and I needed to stay longer but I rang and explained to the office and they said “Don’t worry, stay and make sure [person] is alright”.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for six care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

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# Is the service effective?

## Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service. Care workers told us “I just love my job”, “I am happy”, “I like it, I like helping people and in every house I learn something”, “It’s good. I feel at home. I get support and I am not pressured to do more than I can do”, “It’s going well. I enjoy working with the people” and “I am very happy with it. They were really good with me from the beginning. They make me like this job even more.”

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care workers had completed an induction and received training in areas that helped them when supporting people and these included safeguarding adults, challenging behaviour, dementia, manual handling, health and safety, medicines, safeguarding and first aid. One care worker told us “It is very good. They provide the training you need, they are very understanding and supportive.”

We looked at six staff files and saw care workers received supervision and an annual appraisal to monitor their performance. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care. Care workers told us “Yes, they are supportive” and “I can talk to them if I have a problem.”

People using the service and relatives spoke positively about the care workers and told us “Oh yes, one of the things that has impressed me about them is the quality of spoken English and skills they have”, “I think the main [care worker] we have is very good, excellent. [Care worker] knows [person] really well” and “No problems with staff. Completely trustworthy.”

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans detailed information about people’s mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Care plans contained ‘Consent to care’

section which people using the service signed to state that they agreed and consented to care as outlined. Areas in which a person was unable to give consent, records showed the person’s next of kin were involved in making decisions in the person’s best interests.

There were no records which showed that care workers had received training in the mental capacity act 2005 or Deprivation of Liberties Safeguards (DoLS) however care workers were able to demonstrate a good understanding of mental capacity and issues relating to consent. Care workers told us “If the person has capacity they can decide things and you cannot decide for them. If not then the court of protection will say who can decide for them”, “I know that sometimes they cannot make decisions on their own, someone has to be able to make them for them”, “I know I have to promote independence. They have to make own decisions. They have this right.” The registered manager told us MCA and DoLS was taught as part of the induction programme but will review training arrangements to ensure MCA and DoLS was included as part of their ongoing training programme.

People’s care plans contained information about people’s medical history, whether they required any particular support and included aspects such as memory, sight, behaviour and continence. Family carers dealt with the day to day care and arranged all health care appointments for people using the service.

People were mainly supported with their nutritional and hydration needs by the family carer. In some cases people were able to eat and drink independently or lunches/ dinners were prepared by the family carer. Areas in which people needed support, were highlighted in their care plans. There was information about each person’s dietary needs and requirements, personal likes and dislikes, allergies and where they liked to eat. We saw the service had also identified risks to people with particular needs with their eating and drinking. There was information if people had difficulties with their swallowing and any risks of choking. For one person using the service, there was the risk that the person may refuse their food and there were instructions for care workers to encourage the person to eat and allow time for them to finish their meal or eat as much as they wanted to.



# Is the service caring?

## Our findings

One person using the service told us “They treat me with respect and they are very kind. They help me when I need something. I don’t have to say anything, they see when I need help and offer it”. Relatives also spoke positively about the care workers and told us “I am pleased and impressed with what they do, they are like a breath of fresh air”, “They are lovely with [person]” and “They are respectful and friendly.”

Feedback from people using the service and family carers showed positive caring relationships had developed between people and staff. One person using the service told us “The communication is fine. We have a bit of chat.” Relatives told us “They talk nicely to [person], they are good”, “They try to encourage [person] to be involved and they recognise what [person] can do. [Person] has a fine tenor voice and they [care workers] sing with [person], they have fun”, “One care worker says he is very happy because he learns a lot from [person] who was an academic. It gives [person] a real boost to feel respected and valued still” and “The care worker who comes in has a good rapport with [person] and they can have a laugh together. The care worker is really patient with [person] in the mornings encouraging them to get up and ready.”

We found people were treated with respect and dignity. One person using the service told us “When they get me up in the morning they leave me in the bathroom, to clean my teeth, wash myself in private, then they come in and give me my shower. Relatives also told us people were treated with respect and their privacy and dignity maintained. Relatives told us “They maintain [persons] dignity and they rub cream into their legs, like [person] was a member of their own family”, “On the last occasion I was there [person] needed changing so the care worker took [person] in the bathroom and shut the door. The care worker made sure of [person’s] privacy even though I am family”, and “They are very sensitive to it. In the beginning one care worker didn’t want to change [person] because the care worker sensed [person] was very uncomfortable about it. I spoke with [person] and got them to relax so now it is alright.”

When speaking with care workers, they indicated a good understanding of caring, respectful and compassionate behaviour towards the people using the service. They told us “I close doors/curtains to give them privacy. I cover the [person] to prevent them from being embarrassed”, “For

example “When I do the wash, I cover them so they won’t feel bad”, “I talk to them, tell them what I am about to do and ask if that’s alright, I ask questions about what they want to wear, eat and things like that” and “[Person] one was afraid to take shower, their [relative] asked me to get [person] to take one. I told [person] “It is your decision but if you have a shower, you will feel fresh. Your skin will be nicer, you can wash away any badness” but [person] said “I am afraid” so I told [person] “I am very experienced, I will be there, I will help you” so [person] took a shower and now [person] doesn’t mind. I reassured [person]. I never push people.”

People were supported to express their views and be involved in making decisions about their care, treatment and support where possible. One person using the service told us “I am not good at making decisions but they do encourage me to say what I like what I want” and one family carer told us “The communication is good yes. They take time with [person] to try and understand them.” People’s care plans showed how they were able to communicate and detailed how care workers should communicate with them. For example, in one person’s care plan it stated care workers “Must allow [person] time when they speak.” Records showed that review of care meetings had been conducted with people in which aspects of their care was discussed. We saw positive comments had been made by people using the service which included “We are very happy with the service. We would like to thank the care workers for their dedication and help.”

When speaking to people using the service and relatives, some confirmed they had a review of their needs, some however stated they had not or the reviews were not as regular which could indicate that some people’s needs were not being identified and met when they changed or that some people were not being involved in decisions about their care. People using the service told us “No regular review but they have been in and we talk on the phone. They are always very approachable and friendly” and “Not really in any formal way but we can say what we think.” Family carers told us “She( registered manager) does call us into the office from time to time to discuss things, she notices if [persons] needs change and makes suggestions”, “We haven’t had a formal review but we get emails of a questionnaire” and “I can ring them any time. the only thing is the head office is not always that good at communicating within themselves. If they are busy I think things can get lost. I have learnt if I ring I always back it up

## Is the service caring?

with an email now and then they get back to you.” We spoke with the registered manager of having regular review meetings and she told us there was no formal structure of reviews as the people’s care was reviewed as they went

along and telephone interviews were conducted in which people’s care needs was discussed. The registered manager told us she would review this area and ensure a formal structure of review meetings was in place.

# Is the service responsive?

## Our findings

People's care plans provided information about people's life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs.

Care plans contained a client profile and background information for each person using the service. Care plans were very person-centred, detailed and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Some people using the service had dementia and we noted care plans had information about their past, previous interests and occupations. For example in people's care plans, it included information that they had lots of old pictures and liked going through old photo albums, for another person it stated they liked to talk about cars and one care plan stated person liked to dress up nicely and "Takes good pride in their appearance." Relatives told us "Yes, they are very careful to give [person] choice and to offer [person] options where they can" and "Very professional and very understanding of [person's] particular illness."

Care plans also contained information to encourage people to encourage and prompt people's independence and maintain links with the wider community. One person using the service told us "They make my life comfortable and keep it possible for me to stay here in my own home." Relatives told us "They always ask [person] "would you like to do it yourself today," they never just take over without asking", "They just try to let [person] do anything for themselves that they are able to" and "They encourage [person] to do things like help to hang the washing or peel veg and [person] likes to walk so they take [person] out for a walk when they can."

When speaking with care workers, they told us they read people's care plans and shadowed other care workers to get to know about people's needs. Care workers told us "I read the care plan, we have a chat and I shadow another care worker" and "I read the care plan and I can ask." Care workers were also aware of the importance of promoting

people's independence. They told us "I try and let them do little things on their own", "The person I look after is limited in what they can do but I encourage [person] to do little things", "I say to people "You can do it, lets try" and "For instance "you can do your face" or "you can wash your hands can't you" and encourage them."

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Care plans were reviewed by the registered manager every three months who told us if there were any changes, there would be a reassessment and the care plan would be changed accordingly. Records showed staff carried out an initial assessment and risk assessment when people started with the service and from the information obtained during the assessment; an individualised care plan was developed. One person told us "They are excellent. The manager did an assessment with me. After that I agreed to what was in the care plan. They stick to that and they note things in the book." Family carers told us they were also involved with this process, they told us "Yes, when they started I was asked what we wanted, needed and since I have spoken to the manager about it, about what was working where there needed to be changes", "Yes, we have a plan which we helped develop, and we are in touch so it is reviewed", "Yes, we helped decide what care [person] needed and have been able to say if we felt it needed changing" and "Yes, I helped with the care planning and am involved in the reviews."

The service had clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. When speaking with people using the service and relatives we also asked them whether they had needed to make a complaint, if so how was it dealt with and if it was resolved satisfactorily. Relatives told us "They are all very nice but if I had any concerns I would certainly raise them", "Sometimes things do go wrong but you can always email or telephone and they respond quickly, they always get back to you" and "More a low level request for change than a complaint and mostly they are fine. They do try to address things even if they can't do it instantly."

# Is the service well-led?

## Our findings

One person using the service told us “I have had carers from the council and then these were recommended to me by a friend and I have been very happy with them, completely satisfied.” Relatives told us “It’s excellent”, “I think they are jolly good”, “I am happy with the service” and “I think they carefully picked their staff to match [person] and they made a good job of it. I am happy with them and I think they are doing their best.”

There was a clear management structure in place with a team of care workers, care manager, registered manager and the provider. Carer workers spoke positively about the management and culture of the service, they told us “The company is really good and they really try to help people. I think they are doing a good job”, “I can only say good things about Home Instead and how professional they are” and “This is a good agency.” Records also showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback about the quality of the service people received through questionnaires and telephone monitoring. Records showed positive feedback had been received about the service and any changes requested had been responded to by the service. Some comments received included “We are very happy with the service. We would like to thank [care workers] in particular for the dedication and help when [person] was poorly and [care workers] were extremely accommodating when we needed it and I am sure it helped with [persons] recovery” and “Staff are caring, professional, friendly and prompt.” There was also a high number of thank you cards which also showed positive feedback received about the service.

The registered manager showed us an audit that had recently been conducted by the provider which covered aspects of the service including policies and procedures, care plans, staff training needs, allocation of visits and staffing levels. We noted areas of improvement were identified and actions to be taken were noted which the registered manager told us she had addressed.

We found the service was involved in various initiatives to help provide a quality service to people and encourage and motivate their staff as well as being involved in community projects. The registered manager showed us the service has been voted seventh in the Homecare Top 10 Agency Awards 2015 for London and three care workers had been nominated for awards as a part of the Great London Care Awards run by The Great British Care Awards.

As most people using the service had dementia, the registered manager showed us she had undertaken Dementia workshops once a month with families, family carers and healthcare professionals. The registered manager told us she had received dementia training and the workshops were advertised in the local paper for people to attend. Feedback forms had been completed by people who attended and we found positive feedback had been received about the workshops and how it helped them to understand dementia. Some of the comments included “Excellent awareness and sharing of experiences. Excellent session and good guidance”, “Learning new ways of dealing with day to day situations and behaviours management of people with dementia. Facilitator was excellent.”

The registered manager told us “We have care workers we are very proud of. We have passion and want to make a difference. We try our best to make a difference.”