

Sevacare (UK) Limited

# Synergy Homecare - Burnley

## Inspection report

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Date of inspection visit:

11 May 2018

15 May 2018

Date of publication:

13 June 2018

## 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

We carried out an announced inspection of Synergy Homecare - Burnley on 11 and 15 May 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of the inspection, 136 people were receiving a service from the agency.

At the last inspection, in January 2016 the service was rated overall as 'Good' with "Requires Improvement" in the key question of Effective. At this inspection, we found the service had improved and was rated "Good" in all five key questions. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work for the service. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were kept safe from abuse and harm and staff knew how to report any suspicions around abuse. Staff understood best practice for reducing the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received effective training to meet people's needs. An induction and training programme was in place for all staff. A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. This meant that care outcomes were planned and staff understood what support each person required. People were supported with their healthcare and nutritional needs as appropriate.

Care and support was planned and personalised to each person, which ensured they were able to make choices about their daily lives. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon. Where people received end of life care this was planned and provided sensitively.

Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care and support.

## 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 has improved Good.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

Staff worked closely with healthcare professionals to ensure people received effective care.

People were supported to eat and drink in line with their individual needs.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Synergy Homecare - Burnley

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 and 15 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was undertaken by one adult care inspector.

Before the inspection, the provider completed a detailed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

In addition, we sent satisfaction questionnaires to 50 people using the service and 50 relatives; we received 20 completed questionnaires from people and four from relatives. We also sent 39 questionnaires to staff and 11 were returned. We analysed the responses and took these into account when considering the evidence for the report.

During the inspection, we spoke with 11 people using the service, two relatives and four staff over the telephone. We also spoke with the registered manager and the care coordinators during our time spent in the agency's office.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for four people, medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction surveys completed by people using the service.

# Is the service safe?

## Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. For example, one person told us, "The carers are very good. I can trust them with anything. I've found them honest and trustworthy" and another person commented, "They make sure I stay safe and help me all they can." Relatives spoken with also expressed satisfaction with the service. One relative said, "I can think of no problems at all. They are all friendly and kind."

We looked at how the service kept people safe and protected them from discrimination. Staff spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. All staff spoken with said they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed.

Staff had received training in safeguarding vulnerable adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe, which included moving and handling, infection control, emergency first aid and fire prevention. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

People and staff had information about what to do in an emergency. Staff confirmed systems were in place for out of hours support. People's care records also contained contact details staff may need to contact in an emergency such as next of kin and social and healthcare professionals.

Staff had completed training and had access to equality and diversity policies and procedures. We also noted people's individual needs were recorded as part of the care planning process.

Care was planned and delivered to protect people from avoidable harm. Each person's care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, their care and treatment, medicines and any other factors. We noted the risk assessments included actions for the staff to take to keep people safe and reduce the risks of harm. We saw the risk assessments were updated every six months or more often if people's needs or circumstances changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They said these would be reported to the office immediately. They also confirmed whenever they had reported a change, action had been taken to reassess the risk and amend the care plan.

There were arrangements in place to check and review when people's equipment such as hoists, pressure mattresses and mobility aids required servicing. This helped ensure people's safety and reduce the risk of injury. We noted there was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Staff knew how to inform the office of any accidents or incidents. The registered manager viewed all

accident and incident documentation, so she could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We noted all actions taken were fully recorded. An analysis of the records was carried out in order to identify any patterns or trends.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance by the care coordinators, who had responsibility for specific geographical areas. The staff rostering system was computerised, which ensured all visits were allocated appropriately. Since the last inspection, additional features had been added to the computer system, such as a colour scheme to identify people who needed to be prioritised in adverse circumstances for example poor weather conditions. The system also showed which staff had visited people, so levels of consistency could be monitored and maintained.

All care staff were issued with a mobile telephone, which allowed them to log their visit times electronically. The visits were closely monitored remotely both in and out of office hours. This meant there had been no missed visits during 2018. The telephones also enabled office based staff to track the care staff. This helped to ensure the safety of staff working alone and meant the staff could be redirected in times of emergency. All people spoken with told us the staff arrived on time and stayed for the agreed amount of time. For instance, one person said, "They nearly always arrived on time and if they are slightly delayed they will give me a call." People were sent a weekly schedule which set out the times of their visits and which member of staff was due to provide their support.

Recruitment practices ensured that suitable staff were employed by the service. We looked at the personnel files for two staff and found the recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work for the agency.

People spoken with were satisfied with the way the agency supported them with their medicines. For instance, one person told us, "I'm happy with everything. The staff never forget my tablets and eye drops." Staff said they had completed medicines training and records seen confirmed this. Staff had access to a set of policies and procedures, which were available for reference. Staff were observed handling medicines to check their level of competency. Guidance for staff on how to support people with medicines was included in the care plan as necessary, along with information on the management of any risks associated with their medicines.

All medicines administration records were returned to the office for audit purposes. Since the last inspection, the records had been updated to include the signature of the member of staff who checked the record against prescription labels on the medicines. New procedures had also been introduced for the administration for variable dose medicines and medicines prescribed 'as necessary'.

There were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves, aprons and hand gels, which they collected from the agency's office. People spoken with confirmed the staff always used appropriate protective equipment when assisting with personal care. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

# Is the service effective?

## Our findings

At the last inspection, in January 2016, this key question was rated as 'requires improvement'. At this inspection, we found evidence to support a rating of 'Good'.

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. For example, one person told us, "The staff are very proficient and do their job well" and another person commented, "I think the staff do very well with everything." Relatives spoken with also expressed confidence in the staff team, one relative said, "All staff know their job and do their best to help."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records, we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work with the agency. This included an introduction to the agency and its policies and procedures as well as the provider's mandatory training and the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care agencies are expected to uphold.

New staff worked alongside experienced colleagues to enable them to meet people and understand their needs. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period of six months, during which their work performance was checked and reviewed at regular intervals.

At the time of the inspection, the registered manager was in the process of implementing e-learning for all existing staff. According to the information given to us during the inspection, the e-learning comprised of 24 modules all covering several topic areas known as chapters. The modules included dignity and respect, effective communication, equality, diversity and inclusion, the Mental Capacity Act in practice, Nutrition and well-being, health and safety, fire safety, food hygiene, medicines, safeguarding and infection control. The registered manager explained the e-learning was supplemented with practical moving and handling training and workbooks. There were arrangements in place to check staffs' level of competency during spot checks, one to one supervision and team meetings. Staff also completed specialist training in line with people's needs. For instance, all staff completed a dementia training course. We saw several members of staff arrived for a training session during the inspection.

We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role. For instance, one member of staff told us, "The training is excellent. Everything you can think of we get, it really helps us do our jobs properly."

We also noted a community professional praised the staff training in their comments on a satisfaction questionnaire received before the inspection. The professional wrote, "I feel this agency provide a good



quality service and staff are trained and experienced in how best to offer care and support."

Staff received regular one to one supervision. We saw notes of the supervision meetings on the staff files looked at during the inspection. The staff told us they had the full support of the registered manager and the management team and could discuss anything that concerned them. For instance, one member of staff said, "We couldn't ask for better support. The management are with us 100%."

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.

At our last inspection, we found the principles of the MCA were not fully embedded within the care planning process. During this inspection, we found improvements had been made to the assessment and care planning systems. We saw the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. People using the service confirmed this approach, for example one person told us, "They always check what I need help with and will vary what they do depending on what I want." We saw consent forms were used by the agency to demonstrate people's agreement with the support provided.

People said that a representative from the service met them to discuss their needs before receiving a service. People spoken with could recall meeting with the representative and confirmed they were asked how they wished their care to be delivered. Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted records had been maintained of people's needs and preferences.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We found staff deployment was managed by care coordinators using a computer system and staff received updates about the service via their mobile telephones. The telephones also provided staff with details of people's care plans and essential information about their care and preferences. .

People were supported at mealtimes in line with their plan of care. We noted from the staff training records that staff had received food hygiene training. We saw there was a section in the assessment of needs, which focused on any risks or concerns in respect of eating and drinking. The registered manager explained food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We looked at the way the service provided people with support with their healthcare needs. We found people's assessment of needs and care plans contained important information about their medical conditions. This meant the staff were aware of how to monitor people's health and liaise with healthcare professionals as necessary and appropriate.

## Is the service caring?

### Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. For instance, one person told us, "I love a bit of fun with the staff, without them I would have a lonely life. They always tell it's nice to see me, it's a lovely feeling" and another person said, "I think the staff are smashing. They are easy going and friendly and it puts my mind at ease knowing they're coming every day." Relatives spoken with were also praised the approach taken by staff, for example one relative said, "The staff are always friendly and polite and help us all they can."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for instance ensuring people had time to carry out personal tasks for themselves, wherever possible. Reflecting on their approach, one member of staff told us, "We try to encourage people to do as much for themselves as possible. It promotes their choices and benefits their life." The registered manager explained that one person had been supported to improve their living environment. This had resulted in an increase in the person's level of confidence, which enabled them to socialise with others again.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People told us they were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service and their relatives told us staff had time to ask them about their preferences and were flexible in their approach.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. One person told us, "The carers make sure I'm feeling comfortable and are professional in how they go about things." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and we noted the registered manager and the management team often sought feedback from people using the service to ensure staff were adhering to best practice.

Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job. It's the best thing being able to put a smile on people's faces and making sure they are happy" and another staff member said, "It is such a rewarding job. I love all the people I visit."

People told us they were able to express their views about the service on an ongoing basis during care plan discussions and conversations with the staff and the manager. People were given a statement of purpose and a service user guide as well as their care plan documentation. The guide and statement of purpose provided a detailed overview of the services provided by the agency and included the aims and objectives

and philosophy of care.

Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life. We noted staff had completed appropriate training and the registered manager had undertaken the Six Steps to Success in End of Life Care training.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. We also received positive feedback from relatives in the satisfaction questionnaire received before the inspection. For instance, one relative had written, "I have found that the carers do jobs they see without having to be asked and they are always happy to help. In other words they go above and beyond what is expected of them."

## Is the service responsive?

### Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People and their relatives confirmed they had a care plan and said they felt part of the care planning process. For example, one person told us, "They came round and discussed my care. I've been happy with everything."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. Following the initial meeting, a care plan was developed with the full involvement of people using the service. We examined four people's care files and other associated documentation. We noted all people had an individual person centred plan, which was underpinned by a series of risk assessments. The care plans were detailed and provided clear guidance for staff on how people wished their care and support to be delivered.

We saw evidence to demonstrate the care plans were reviewed at least every six months or in line with people's changing needs. The registered manager explained that a full assessment of needs was carried out every 12 months and a new care plan was developed. People were spoken with were familiar with their care plans and we saw they had signed the care documentation to indicate their agreement.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the senior staff of any changes in needs in a timely manner. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.

People told us the office-based staff were responsive and understanding if they needed to make any changes to their scheduled care visits or discuss any other issue.

People were supported with their social needs in line with their care plan. People spoken with told us they enjoyed a chat with the staff once they had completed all their tasks. For instance, one person said, "The carers never rush off and we look forward to our little chats. It cheers us up." The registered manager also told us some people were supported to go shopping, attend appointments and visit local churches.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must 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. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed all documentation was available in different font sizes to help people with visual impairments. Staff were aware of the importance of communicating with people in ways that met their needs and preferences. Further to this, the registered manager explained staff communicated with one person by writing everything down on paper so the person could express their wishes.

The agency's complaints process was included in information given to people when they started receiving care. People spoken with were aware of the service's complaints procedure and processes and were confident any concerns would be listened to. We looked at the complaints record and noted the registered manager had received eight complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. The registered manager had analysed the themes of the complaints and had implemented actions to help alleviate a reoccurrence.

## Is the service well-led?

### Our findings

People spoken with made positive comments about the leadership and management of the agency. For instance, one person said, "Everything has worked out marvellously for me. They all have a real interest in me" and another person told us, "All the management are very approachable and they will listen and sort out any problems straight away."

The manager in post was registered with the commission. 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 registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs and preferences. She described her achievements in the last 12 months, which included embedding the Mental Capacity Act in the care planning process, implementing new electronic communication systems via the staff mobile telephones and being successful in gaining three tenders with the local authority. The registered manager also told us about her priorities over the next 12 months which included, ensuring sufficient staff are recruited to cover future care packages, increasing staff confidence in using the new e-learning and supporting the use of technology as part of the care planning system.

The registered manager was supported in her role by an area manager who visited the service on a regular basis. The registered manager also submitted information to head office on a weekly basis on all aspects of the operation of the service. This enabled senior managers to carry out remote checks and audits.

There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. One staff member told us, "[Registered manager] is brilliant. She will do anything to help us and is very fair" and another member of staff said, "[Registered manager] is there whenever we need her. She's a very good manager and we can talk to her about anything." We observed that staff were encouraged to call into the agency's office were made welcome by management team. Since the last inspection, the registered manager had introduced a 'positivity book', which included compliments received about the staff. The registered manager contacted all staff personally to congratulate and thank them when positive feedback had been received. This helped to ensure the staff felt valued and appreciated.

We saw regular unannounced spot checks of staff were undertaken to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete customer satisfaction questionnaires. We looked at the results of the last survey carried out in May 2017 and noted people indicated they were satisfied with the overall service provided. We saw an action plan had been developed to address suggestions for improvement.

The registered manager and the management team also carried out regular checks and audits in order to monitor the quality of the service. These included checks on records and files, staff training and supervision and accidents and incidents as well as an analysis of complaints and comments. Systems were in place to identify and respond to any shortfalls. Visits to people's homes were closely monitored by using the computerised logging system, which staff used each time they visited a person's home.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.