

Synergy Complex Care Ltd

# Synergy Complex Care Ltd

## Inspection report

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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 ●

# Summary of findings

## Overall summary

Synergy Complex Care is a domiciliary care agency providing care and support to children and adults with complex care needs living in their own homes. They are registered to provide personal care and the regulated activity of treatment of disease, disorder and injury. Nurses were employed to assess, plan and monitor the care to people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care or the regulated activity of treatment of disease, disorder or injury. This is help with tasks related to personal hygiene and eating and where a nursing need has been identified. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 11 people, only five were receiving a regulated activity.

People's experience of using this service and what we found

Relatives spoke positively about care and support they received from Synergy Complex Care Limited. Care was person centred and people were asked and involved in how they wanted to be supported. Staff knew people well and ensured their care needs were met.

People were supported by consistent and familiar care staff. There was a good matching process completed as part of the initial assessment to ensure people were matched with the right staff. Staff received a comprehensive induction and ongoing training to enable them to support people safely.

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

Staff knew how to keep people safe and free from avoidable harm. Risk assessments were in place. Staff knew what to report to the office to ensure people were safe. Policies and procedures were in place to guide staff on keeping people safe and the reporting of allegations of abuse.

The registered manager and staff had a good understanding of supporting people safely during the current pandemic. Staff felt supported and valued in their roles.

There had been sufficient personal protective equipment, staff training and regular updates throughout the pandemic. Regular COVID-19 testing was in place for all staff weekly and results were passed to the management team.

Relatives and staff spoke positively about how the service was managed. Systems were in place to monitor the quality of the service. The service had been operating since July 2020 and the provider was in the process of seeking the views of people using the service, relatives, health and social care professionals and the staff through a formal survey.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 04/08/2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection to provide the service with a rating.

#### Follow up

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

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Synergy Complex Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Some people's care was overseen by a nurse in respect of the assessment and the planning of care due to their complex health needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2021 and ended on 14 September 2021. We visited the office location on 14 September 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since they registered with us. We used this

information to plan our inspection.

#### During the inspection

We spoke with two relatives of people who used the service about their experience of the care provided, this was because people using the service were unable to tell us about their experience. We emailed two people and a further two relatives, but they choose not to respond. Email was their preferred means of communication.

We spoke with seven members of staff including the provider, registered manager, the office administrator and four care staff. We sought feedback from four health and social care professionals about their experience of working with Synergy Complex Care Ltd.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care that was safe. Staff were aware of what they needed to do to keep people safe and would report to the office any concerns they may have. They were confident that the registered manager/provider would take appropriate action.
- The provider had policies to keep people safe from abuse. Relatives and health and social care professionals said the care was safe. People received care from staff that were familiar to them.
- Safeguarding concerns were dealt with appropriately. This included working with other care providers, the person, their relatives and health care and social care professionals.
- Staff completed safeguarding training for both adults and children.

Assessing risk, safety monitoring and management

- People's care plans included information and guidelines to help staff provide care in a safe and person-centred way based on people's needs and the support they required.
- Information had been gathered on people's health conditions. Some examples included information to support people with epilepsy, stoma and catheter care. These assessments included what staff needed to look out for and the action to take if a person was unwell to ensure they were safe.
- Environmental risk assessments were completed prior to staff supporting people to ensure the home was safe. These were kept under review including the safety of any equipment such as hoists. Clear plans of care were in place in respect of moving and handling. Staff had received training in moving and handling and health and safety.
- The service had an emergency contingency plan in place to cover various events which may affect the service, for example adverse weather, reduced staffing and coronavirus.
- The registered manager knew who the most vulnerable people were according to their risks, in the event of an emergency. For example, people living on their own with no immediate support from family, time critical care or where there may be risks in the family home.

Staffing and recruitment

- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services. Information was held electronically and securely.
- Recruitment was ongoing, and people would only commence a service once suitable staff were appointed. It was acknowledged sometimes this held up the commencement of a new package. This was because there was a strong emphasis on getting the right staff and skill mix based on the needs of the

person.

- People were cared for by suitable numbers of staff. People were supported by a small consistent team of staff.
- Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.

#### Using medicines safely

- Medicines were managed safely. Staff were appropriately trained in medicines administration and had their competency reviewed.
- The support people needed in relation to medicines was clearly recorded. Some people received their medicines via a PEG. Clear guidance was in place for staff along with specific training to enable staff to do this safely.
- The registered manager completed regular checks on the administration records, which they could do remotely in some cases as they were completed electronically. This enabled them also to make amendments when required where a person's prescription had been changed.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Relatives told us staff wore the correct personal protective equipment (PPE) during visits. Staff confirmed they had access to sufficient PPE they required and had received infection control training.
- The registered manager had updated the COVID risk assessments/policy and provided regular updates to all staff as guidance changed.
- We were assured that the provider was accessing routine testing for staff in line with government guidance and for the people they supported when showing symptoms.

#### Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents and then learn from them. Any changes required to care planning documents were implemented and communicated with staff. There had been very few accidents or incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received a service, their needs were assessed. This was to ensure their needs could be met. This enabled the service to plan the resources the person needed to keep people safe and ensure they were matched with the right staff.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to current information, which included operational policies and procedures. Information could be seen in real time and monitored virtually.
- The registered manager liaised with several associations to ensure people's needs were based on best practice, including the spinal injury, motor neurone and brain injury association.

Staff support: induction, training, skills and experience

- New staff completed an in-depth comprehensive induction in line with the Care Certificate. This is a nationally agreed set of modules for staff new to working in adult social care. Care staff then shadowed experienced staff members to become familiar with the person they were supporting and learn about their role.
- A member of staff told us, "They talked a lot about the company values at my interview and induction. It's all about putting people first. I got loads of training".
- Relatives confirmed the staff had the skills and competency to support their loved one. A relative told us this was important as if not confident in staff then their loved one would become anxious. They said the staff were skilled and had the ability to keep the atmosphere relaxed which helped with wellbeing and reduced anxiety.
- Three of the four staff we spoke with confirmed they had received supervision. However, one member of staff said whilst they regularly speak with the registered manager no formal supervision had taken place.
- The registered manager told us staff should receive supervision every three months. There was no overview record of when staff received supervision to enable the provider to monitor the frequency, other than checking each staff file. The registered manager confirmed this would be put in place after the inspection.

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

- Where people needed dietary support, their care plan described the level of support required.
- Specialist training had been provided for staff that supported people with a percutaneous endoscopic gastrostomy (PEG). PEG allows nutrition, fluids and/or medications to be put directly into the stomach, thus bypassing the mouth.
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from

health professionals such as speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other health and social care professionals to ensure people's health care needs were met. This ensured people received timely support, with prompt referrals and advice being sought where concerns were identified.
- The provider told us the registered manager had supported a person to hospital as their main care provider was reluctant to attend due to concerns about the pandemic. This ensured the person received timely medical interventions.

Supporting people to live healthier lives, access healthcare services and support

- Care plans highlighted people's physical, emotional and health conditions they had experienced which could affect their wellbeing. This provided staff guidance and advice on how to support the person, which may be unique to them.
- Oral health care plans were in place detailing the support people may need such as arranging dental appointments. For one person this was important and gave a step by step guide for staff to follow when helping with teeth cleaning, which prevented them from becoming distressed.
- Staff supported people to keep healthy. Staff had received training from a physiotherapist so they could support one person with regular exercise, which promoted wellbeing and positive health. The person was reliant on the staff to complete this with them due to their physical disability. They also supported the person to attend hydro sessions.

Ensuring consent to care and treatment in line with law and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training on the Mental Capacity Act, which covered obtaining people's consent prior to delivering any care and the principles of the MCA. Staff confirmed they sought the consent of the person before helping them with personal care or daily activities.
- People were fully involved in decisions about their care and their capacity to do so was respected.
- Policies and procedures were in place covering the legislation relating to both adults, young people and children.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed positive relationships with staff who knew them well. Relatives confirmed people were comfortable and relaxed with the staff that were supporting them. For example, one relative said, "I often hear laughter and the staff chatting and they are fully engaged with (my partner)". They continued by telling us their named care staff and their partner had "hit it off" straight away.
- The management and the staff team ensured people were treated well. They demonstrated an inclusive and caring approach when supporting people using the service and their relatives.
- The registered manager knew people really well and clearly described how people were involved in their care. It was evident time was taken to find out what the person wanted from the service. This included their preferences in respect of the qualities of the staff. For example, a younger person was matched with staff that had similar interests, another person preferred more mature staff.
- Staff had received training in person centred care and equality and diversity. Care records captured people's diverse and individual preferences on how they wanted to be supported.

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

- The registered manager regularly sought the views from people and their relatives and acted on any feedback, where necessary, to improve people's experiences of their care and the quality of service provided. The provider was planning to send out a survey to further gather people's views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Care plans included what the person could do for themselves and where they needed support. It was evident people had been asked how they wanted to be supported and what was important to them.
- Staff ensured people were treated with dignity. A member of staff told us how they promoted dignity by "Drawing the blinds, when manoeuvring X in bed. I always ask before I do anything". Another member of staff told us, "It is their home and I can't do as I wish".
- Staff knew people well including their preferences for how they liked to be supported and their personal life histories. The registered manager said staff had to learn the skill of blending and fading into the background especially where support is delivered over a 24-hour period to enable the person to have privacy and family time.
- People's privacy was respected. For example, their records were maintained securely to ensure they could not be accessed by others. Staff could only access the electronic records of the person they were supporting. Staff received training in data protection. A member of staff said, "We don't discuss people outside their permitted circles, and we don't leave personal details lying around".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were very much involved in developing their care plans. The registered manager said, "Care is planned with people, not for them". There was a strong emphasis on matching people with the right staff as this was seen as being essential for the success of the care package and delivery of person-centred care.
- People were supported to have control over their own lives and lead the life they wanted. For some this was regaining skills after an accident and continuing to do the things they did before or for their loved ones to return to work, visit family or have some downtime from caring responsibilities. People's expectations and aspirations were discussed during the initial assessment and part of the ongoing review of their care and support.
- One person had a reluctance to attend health care appointments and had not attended any health reviews in the last eight years. If their condition had gone untreated, there was potential for it to cause serious health issues. The consistent and responsive support of the care staff enabled the person to attend a GP appointment enabling them to receive appropriate treatment. The person told the staff "I have got my life back".
- Feedback from a health professional stated, "The company has been behind the support for several of our clients who have made great gains and progressed extremely well with the care and support they receive from Synergy".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had developed innovative ways of communicating with people who could not communicate verbally. This enabled the person to be involved. For example, one person used eye gaze to communicate and another person used word cards and hand gestures to indicate yes and no. How people communicated and the support they needed was captured in their care plan.
- The provider told us in the provider information return, information could be made accessible including large print, different languages and braille. Where staff supported a person with Makaton, a sign language for people with a learning disability, training was provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead the life they wanted. Some people had their own vehicles that staff could use to support them with accessing areas further afield from their home.
- Three people were being supported to have a holiday supported by staff in the forthcoming months. This was planned with the person and their relatives based on their interests. One person was staying in a specially adapted property with staff support to enable them to have a break from the family home. A young person was going to Disneyland with their family along with a member of care staff and another person was planning to stay in a caravan in Cornwall.
- People receiving care from Synergy had complex care needs, support hours varied and for some included 24 hour support. They were supported by a core team of staff to enable them to get to know their care workers.
- Staff said they planned activities with people based on their interests, whether that was going to the pub or watching formula one racing or shopping. One person was supported to attend local national trust sites, whilst another person had an interest in trains.
- People's interests and hobbies were clearly recorded, enabling staff to support people based on their aspirations.
- Some people had pets. Staff helped with their care, such as walking, feeding and cleaning as this was important to the person's wellbeing and part of their family. Again, people were matched with appropriate staff with similar interests who shared their love for animals.

#### Improving care quality in response to complaints or concerns

- There was a clear complaints policy. People and their representatives were encouraged to raise any complaints and concerns.
- There had been one complaint since the service started operating in August 2020. This was fully investigated, information shared with relevant parties and actions taken to address the concern. It was evident people were listened to.

#### End of life care and support

- At the time of the inspection, there were no one receiving end of life care. The provider and the registered manager were committed to ensuring, if needed, this would be put in place for people so they could continue to receive care from staff that knew them well.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were passionate about providing care that was bespoke to the person, where they were empowered and included in decisions about how they wanted to live. This enabled them to remain in their own home close to family, friends and the area that they knew.
- Staff confirmed that the ethos of the company was discussed as part of their induction and ongoing training. A member of staff said, "I love working for this company. The manager is the best manager I ever had". Another member of staff said "It (care) was very personalised".
- A member of staff told us, "The registered manager is very passionate and attuned to her clients". Staff said they felt valued in their roles and good practice was promoted and recognised.
- Relatives praised the service and confirmed they received a quality service and they and their loved ones were at the heart of the service delivery. Relatives told us they were very satisfied, and the registered manager was approachable, listens and acts on feedback. A relative said, "This is the best agency" another said, "It is early days, but I have been impressed, they are listening".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the registered manager were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- All accidents and incidents were logged and shared with appropriate professionals and action was taken to reduce any further risk. Any information from lessons learned was shared with staff to reduce further risk and the person's plan of care updated. A health professional told us, "They always act with integrity".

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

- There were clear lines of responsibility and accountability within the service. Staff understood their role within the organisation and where to go to for advice and support. All the staff that we spoke with had confidence in the management team and were positive about the support and encouragement they provided.
- Quality Checks were completed to ensure people received a safe, effective and responsive service. This included regular contact with people, their relatives and staff.
- As the service was growing more formal systems were being introduced such as a format to record spot checks for staff to ensure they were providing a quality service. There was a competency framework for staff,

which was bespoke to each person's care package.

- The registered manager presently supervises all staff. The plan moving forward, this would be cascaded to the three nurse managers as the service was growing. They were also planning to recruit some field supervisors to work alongside care staff who would assist in monitoring the care delivery.

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

- The registered manager and provider recognised the importance of ensuring all staff were valued. Staff received emails of recognition for the support they gave to people where they had received compliments.
- They also demonstrated this by recognising important days and events to staff and people receiving a service, such as birthdays and Christmas. Staff's religious faiths was also recognised, and adjustments made such as during Ramadan if needed.
- Staff performance and the quality of care they provided was regularly checked by the management team. Staff received comprehensive training before they worked with people. There was a competency framework to ensure staff had the skills, with regular spot checks being completed to help with continual improvements.
- People were involved in the service as they were given the opportunity to give their views on the care that was provided to them. Feedback was also sought from relatives or other people who were involved with those receiving a care package.
- The senior management team had monthly meetings to discuss the running of the business, any risks and areas to improve. Staff had regular communication via email or telephone to keep them up to date with any changes. A member of staff told us they had not been involved in a team meeting and another member of staff said they had been to one recently.
- The provider told us they were planning to bring in an external independent consultant to review and monitor the service. The provider saw this has a means to further drive improvement and provide an independent view of the service.

Working in partnership with others

- Professionals reported a positive relationship with the service and registered manager. Comments included, "Synergy has, and continues to provide high quality services supplying and managing packages of support to some of our clients. They do this very professionally at all times. They have been committed and honest in their work" and another health care professional said "They have always been responsive to my communication and acted on any requests I have made. Smooth introduction into the package".
- The registered manager and staff worked with key stakeholders, which included the local authority, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of people using the service.
- The staff also worked alongside other care agencies and private personal assistants to support people. It was evident from talking with the registered manager this was a coordinated approach to ensure partnership working.