

Sylviancare Ltd

# Sylviancare Reading & Wokingham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Sylviancare Reading & Wokingham is a domiciliary care agency providing support to people in their own homes. People with various care needs can use this service including people with physical disabilities, older people and people with dementia. At the time of inspection, 90 people received personal care from this service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Breaches of legal requirements were found at this inspection. The registered person had not made sure staff employed were of good character and that all required information and checks were carried out. CQC was not notified, as required by law, of all notifiable incidents. The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided.

We found that medicines management was safe. Where people were prescribed 'as required' (PRN) medicines, the service had protocols or guidance in place to support staff with knowing when to administer PRN medicines.

Incidents and accidents had been documented however; details of the actions taken was not always reported. Staff training records were reviewed and all mandatory training was completed.

Care plans were compiled in a person-centred format and people reported being involved in the process. Complaints had been recorded and the registered manager responded to complaints in a timely way. People told us that they knew how to complain and when concerns were brought to the provider, they acted promptly to rectify the concern.

Records of satisfaction questionnaires completed by people receiving personal care were reviewed. Results indicated that those completing the questionnaires were happy with the support they received.

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.

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 and update

The last rating for this service was requires improvement (published 15 June 2019) and there were multiple

breaches of regulation. At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We will describe what we will do about the repeat requires improvement in the follow up section below.

#### Why we inspected

We carried out an announced inspection of this service on 15 January 2021 to follow up on previous breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and notification of incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylviancare Reading & Wokingham on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to notification of incidents, safe recruitment of staff and good governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Sylviancare Reading & Wokingham

## **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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 January 2021 and ended on 26 January 2021. We visited the office location on 15 January 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included previous inspection reports, information received and notifications that had been sent to us and we sought feedback

from the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection

During the inspection-

We spoke with three members of staff including the registered manager. We reviewed a range of records. This included care plans, risk assessments and a variety of records in relation to the management of the service. We also reviewed staff training and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, medicine charts, risk assessments and care plans for nine people. We also looked at training data, staff files, quality assurance documents and compliments and complaints. Telephone conversations were held with 13 people and family members plus one member of staff. We sought additional feedback from five members of staff and five professionals who work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and Recruitment

- People were not protected by the recruitment practices at the service.
- At the previous inspection, it was identified that there was missing information within the staff files however, this was rectified by the registered manager at the time.
- Although the staff files we looked at contained some of the information required by the regulations, seven of the nine files we reviewed had some required information missing.
- For example, of the nine staff files we saw only two had evidence of verification of reasons for leaving previous jobs with children/vulnerable adults. Two files did not include evidence of conduct in previous jobs with children or vulnerable adults. There was no evidence to show the registered manager had identified the omissions or tried to obtain the missing information.

The registered person had failed to ensure staff employed were of good character and that information specified in Schedule 3 was available for each person employed. This meant people were potentially at risk of staff being employed to work with them who were not suitable. This was a breach of regulation 19 and Schedule 3 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt there were enough staff to meet the needs of people who use the service.
- People who use the service felt there were enough staff. One person stated, "There are enough staff and they have enough time to carry out all tasks required."
- From reviewing staff training, all staff had received all training considered mandatory by the provider and staff felt they received appropriate training in order to carry out their roles.
- Staff rotas were scheduled one week in advance on the online system the service used. This application was linked to online maps to help identify where staff were, in an emergency. Rotas demonstrated that sufficient staff with the training required were deployed to meet people's needs and to keep them safe.
- The registered manager identified measures the service would put in to place in a staffing emergency. They stated, "All office staff and directors are trained in care."

### Learning lessons when things go wrong

- Incident and accident logs had been completed by the management team. However, the incident and accident log did not always contain written evidence of action taken to improve the service and learning lessons when things go wrong.

We recommend the provider considers documenting actions taken as a result of reviews and investigations when things go wrong.

### Using medicines safely

At our last inspection, the registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had implemented a new online system to document the administration and guidance for all medication.
- We found where people had been administered medicines, staff had signed the associated medicine administration record (MAR) to say this had been given.
- Where people were prescribed 'as required' (PRN) medicines, the service had protocols or guidance in place to ensure that staff knew when to administer PRN medicine.
- The PRN guidance provided was individual to the person and explained when the medicine was required and how the person would express the need for the medicine.
- When a medicine was not given, the staff member had explained the reason within the MAR record.
- The registered manager provided evidence that all staff had received training for medicines administration.
- When the registered manager and quality assurance officer received alerts from the online system of missed medicines or when a medicine error was identified, an investigation took place. This in turn led to a number of possible outcomes, including retraining.

### Systems and processes to safeguard people from the risk of abuse

- We reviewed safeguarding incidents since the last inspection. Where safeguarding incidents had been identified or the registered manager had been notified of a safeguarding incident by the local authority, the registered manager had investigated the incident internally.
- Staff were able to explain the process they would take to raise a safeguarding concern. One staff member stated, "I would talk to [registered manager] and escalate further if needed. I know I can contact the local authority safeguarding team and the CQC [Care Quality Commission] also."

### Assessing risk, safety monitoring and management

- People's care plans included sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required. For example, one person was at risk of falls, the provider had included how the person mobilises safely and the equipment required.
- An alert system was in place to notify the management team and quality assurance officer of missed medicines when the planned call was ended by care staff.
- At the time of the inspection, there was no alert in place for missed calls and the service relied upon telephone calls from people or their family members and the quality assurance officer reviewing the system on a daily basis.
- When this was identified by the inspector, the registered manager implemented a flag on their system to raise if a call was not started within 30 minutes of the scheduled time.

### Preventing and controlling infection



- All staff had received appropriate infection control training.
- We were assured that the service was using personal protective equipment effectively and safely.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- The provider's infection prevention and control policy was up to date and in line with the latest government guidelines around controlling and preventing the spread of Covid-19.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection, we reported people's care plans and support needs had not always been assessed. We also reported the care plan did not document how health needs would be managed.

At this inspection we found people's care plans were based on a full assessment, which included health needs, with information gathered from the person or others who knew them well.

- The care plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on each person, so they could continue to meet their specific needs. One person told us, "They give me choices, they check that I have enough food and drink, they know I like to do puzzles."
- People's needs, and support plans were reviewed on an annual basis for any changes in care and support or more often if their needs changed.

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.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- The service was responsive to people's communication needs. An example of this was the registered manager discussed the use of a sign language service where they could support people who were hard of hearing with medical appointments.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and the registered manager responded to complaints in a timely way.
- There was evidence recorded and provided to show how the provider acknowledged, investigated and responded to complaints.
- Actions taken following a complaint were documented in order to improve the service.
- People knew how to raise a complaint or concern with the provider. One relative stated, "If I have any concerns I am supported so well by the Manager."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their regulatory requirements

At the last inspection we found the provider had not notified the commission of significant events or other incidents that happen in the service, without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18.

- During this inspection, we found the registered manager had failed to ensure CQC was consistently notified of reportable events without delay such as allegations of abuse.
- We identified five allegations of abuse which had not been notified to us by the registered manager as required. One example included an email dated 12 August 2020 from the Local Authority to the service regarding an allegation of abuse raised by the family of a person using the service.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The provider failed to notify the Commission of notifiable events without delay. This was a continued breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Managers and staff being clear about their roles, and understanding quality performance and risks; Continuous learning and improving care

At the last inspection we found the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At this inspection, we found non-compliance with three regulations. The provider had failed to ensure good governance, safe recruitment of staff and notification of other incidents. The provider's system had not enabled them to identify they were non-compliant with these fundamental standards.
- The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. For example, the provider did not always have contemporaneous notes and documentation of the action taken following an incident or accident and identify lessons learned and themes following the incident.
- The registered manager stated that their online system provided audits on a weekly basis. However, most audits did not contain feedback. Where trends or errors had been identified, there was no evidence action had been taken to improve the service.
- The provider's systems and processes did not identify missing information within the required recruitment practices.
- During the inspection, the registered manager said that there was no current system in place to monitor for missed calls. The lack of an effective monitoring system meant people were potentially at risk of harm from missed calls.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the fundamental standards (Regulation 8 to 20A). The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively.
- The service had a whistleblowing policy in place. We spoke to the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.
- The registered manager highlighted that each person was allocated a main care worker to ensure that people received continuity of care. This was evidenced within staff rotas seen during the inspection.
- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision. Any concerns that had been raised would also be discussed with staff members and actions were recorded.

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

- We discussed with the registered manager their duty of candour. They were clear about their role. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager attended regular meetings with other providers through a 'Registered managers network' in the Berkshire area in order to share experiences and good practice. The registered manager also received regular contact through Reading Borough Council and the South East Infection Prevention and Control Group.
- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service actively gained feedback from staff and people on an annual basis.

- One staff member commented, "I am happy to be part of Sylviancare team and I enjoy working and assisting vulnerable people especially in this difficult time we are going through."

#### Working in partnership with others

- The service worked in partnership with professionals such as GPs, occupational therapists, social services, mental health teams, community nurses and the local authority.
- The registered manager attended weekly meetings with the local authority.
- The service had been given tenders with the local authority to provide packages of care to people.
- One professional we spoke to told us, "Sylvian were able to demonstrate their ability to deliver a new discharge to assess contract throughout 2020. We have no concerns about the quality of care being provided even when they commenced packages at short notice which was often required due to rapid hospital discharges."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The provider failed to notify the Commission of notifiable events without delay.</p> <p>Regulation 18 (1)(2)(a)(b)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the fundamental standards (Regulation 8 to 20A). The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure staff employed were of good character and that information specified in Schedule 3 was</p>

available for each person employed.

Regulation 17 (2)(a)(3)(a)