

Sevacare (UK) Limited

# Synergy Homecare - Salford

## 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

The inspection of Synergy Homecare took place on 22 February 2018 and was announced and ended on the 8 March 2018 following telephone interviews with care staff. This was a comprehensive inspection.

Synergy homecare Salford is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in the Salford and Bolton Area. It provides a service to older adults. At this inspection there were 294 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

At the time of our inspection there was a registered manager in post. 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 supported in their role by a deputy manager who assisted with the oversight of the day to day running of the service.

People's needs continued to be safely met. There were sufficient numbers of staff available to meet people's needs in a way which people were happy with. People reported they did not feel rushed with their daily routine.

Staff training was in date and training topics were appropriate to people's needs which meant staff had the skills and knowledge they needed to provide people with safe and informative care.

Adequate risk assessments were in place to recognise people's positive risk taking and environmental risk assessments were in place both internal and external to protect people using the service, their visitors and staff.

Accidents and incidents were recorded and documented and changes were made to ensure risks were minimised.

Recruitment systems were in place which were robust and appropriate support was provided to new members of staff in the form of induction, supervision and training.

Safeguarding procedures were in place. Staff understood the importance of protecting people from abuse and avoidable harm and gave examples about how to report a concern to service management or external agencies such as the local safeguarding team.

People told us they received support that was caring, friendly and responsive. Staff were able to demonstrate they understood what was required of them, to provide each person with support in line with their individual preference and to ensure independence was promoted which enabled people to live as independently as possible.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were also protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; provider policies supported this practice.

Pre- assessments were completed prior to a new care package commencing; the service also worked in partnership with the person's social worker, this ensured the service gained a thorough assessment of the person's need and were able to make an informed judgement about their ability to meet the person's needs safely and effectively.

People were supported to eat a diet of their choice and healthy eating was promoted. Staff supported people to have access to health services in the community where required to maintain good health. Staff followed the advice of healthcare professionals in meeting people's needs where appropriate.

Medicines practice was administered safely and people reported they received their medicines as prescribed. Medicines audits and staff observations were completed to ensure management oversight was in place to identify any potential bad practice.

People knew how to raise concerns and complaints and the provider had appropriate policies and procedures in place to manage them appropriately.

Systems were in place to monitor the on-going compliance of the service and people's views were actively sought and acted upon.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Safe.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains Well Led.

# Synergy Homecare - Salford

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 February 2018 and was announced and ended on the 8 March 2018 following telephone interviews with care staff. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of two adult care inspectors, who based themselves at the service office on the 22 February to speak with office staff and review care records, policies and procedures and three Experts by Experience who conducted telephone interviews with people using the service during the day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection planning we reviewed all the information we held about the service. This included previous inspection reports, action plans and any notifications sent to us by the service including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

We used information the provider sent us in the Provider Information Return. 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.

During the course of the inspection we spoke with the registered manager, deputy manager, two care coordinators and eight members of care staff. In addition to this we also spoke with 29 people who used the service and eight family members. We also looked at 12 people's care files including medicines administration records and eight staff personnel files.

# Is the service safe?

## Our findings

At the last comprehensive inspection in July 2015, we found the service was safe and awarded a rating of Good. At this inspection, we found people continued to receive care and support from staff in a way that maintained their safety. People we spoke with repeatedly told us they felt safe. Some of the comments included, "I feel very, very safe when the carers come" and "I have the same carers which makes me feel safe." A third person commented, "I feel so much safer at home as I know they are coming in to help me."

Risks to people had been assessed and were regularly reviewed. People had plans of care that had been developed to provide guidance for staff in reducing the known risks to people. Positive risk taking was a key factor in the service. Environmental risk assessments were also evident which also considered risks posed to staff associated with lone working.

People's care files were regularly reviewed. This enabled the service to identify any change in the person's need and ensure that care documents were relevant to the person's circumstance.

The service had sufficient numbers of well trained staff employed to support people in a timely and knowledgeable way. Some people told us carers at times could attend later than planned, however this was usually due to dealing with prior emergencies.

The provider continued to ensure robust recruitment procedures were followed to verify new employee integrity and new staff received a period of induction prior to commencing employment.

Safeguarding procedures were in place and staff gave appropriate examples pertaining to safeguarding scenarios. Records showed that all concerns were referred to the adult safeguarding team in a timely way and the management team had carried out any necessary investigations whenever instructed to do so.

People received their prescribed medicines safely. There were appropriate arrangements in place for supporting people to manage their medicines at home. Staff had received training in safe management and storage of medicines. Regular observations were carried out by senior staff to ensure staff were consistently following safe practices whenever they were supporting people to take their medicines.

Accidents and incidents continued to be recorded and reviewed by the provider and any trend or themes investigated.

Staff were provided with personal protective equipment (PPE) to protect them against the risks associated with infection control. Staff had an understanding of how to prevent risks of cross infection. Before someone used the service their home environment was assessed for any risks to their health and safety and these risks were minimised as far as practicably possible to safeguard the person and the staff.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service had continued to provide effective care.

People's needs were thoroughly assessed and care plans developed in a person centred way which identified peoples' health and social care needs and preferences.

People were supported by staff who had relevant training, skills and knowledge to meet their needs. Staff told us they felt they had access to enough training and were able to seek advice at any time from their colleagues and managers. New staff were subject to a period of induction prior to commencing the role tis was in line with the care certificate.

Staff received regular supervision and said they had found this helped them to maintain their skills and make improvements.

People were supported to prepare their food and drink. Records in the care plans ensured any person at risk of poor nutrition had the appropriate support. Staff supported people to access health care professionals when required.

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 were involved in decisions about their care needs. Advice to guide staff around effective communication was evident in each person's care file. Staff were aware of the importance of consent and ensured they obtained this from people before providing care.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People told us care staff supported them in a caring and dignified manner. One person stated, "Very caring staff, cannot do enough for me." Whilst another person stated, "I haven't come across a carer who isn't nice. I'm very lucky; they treat me with respect. They definitely listen to me. We have a good laugh but they definitely respect my privacy and dignity." Similarly relative's comments mirrored those of the family members, stating, "Fabulous carers" and "Wonderful care staff."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

The service ensured people were consulted about their daily living choices. People told us staff promoted their decision making to enable independence with their day to day living choices. Staff also spoke with us about the methods they used to encourage people with their own choices.

People told us their privacy and dignity was respected at all times. People added staff sensitively supported them with the personal care requirements and never made them feel exposed or compromised. Staff gave relevant examples about knocking on people's doors before entering and ensuring the person's dignity whilst supporting them with intimate care needs.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.



## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People received care which reflected their preferences and individual routines. We saw peoples' needs were regularly reviewed and care plans adjusted when required to reflect any change in assessed need.

The service continued to ensure information was accessible, one person had been provided with a copy of their care plan translated into their first language to ensure they were involved. Staff showed sensitivity and understanding in relation to the diversity of the people they supported.

People's interests and hobbies were detailed in their care plans and staff supported them to access activities in the community including a local day centre for people living with dementia. Staff were knowledgeable about local resources and were able to put people in touch with other organisations. People were supported to maintain contact with family and friends.

There was a complaints policy and procedure in place. The service had received nine complaints in the previous 12 months. Records showed the service continued to follow their procedures. Each complaint was recorded, investigated and a written reply provided. People's responses were also recorded. People knew how to raise a complaint and were provided with information about who to contact in their care files. We could see that the service had responded to one person's concerns about changing carers to ensure they had consistent support.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

There was a registered manager in place at time of inspection. They had been registered with the CQC since September 2017.

Internal audit systems were in place and continued to successfully identify any gaps in service delivery. The registered manager told us further audits were being developed to ensure continual improvement in this area was sustained.

The service had a wide range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. These were kept under review.

Staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full and staff we spoke with told us these were useful.

Senior staff ensured they visited each person's property on a monthly basis to review the care received. This also created an environment for people to share any feedback about the service. Quality questionnaires were also sent out annually to gather people's feedback.

People told us they felt able to contact the management team with any issues and these would be dealt with effectively.

We saw statutory notifications had been sent to the CQC.

We spoke with the registered manager who was present on inspection. The registered manager had a clear knowledge of their role and responsibilities with regards to their registrations and notifications.

The registered manager had a clear vision of where they wanted the service to be in the future. They had set goals and we saw evidence some of these provider goals had been met.

A staff member commented, "The service has improved massively under the management of the new registered manager. They are fantastic, approachable, precise, thorough and supportive. I love working here, its enjoyable to come to work."

The provider ensured an 'out of hours' service was accessible during the evening and weekends.