Sylviancare Ltd

Sylviancare

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

This inspection took place on 20 October 2016 and was announced. Sylviancare is a domiciliary care service providing care and support to people in their own home to promote their independence and well-being. At the time of the inspection they provided personal care to 73 people.

The day to day management of the service was carried out by one of the directors of Sylviancare who was the registered manager and a newly appointed manager who was in the process of applying to be registered with the Care Quality 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.

People felt safe and well cared for, they received care and support from familiar and regular staff. There were sufficient staff to provide safe and effective care.

People were involved in planning their care and staff sought consent before they provided support.

People were treated with kindness and dignity and staff spoke about people with respect. Staff supported people to remain as independent as they wished.

Staff had received training in safeguarding people and understood their responsibilities in keeping people safe. They were knowledgeable about what should be reported and felt confident any issues regarding people's safety were dealt with appropriately by the provider.

Staff received an effective induction and ongoing training. They received support through one to one supervision meetings and annual appraisals. Staff felt they could discuss any issues openly and they received guidance when they needed it.

The provider had a robust recruitment procedure which helped to ensure suitable staff were employed at the service. However, we found one staff recruitment file did not have a full employment history, this was immediately dealt with by the manager.

Medicines were managed safely and people received their medicines when they required them.

The provider sought people's views on the service in a variety of ways and used this to make improvements to the service. People knew how to raise concerns or make complaints. They felt confident their views were listened to and acted upon.

Staff were provided with information concerning people and changes to their care in a prompt manner. When necessary staff contacted healthcare professionals to seek advice regarding people's well-being.

The provider had systems to assess and monitor the quality of service that people received. This enabled them to identify areas for improvement.

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 was safe.

The service had a recruitment system to ensure staff were suitable to care for vulnerable people. However, a full employment history was not available for all staff. This was addressed immediately after the inspection.

People felt safe when supported by the staff and were confident in their abilities. Staff demonstrated a good knowledge of safeguarding policies, procedures and reporting requirements.

Medicines were managed safely. People told us they received their medicines when they needed them.

There were sufficient staff deployed to meet people's needs safely. Risks were identified and managed to protect people and staff.

The provider had plans in place to manage emergencies.

Is the service effective?

Good

The service was effective.

Staff received effective induction, training and ongoing support through regular one to one supervision and appraisal.

People's consent was sought before staff provided support. People's rights were respected.

Staff supported people with choosing and preparing meals when this was part of the care plan. They sought professional advice with regard to people's health and well-being when necessary.

Is the service caring?

Good

The service was caring.

People were supported by regular care staff who knew them well.

Staff offered people choices and respected their decisions. People felt listened to and involved in their care.

People were treated with kindness and respect. Staff encouraged people to be independent .

Is the service responsive?

Good

The service was responsive.

People had their needs assessed before using the service. They were involved in planning and reviewing their care.

Care and support was individualised and person centred.

People's feedback and views about the service were sought.

People knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good

The service was well-led.

The culture in the service was open and positive.

Staff spoke positively about the support they received and felt their views were listened to.

Staff worked hard to maintain the values of the service which they felt strongly about.

The quality of the service was monitored. The providers and manager sought ways to improve and develop the service.

Sylviancare

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.

This inspection took place on 20 October 2016 and was announced. We gave the service 48 hours' notice of the inspection because it provides domiciliary care and staff are sometimes out visiting people using the service. Therefore we needed to be sure that senior staff would be available to assist with the inspection.

The inspection was carried out by one inspector. This was the first inspection of the service since they registered with the Care Quality Commission in December 2014.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of important events relating to the service which they must tell us about by law.

We also considered the responses given to the questionnaires completed by 13 people who use the service, six relatives or friends of people who use the service, six staff and two community professionals. We contacted other community professionals including service commissioners and received feedback from four.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who use the service and two relatives of people using the service. We spoke with the one of the directors, the manager and five members of care staff including two care co-ordinators. We looked at records relating to the management of the service including eight people's care plans and associated documentation, six staff files including recruitment records and we also reviewed policies, procedures, the complaints log, staff training records and quality assurance audits.

Good

Is the service safe?

Our findings

People said they felt safe when care workers visited them and relatives told us they had no concerns regarding the safety of their family members. One person said, "Definitely safe, my regular one (staff member) is excellent." Another told us they had "no worries about safety" while a third person commented "I feel safe, no concerns about safety at all." Relatives also reported they felt the care provided to their family members was safe.

People and their relatives said communication with the service was good and they knew how they could contact them when they needed to. People told us this helped to make them feel safe as there was always someone "to speak to you." Others told us they had the contact number and could "ring at any time". Staff spoke about having regard for people's safety and how this was a priority in their work. For example, one said, "We need to protect people from abuse and neglect at all times." Another told us, "Reporting is important, if I'm worried about anything I contact the office straight away."

Staff received training in safeguarding vulnerable adults. This training was refreshed annually and some senior staff had undertaken more advanced training in this area. Staff described different types of abuse and they were knowledgeable about signs that may give concern such as bruising or changes in a person's demeanour. Staff were aware of how to report any safeguarding concerns and told us they would have no hesitation to do so. We saw concerns relating to safeguarding people had been raised with the appropriate authorities when necessary. The provider had a whistleblowing policy which staff said they were aware of would use if they saw poor practice. Staff were also aware they could report concerns outside of the organisation if they needed to. Examples they gave of organisations they could contact included the local authority, the Care Quality Commission and the police.

The provider's recruitment procedure was robust and included obtaining a Disclosure and Barring Service (DBS) check for each prospective member of staff. This ensured the applicant did not have a criminal conviction that prevented them from working with vulnerable adults. References were taken up from previous employers to establish an applicant's behaviour while in employment. Application forms were completed which included a full employment history. In five out of the six staff files we reviewed, we found they contained a full employment history. Where gaps in employment had been identified, explanations had been recorded. However, in the sixth file the employment history was incomplete with no explanation of gaps. We brought this to the attention of the manager who took immediate action and sent us appropriate evidence following the inspection. This had not had an impact on people using the service.

We found there were sufficient staff deployed to provide safe care and support. New care packages were assessed and only accepted if staff were available to cover the required visits. People told us that staff generally arrived on time to visit them and if they were late it was usually due to a delay with another person using the service or they were held up in traffic. The provider used a tracking system in the company cars which was able to locate where staff were at any given time. This proved additional safety for staff working alone or late at night and allowed accurate estimated arrival times to be given to people when delays occurred. The provider gave an example of a staff member reporting they had broken down in an unfamiliar

area. They were able to locate them via the tracking system and send help immediately. In another example they were able to inform people of delays when traffic was particularly heavy due to an accident.

Risk assessments relating to people's individual needs were carried out and this information fed into people's care plans. These included risks associated with moving and handling or taking medicines and helped staff to work safely in order to minimise risks. The home environment was also assessed for risk and when necessary staff were informed of any action to take. Staff showed an understanding of the importance of monitoring and reporting risks. This included changes in people and their condition which may increase a risk. They described examples such as falls or a loss of weight and said these were reported to healthcare professionals for advice. Changes were recorded and the risk assessments reviewed and updated as necessary. For example one person's risk assessment reflected changes in their mobility following discharge from hospital.

People told us they received their medicines when they required them. Staff had received training in the safe administration of medicines and their competency to assist people was assessed. The manager audited the medicines administration records to identify discrepancies and check people received their medicines appropriately.

Staff were able to say what action they would take in the event of an emergency. For example, calling the emergency services if a person had fallen or was unwell. The provider had a business continuity policy for dealing with emergencies such as staff shortage, transport failure and failure of equipment. This provided guidance and advice for staff to follow enabling them to prioritise actions and make contact with appropriate services.

Good

Is the service effective?

Our findings

Staff received an induction when they started work at the service. This included reading the provider's policies and procedures as well as training in the core topics related to the role they would be carrying out. The Care Certificate (an identified set of 15 standards that health and social care workers adhere to in their daily working life) was used as part of the induction process. Since its introduction the provider had encouraged all staff to complete the care certificate not only those new to the service. In addition, staff completed a period of time working with more experienced staff to gain knowledge and confidence before working independently. All staff completed a probationary period which was extended if they had not met the required standards.

On-going training was provided in subjects such as moving and handling, safeguarding of vulnerable adults, the Mental Capacity Act 2005 (MCA) and health and safety. This training was refreshed in accordance with the provider's training policy. In addition, training was also provided in topics relating to the needs of people using the service. These included dementia awareness, challenging behaviour and epilepsy. Other role specific training was provided where required and included risk assessment and effective supervision. Two of the senior staff were booked onto a train the trainer course in moving and handling. They told us this would assist them in assessing the capabilities of the staff team and enable them to increase the frequency of refresher training for staff to quarterly.

Staff had the opportunity to gain recognised qualifications in health and social care. One staff member spoke positively about having this opportunity and said they were looking forward to their introductory session which had just been arranged. Another was just about to complete a level three qualification and told us they had gained confidence from doing this qualification. Staff told us they had sufficient training to do their work competently, one said, "We keep on refreshing, I can do my job safely." They also spoke of being supported by the provider to progress in their career and encouraged to take on more responsibility.

People spoke of staff being capable in their job. They felt staff knew what they were doing and two people said, "They seem to be trained." A relative felt the staff were "all experienced" and said they felt the staff knew what they were doing.

Staff told us they were supported by the provider, manager and office staff. They had regular one to one meetings with senior staff and annual appraisals were carried out when they had been employed for over a year. Staff said they had opportunities to discuss their work and their future development during these meetings as well as being able to discuss any concerns. Staff told us although regular meetings were planned they did not have to wait and could speak with the provider or manager at any time. One said, "We can just call in or phone them, they will always listen and speak to us." Other staff were also complimentary about the support they received making comments such as, "They are very helpful." and "I always get support."

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. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA. They understood people had the right to make their own decision and had a good understanding of how the MCA related to their work. They sought consent from people before they offered care. One said, "First of all I ask how they are feeling and then check they are happy for the care." Another told us they explained what they were going to do and asked if people were happy with that adding "explanation is important". People told us that staff always checked they were happy to receive care and asked them what and how they would like things done.

Whenever possible, people had signed their care plans to indicate their agreement. Some people had given power of attorney to representatives to make some decisions on their behalf. When this was the case it was noted in people's care plans but the related documentation had not been verified. The manager agreed they would seek to do this in future to ensure decisions were made lawfully on people's behalf. Staff told us if they had concerns regarding a person's mental capacity they referred to appropriate professionals in order for decisions to be made in people's best interests.

Staff told us they assisted people with meals if it was part of the care plan. People said they were offered a choice of meals and staff explained what was available or showed them what was in the fridge or freezer. One person spoke about how well the staff member knew their likes and dislikes and would buy their favourite things when they did the shopping for them. Staff prepared and left snacks and drinks available for people between visits. Where there were concerns about people's nutrition or weight, staff monitored and recorded what they ate and drank. When necessary advice was sought and followed from appropriate professionals, for example, speech and language therapists, specialist nurses and dieticians. Staff had received training in nutrition and hydration as well as safe food handling practices.

People and their relatives said staff would call a doctor or other health professionals if necessary. Records we reviewed showed advice was sought from healthcare professionals when people were unwell and paramedics were called in emergency situations. A relative commented on how the service had been "proactive" in reporting symptoms to the GP when their family member was unwell.

Good

Is the service caring?

Our findings

People were supported by consistent care staff who visited them on a regular basis. They told us they had their usual care staff except when they were on a day off or on holiday. People told us this was important to them and it meant they got to know the staff looking after them well. This was also important to the staff who spoke about "getting to know people well" and finding out about how people liked things done and what was important to them. This helped them to provide care sensitively, taking people's wishes and preferences into account. Staff confirmed they were kept up to date with any changes in the care plan. Whenever possible new staff were introduced to people before they supported them.

People and their relatives were complimentary about the staff. Comments included, "Lovely people, caring to my [family member].", "They are kind.", "They do vary but on the whole they are marvellous." and "100% very caring." We were told that staff respected people and addressed them as they wished.

People's diversity was recognised and their needs in this area were respected. Consideration was given to any religious, cultural or lifestyle choices and where possible care staff were matched to support these needs. People were asked if they had a preference with regard to the gender of the care staff who supported them and this was recorded in the care plan. Most people told us this was adhered to but a relative commented this had not always been the case for their family member.

Staff had received training in equality and diversity, privacy and dignity and working in a person centred way. The senior staff completed spot checks to observe staff in working with people. This included how they interacted with people to ensure they were treated with dignity and respect. People told us their privacy and dignity were protected and staff gave examples of how they provided this when supporting people with personal care. Examples included closing doors and curtains as well as making sure people were covered appropriately. People told us staff completed all the tasks they were asked to do. However, a relative commented that staff were not always attentive to detail and felt they had to make checks themselves.

People told us that the support and care they received from Sylviancare helped them to be as independent as they could be. Care plans referred to encouraging people to be independent whenever possible and guided staff as to what people were able to do for themselves.

People's records were stored securely to ensure the information the service had about them remained confidential at all times.

Good

Is the service responsive?

Our findings

People's needs were assessed before they received a service. The assessments were used to plan a person's care and provided information to enable staff to deliver personalised care. The detail of information contained in people's care plans varied. Some gave extremely detailed information such as where a person preferred their box of tissues to be placed and what they preferred to watch on the T.V. while others were less informative. The manager had identified this through audits and was working to address the inconsistencies. They were reviewing and amending care plans to provide thorough and detailed information in a consistent manner.

People told us they and when appropriate their relatives had been involved in planning and reviewing the care and support provided. Care plans were explained to people and whenever possible they had signed to indicate their agreement to the plan. Reviews were carried out routinely on an annual basis but where changes in a person's condition had occurred this triggered a review. Care plans were updated to reflect any changes, for example, one person had had a recent hospital admission and needed increased care visits when they were discharged. Staff said they were informed if people's care needs changed. This information was shared with them either by telephone, through the daily care notes, or during staff meetings. They were confident they always had the most up to date information to enable them to care for a person.

People described the service as flexible and reliable. One person said, "They are very obliging and flexible." Another commented, "I'm happy with the service I receive." While a relative said, "They never rush things, they are very good indeed. I'm genuinely happy with the care they provide."

People and their relatives told us they were asked to give feedback on the service. Questionnaires were sent to gather opinions and telephone monitoring calls were also made. Spot checks to monitor staff working also provided an opportunity for people to give feedback if they wished to.

People knew who they could contact if they wished to raise concerns or make comments about the service. There was a complaints policy and procedure and people had a copy of this in their folder. People knew how to make a complaint if they needed to. One relative told us they had raised concerns and said the senior staff were eager to hear if things were not going well so they could try to address this and put things right. We reviewed the complaints log and noted 20 complaints had been received since January 2016. Complaints were investigated and responded to in accordance with the provider's policy. Compliments were also logged and recorded. We noted 22 compliments had been recorded since January 2016.

Good

Is the service well-led?

Our findings

One of the directors of Sylviancare was the registered manager and oversaw the day to day running of the service. They had recently appointed another manager who was in the process of registering with the Care Quality Commission to be the registered manager. We were told it was the intention that the new manager would be responsible for the day to day management of the service and would be supported in their role by the two directors.

Staff spoke positively about both the directors and the manager and told us they had an open door policy. They said they were able to speak to the providers and the manager at any time either over the telephone or by calling into the office. They felt comfortable to approach them about any concerns or issues. They were confident they would be listened to and action would be taken if necessary. One staff member commented, "We're like a family, they are very helpful and I always get support." Another staff member said, "It is the perfect team, we all work together."

People felt there was good communication between themselves, the care staff and the office/management staff. They too were confident their views were listened to. One person said, "The office will do anything, they look into things." A relative commented on how they were always able to speak with someone and "they are always willing to listen". We received feedback from three community professionals who commented that managers worked well with them in order to provide the best possible care for people using the service.

Staff meetings were held regularly and when staff were unable to attend they were provided with copies of the minutes recorded at the meetings. This ensured they had current and up to date information and could raise queries about the discussions that had taken place. During these meetings matters relating to specific care issues as well as more general topics were discussed. For example, keeping safe while driving, consent, record keeping and training updates.

Staff spoke about upholding the values of the service and gave examples such as, respecting people, helping people to be independent and protecting people. One told us, "We always try to accommodate the wishes of the service user, that's why we are here." Others spoke of building good and valued relationships with people and their families.

The providers and the manager monitored the quality of the service. Telephone monitoring calls were made to people to check they were happy with the service. Quality satisfaction surveys were conducted and comments and feedback were used to look for ways to improve the service. For example, comments had been made with regard to communication with some staff who did not have English as their first language. As a result staff have been provided with additional language support and literacy testing has been introduced into the interview process. Audits of different aspects of the service were carried out. These included checks on care files, medicine records, and spot checks on the work of staff members.