

Healthcare Evolution Ltd

SylvianCare Banbury

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

About the service

Sylvian Care is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own homes. At the time of our inspection there were 15 people using the service.

Not everyone who used the service received personal care. 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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Care plans identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs.

People told us they were supported in a kind and caring way by staff that knew them well. They were happy with the support they received from staff. People's privacy and dignity was considered and maintained, and people were encouraged to make choices. People's preferences, including their likes and dislikes, were considered, and they received support based on these needs.

Each staff member had received induction, training and shadowing which enabled them to meet people's needs effectively. We saw spot checks, and team meetings were held regularly, and staff felt supported by the management to perform their role.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed. People and staff spoke positively of the management; they found them approachable and supportive. There were systems to monitor, maintain and improve the quality of the service.

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

This service was registered with us on 24 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

SylvianCare Banbury

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and one 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' 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 9 November 2022 and ended on 16 November 2022. We visited the location's office on 9 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 5 members of staff, this included the registered manager and the owner of Sylvian Care. We also spoke with 2 people using the service, 5 relatives and 1 friend of someone using the service.

We reviewed a range of records. This included 6 people's care records, which we reviewed remotely through the provider's secure portal. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic monitoring data and quality assurance records off site.

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 of 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 told us they felt safe with the staff supporting them. People's comments included: "Absolutely, I trust them implicitly", and "Absolutely [safe] they are the best company I have ever had."
- Staff had received training in safeguarding adults and knew how to prevent, identify, and report any concerns. One member of staff said, "Safeguarding is the protection of vulnerable people from abuse. We will investigate any safeguarding concerns; we have to recognise the issue and we have to report it to the local authority and then CQC has to be notified as well."
- Relatives told us their family members received safe care. Comments included "Oh yes, [they are] definitely safe. They [staff] are very trustworthy; I can't speak highly enough of them, I can trust them all" and "I feel she [person] is very safe. She has never told me they [staff] have hurt her. When they lift her there is always two of them."
- The service had yet to raise or receive any safeguarding concerns. There were procedures in place to identify and report safeguarding concerns. The registered manager was clear about their responsibility to report any evidence of abuse promptly. They told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to assess the risk that was present in people's lives. The assessments referred to risk relating to people's mobility, their health, the environment, nutrition and hydration, and equipment used by staff in people's homes.
- Staff were trained to support people safely, for example, they received training in manual handling and first aid. A relative commented, "She has decent equipment, reclining chair and stair lift and there are always two carers at the moment. She feels quite comfortable with them."
- Staff had a good understanding of managing risks related to people's health conditions. For example, where people had complex mobility needs relating to their illness, staff told us how they monitored this and how they would respond effectively if people experienced a decline in their health. This helped to keep them safe.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and meet their needs. The registered manager ensured staff numbers were safe through good rota management.
- Relatives were happy with staffing levels, comments included; "We have the same two in the morning and the same two in the evening, they are fantastic. New people [staff] are always introduced to show them the ropes" and "Definitely, they have enough [staff] for us."

- People and their relatives told us staff were punctual and stayed for the full visit, no one reported any missed visits. People's comments included; "They have always turned up" and "They always stay [for the required time] and sometimes longer. They ask politely if there is anything, I want them to do."
- The provider had an 'out of hours on call service'. This was a telephone-based system operated by senior staff outside of office hours. This enabled people, relatives and staff to contact the provider in an emergency.
- There was a business continuity plan in place. This detailed the measures to keep the service running safely in the event of exceptional circumstances, such as, staffing shortages or extreme weather.
- The provider's recruitment processes helped to ensure suitable staff were employed. This included checks into staff's background, employment history and past working performance, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Support plans contained information about people's medicines, support required for administration of medicines and who was responsible for monitoring stock and reordering. One relative said, "She doesn't take much medication but what she does they help her, they don't administer, they know her."
- Where staff assisted with medicines, we received positive feedback from people using the service. Comments included; "They just hand me the box so I can take them myself. I can take too many tablets, so they now prompt me, they are ever so good."
- Monthly medicine audits were carried out to identify and address any issues along with regular spot checks in order to continue to assess staff competencies. The registered manager told us that any relevant findings were discussed with staff, we saw this recorded in spot check feedback.
- Staff had received training in the safe administration of medicines and their competency had been assessed before supporting people with their medicines. Staff told us, "We received good training, we watched a video, shadowed people administering medicines, did an online test and then we were watched and signed off by two members of senior staff after further questions."

Preventing and controlling infection

- Staff completed infection prevention and control (IPC) training and were provided with current guidance to follow.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. The management team carried out spot checks on staff practice to ensure they were following infection control procedures correctly.
- People and their relatives told us; "They always come in wearing their pinnies, gloves and masks" and "They always wear gloves, masks and uniforms."

Learning lessons when things go wrong

- There was a good system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and there was a good out of hours system in place to support them.
- Staff confirmed they were kept updated if any incidents occurred. One member of staff commented "We do incident reports and we use the app to record it and call the office, we get told if people are okay or not."
- The management team were open and honest when things went wrong and promoted a learning culture within the service. We saw lessons learnt communicated to staff and documented within team minute meetings.

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

- People's care plans were person centred and detailed people's choices and support needs required at each visit for staff to follow.
- The service completed an assessment of needs with people and their family before they started using the service. People and their relatives confirmed they had a full assessment before receiving support from Sylvian Care. People using the service told us; "The lady in charge came to see me in hospital and we went through everything" and "I was asked a lot of questions and I was given a copy [care plan]." Relatives were also involved in the planning, "It is there [in her flat] but I don't look at it. We were both involved when it was being done."
- People and their relatives told us care was being provided in line with people's needs. There were regular reviews and audits of care plans and risk assessments to ensure all changes of circumstances were reflected. One person told us, "I would speak to them if I wanted anything different."
- Staff felt they were able to deliver effective personalised care due to the care plan system in place. One member of staff told us, "We look at the care plan on the app, we will get information from the office if we have new clients, if there are changes they will inform us but it will update on the app, it notifies us."

Staff support: induction, training, skills and experience

- People received care from a small team of staff that were well supported. People and relatives told us staff had the right skills to meet their needs. Comments included, "They seem to be [well trained] considering what they do, they know what they are doing" and "The training they have had must be good because they look after her very well."
- The registered manager monitored staff's working performance through competency assessments, supervision and observations of staff whilst working. This helped to promote staff's ongoing learning and development.
- Staff received an induction and ongoing training. During the induction staff had the opportunity to shadow more experienced staff. All staff we spoke to said that they felt adequately trained to meet people's needs and records evidenced this.

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

- Where people needed support with nutrition, care plans detailed what support people required to eat and drink. This included their dietary preferences as well as their likes and dislikes.
- People received support where needed with eating and drinking. A relative said, "She is particular about what she likes to eat. They get her meals for her and she chooses what she wants."
- Staff told us "I support people to eat and drink things they would like. Some people have food ready and

we ask them what they want, and sometimes we ask what they want for lunchtime and we take it out ready if we need to."

- People using the service were asked if staff supported them with their meals to which they said, "They will always get me what I want, they do make a lovely cup of tea. They always leave me with plenty to drink."
- Procedures were in place within people's care plans to adequately manage any risks associated with people's eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had good working relationships with a range of external organisations such as people's GPs, district nurses and other health professionals.
- Relatives said that the service was proactive in ensuring health needs were identified. Comments included, "They have contacted me when she has not been eating very well. They had to call an ambulance once when she had a fall then called me. The manager stayed with her until I got there."
- We saw that the service communicated with other services and professionals in order to support people to live healthier lives such as, occupational therapists, physiotherapist, and the local authority.

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 MCA 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.

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.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. We saw this clearly documented within care plans.
- Staff were knowledgeable about the MCA. They had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. A member of staff told us, "Consent is when you ask someone what they would like. You always have to seek the consent of the person before you do something. MCA is basically in place to act on behalf of someone who cannot make a decision for themselves, you have to follow the principles of the MCA, you have to allow the client to make their own decision (understanding of unwise decisions) and then you have to follow the best interest least restrictive practice."
- One relative told us "She is so independent she uses a walker around her flat. The manager encourages her to use her walker, she [manager] has her best interests at heart."

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

- We asked people if they felt they were treated with kindness and compassion by staff. Responses included; "They are very kind, understanding and listen" and "Definitely [caring] I can't speak highly enough of them."
- Staff understood how people wished to be cared for and followed support plans by respecting each person's individual preferences and routines. People's records contained their life histories, likes and preferences which enabled staff to provide suitable care.
- People's care delivery respected their equality and diversity and staff delivered care without discriminating against each person's diverse needs and preferences.

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

- There was regular communication between the management team. Staff and people using the service were encouraged to express their views. Any information gathered was used to amend individual care plans and improve care delivery.
- Staff we spoke to confirmed that people were involved in making decision about their care, including what people would like to eat or drink and what clothes to wear. A friend of someone using the service told us "They [staff] give her all the time she needs."
- People told us, and records confirmed that staff provided care in line with people's wishes and preferences. The provider ensured people using the service and, where appropriate, their relatives contributed to planning and developing their care and support plans.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated in a dignified manner and their privacy was respected. One person told us, "There is only ever my husband here, but they always ask if it is alright with him being around" and "Yes, very much so. They always close the curtains."
- Staff told us "We make sure we close the curtains, cover people when delivering personal care and always knock before going, chat, make people feel safe."
- Information detailing people's support needs and ability was clearly detailed within each person's care plan. People and their relatives told us that staff knew what tasks each person could undertake for themselves. One relative told us, "They do try to make him as independent as they possibly can."
- The provider ensured staff maintained and respected people's right to privacy and confidentiality. Staff shared information with other health and social care professionals when appropriate.

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

- Care plans reflected people's health and social care needs, as well as their choices and preferences. People told us they were happy with the care and support they received. Their comments included; "I find they [staff] are very kind and considerate."
- Staff supported people according to their wishes of how they preferred to have their care delivered. One staff member told us, "I know what people's needs are because everything is on the care app."
- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them. We found no evidence to suggest staff did not follow the guidance in people's care plans.
- Care and support plan reviews and regular updates ensured staff were kept informed of people's needs and the support they required. This enabled staff to provide care appropriate to people's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service recognised each person was an individual and had different communication needs which directly impacted on how they experienced their care.
- People's communication needs were identified within their care plans. This included their preferred communication methods, language, expression, and comprehension. Care plans also detailed communication difficulties people experience due to their illness, how this affected them and how they would like staff to communicate.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process which the registered manager monitored to identify any learning.
- People told us they would be happy to raise a complaint to staff and felt confident their concerns would be listened too. Comments included; "I can talk to them about anything."
- The registered manager documented all formal and informal complaints. We reviewed one complaint which included further action taken and documented the lessons learnt.

End of life care and support

- The service was not supporting people who were on palliative or end of life care at the time of inspection. The registered manager said they would work alongside other health professionals if such care was needed and staff told us people's advanced wishes would be respected.
- Care plans detailed people's wishes and preferences if their health deteriorated considerably. This detailed who they would like with them, what support they would require and what was important to them.

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

- People, their relatives and staff spoke positively about the running of the service. One person told us, "I think she [registered manager] does a fantastic job. It is not easy running a care service, but she does a good job, even the carers are happy with her" and "She [registered manager] is very organised and very good. You can talk to her about anything, she is very approachable."
- People and relatives told us management staff regularly visited them to check on how their care was going. They told us management were approachable and friendly. Comments included, "I see her [Registered manager] at least once a week and she is always available on the end of her phone, even on her day off" and "She [Registered manager] is doing a brilliant job, and her assistant, and the new staff, they are all lovely."
- Staff enjoyed their roles and felt supported. Comments included "The management are welcoming, and clients [people] are lovely. I don't have any bad experiences" and "Management are supportive and always there, I'm proud of the way we are giving care, and the teamwork."
- The registered manager was passionate about promoting a person centred, inclusive and empowering staff culture. They led by example and demonstrated an open and transparent approach.

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 registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- Systems were in place to monitor the service. Staff performance was routinely monitored, and regular audits were conducted to improve service delivery.
- The provider carried out quality audits covering all aspects of the service such as spot checks on staff, training completed, record keeping, care delivery and health and safety. They used this information to monitor how the service was performing and to drive through any improvements.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to facilitate them providing care to people in the way they preferred.
- There was a clear staff structure in place and staff were aware of how to report concerns and understood

the service's management structure.

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

- The registered manager had systems in place to regularly engage with people and their relatives. These included getting feedback in person and through questionnaires. We saw examples of surveys which covered questions about the service, how safe people felt, how effective the care was, and if it was caring and well-led.
- People and their relatives confirmed that they were involved within the service. Comments included; "A few months ago I did [receive a questionnaire], I did not make any suggestions" and "I have had one a few times, but everything is ok, so I have never had to make any suggestions."
- The registered manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.
- Regular team meetings took place, these covered service user updates, practical updates about the service and wider improvements.
- Staff we spoke to felt that their opinion was valued, one member of staff told us, "My feelings are valued, they listen to me, its teamwork."

Continuous learning and improving care; Working in partnership with others

- People received input to their care delivery from a range of health and social care professionals and other agencies who worked closely with the service.
- Staff followed guidance provided by healthcare professionals such as GPs, district nurses and physiotherapists to support people with complex health needs, this was implemented into people's care plans.
- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.