

SYM CARE LTD

SYM Care Ltd T/A Visiting Angels South Bucks

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

SYM Care Ltd T/A Visiting Angels South Bucks is a domiciliary care agency providing care to people in their own homes in Chesham and the surrounding area. At the time of our inspection 9 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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 protected from abuse and harm. Staff knew how to report any concerns relating to people's safety and the service had systems to report and investigate concerns. Risk assessments 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 sufficient staff deployed to keep people safe and meet their needs. Relatives told us staff were mostly punctual and no one we spoke with had experienced a missed visit. The service aimed to ensure only suitable staff were selected to work with vulnerable people, and checks were carried out to allow safe recruitment decisions to be made.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision meetings were planned, and spot checks were conducted for staff who told us they felt supported by the registered manager to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people were involved in the reviews.

Relatives and staff spoke positively of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the registered manager. There were systems to monitor, maintain and improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 14 October 2021, and this is their first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

SYM Care Ltd T/A Visiting Angels South Bucks

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 was carried out by one inspector 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, which provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. 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 16 December 2022. We visited the location's office on 16 December 2022 and inspection activities concluded on 21 December 2022.

What we did before the inspection

The provider was 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We were unable to speak with people using the service for a variety of reasons. However, we spoke with 7 relatives, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 5 people, staff training records, 4 staff recruitment files, medicine records, quality assurance audits, complaints records, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted 9 care staff. In addition, we contacted the local authority for their views.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe. One relative said, "Yes [safe], they [staff] do no harm." Another relative said, "The weekday care team [staff] are excellent, and we have no concerns."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said they would report, "I'd report concerns to my manager, the authorities and CQC."
- Systems were in place to safeguard people from harm and abuse. The service had yet to raise a safeguarding, however, the registered manager told us they would record and investigate all concerns and work with the local authorities.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. Risk assessments contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, one person was at risk from depression. Staff were provided with guidance on how to assess and lift this person's mood and actions to take in the event the person was depressed. Another person was at risk of falls and staff had guidance on how to safely support the person to mobilise.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

Staffing and recruitment

- Relatives told us staff were punctual. Support visits were monitored electronically and nobody we spoke with reported a missed visit. One relative said, "We're very happy with them [staff], the two regular carers always let us know if they're running late." Relatives confirmed a weekly staff rota was sent to people, so they knew what staff were visiting them.
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff told us, "Yes, we have enough staff. Like in all care settings, it can be busy and rushed but we all work as a team and support each other."

Using medicines safely

- People received their medicines as prescribed, and records confirmed the majority of people self-medicated.

- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice. One staff member said, "We have training in medication, and we are checked by our manager."
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.

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 needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs and included hospital care plans and discharge reports where appropriate.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- Relatives told us staff were well trained. One relative said, "They're good with the everyday things and have helped Mum [person] to regain her walking and other skills. They [staff] are very patient and understand her well."
- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks, and supervision meetings.
- Staff received ongoing training relevant to their roles, and specific to people's needs. We asked staff if their training gave them confidence in their role. One staff member said, "Yes, I feel prepared to do my job, I have been doing care for 19 years and have a lot of experience." Another commented, "If I asked for a particular training I know I would be able to do that."

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

- People were supported to maintain a healthy diet.
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during support visits to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. A relative told us, "The carers [staff] heat them [meals] and she [person] does feed herself. If she isn't hungry, they respect it and leave the dish where she can find it. Sometimes they'll make her a sandwich."

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.

- The registered manager told us they worked with external agencies and would make referrals as and when necessary.

Ensuring consent to care and treatment in line with law and guidance

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care plans contained relevant consent to care documents signed by the person or their legal representative.
- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "Every client [person] has the right to make their own decisions and I support them to make their own decisions if possible."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs.

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

- Relatives told us how the staff were caring and supportive. They said; "They [staff] are invariably kind and caring", "They [staff] really do care for him and work with him [person], despite his dementia" and "They're [staff] very caring and companionable."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. One staff member said, "I try to be as professional as possible and try to gain the clients [person's] trust by making them comfortable around me so they trust me and can open up to me. I never rush a client when delivering personal care. I will chat to them about their families and the life."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- The registered manager met with people and their relatives on support visits and sought their feedback.
- We saw that people and their relatives were regularly asked for their views of the service. One relative said, "Not sure that we've got a formal care plan, but do have regular conversations to make sure that they [staff] can meet her [person's] needs."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting dignity and respect.
- People were treated with respect and their dignity was preserved. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- Staff promoted people's independence. A relative told us, "They [staff] have worked hard since mum [person] came out of hospital, having lost almost all the functions and will to live. They have been highly instrumental in helping her to regain so many functions, including getting to walk a bit."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

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

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

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

- People 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, what was important to them and how they wished to be supported. For example, one person had described how they wanted to start their day. They had stated, 'I like to get up and get ready for the day and have my breakfast then generally potter around'. Staff were provided with guidance on how to support the person to do this.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care.

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.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. For example, one person used glasses and hearing aids. Staff were provided with guidance on how to support this person's communication needs effectively. Documents were available to people in large print or, if required foreign languages.

Improving care quality in response to complaints or concerns

- Every relative we spoke told us they knew how to complain and were confident the management team would resolve any issues.
- The complaints policy was up to date and available to all people and their relatives. Complaints were dealt with compassionately, in line with the policy.
- Systems were in place to record and investigate any complaints.

End-of-life care and support

- At the time of the inspection no one was being supported with end of life and palliative care needs. The

service worked in partnership with GPs, district nurses and other healthcare professionals to support people to have a dignified, pain free death.

- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes.

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

- Relatives told us they were happy with the service and support provided. Their comments included; "They have a mission to deliver good standards of care" and "They've [service] given a very good service so far."
- The registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They took part in the inspection in a way that demonstrated their commitment to learn and improve the service.
- Staff felt the management team were supportive, fair and understanding. Staff told us, "Everyone is very supportive and helpful" and "The management are really good and yes, I am supported."

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 was responsive to issues and concerns and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include 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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. For example, one audit identified a change in one person's condition that had occurred slowly, over time. A review of the person's care was conducted, which resulted in the person's care visits being revised to better suit their needs.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager had a good understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.

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

- People and their relatives were encouraged to express their opinions either in person or via the telephone. Surveys were conducted and we saw the results were positive. Where issues were raised, action was taken. For example, one survey identified communication could be improved. The registered manager took action and, as a result we saw communication and staff punctuality improved.
- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. One member of staff said, "I do feel I can voice an opinion without feeling worried and I do feel they [management] are very understanding and get things done. It's all about our clients [people]."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams, and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Staff had access to further training.