

Sygmacare

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Inspection report

302 Nacton Road
Ipswich
Suffolk
IP3 9JH

Tel: 01473719999

Date of inspection visit:
27 March 2023
04 April 2023

Date of publication:
13 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Sygmacare is a small domiciliary care service providing care to 21 people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

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

People and relatives were complimentary about their experience with Sygmacare and would recommend using the service. One person shared, "I know them all, and I look forward to them coming. We have a laugh and a chat as they work. A relative said, "The carers treat [family member] like I would myself. I'm very happy with them."

The management team and staff worked with people, relatives, and other professionals to achieve person-centred care and good outcomes for people.

Risks to people had been assessed and were managed safely. People were supported by a staff team who were safely recruited and knew how to protect them from potential harm.

Staff felt supported and valued in their role by the management team and there were enough staff to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

People received their medicines as prescribed. Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

Staff understood the importance of gaining consent from people and ensured people's privacy and dignity was respected. 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.

People and relatives described being able to raise any issues with the staff and management team and were confident these would be addressed.

Whilst the registered managers delivered care and maintained an overview of activities, we have made a recommendation they review and strengthen their systems for monitoring the quality and safety of the service to ensure they are robust.

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

Rating at last inspection

The last rating for this service was good (published 4 January 2018).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sygmacare

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 an inspector and an Expert By Experience, who carried out telephone interviews to people and their relatives to gather their feedback of the service. 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.

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. At the time of this inspection there were 2 registered managers in post. The registered managers were also the provider's nominated individual, this meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service where the registered managers also provided care calls and we needed to be sure that they would be available to support the inspection.

Inspection activity started on 27 March 2023 when we visited the office. Telephone calls were made offsite to people who used the service and their relatives. Inspection activity ended when we had a face to face meeting via video call with one of the registered managers on 4 April 2023 to give feedback.

What we did before the inspection

We reviewed our systems and information we held 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 took this into account when we inspected the service and made judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and three relatives about their experience of Sygmacare.

We spoke with one of the registered managers and the office manager. We received feedback from 2 members of staff and the local authority commissioning team.

We reviewed a range of records which included 2 staff recruitment records and care records including risk assessments and where applicable medicine records for 3 people. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People shared examples of being safe and at ease when they received their care. One person said about the staff, "They get me up in the mornings, and they are careful. I can't move my legs very well, and they help be out of bed. They are gentle." Another person shared, "They do everything for me, and you couldn't ask for better. They even go shopping for me. I give them cash and they buy what I need. They even go online and buy things for me as I can't do it. I feel very safe with them." A relative said, "100% my [family member] is in safe hands with the carers, the management do the care calls as well so they know exactly what is going on; very hands on and nothing is too much trouble."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff commented, "I feel supported by management and know that if I had any concerns, including those of abuse and harm to service users, they will be handled promptly and appropriately."
- The management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment. A relative told us the care staff, "Are supporting us very well, and I'm very content with everything. They even made arrangements for me to see a doctor. They are both caring and compassionate."
- A new system had been implemented for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. Everyone we spoke with confirmed they received a rota in advance, and it was rare that it changed. If the rota was amended people said the changes were communicated to them. One person said, "I get a rota each week and its always pretty good." Another person shared, "For the past 3 months or so I've had the same ones [care staff] coming in." A relative told us, "We always have 2 carers that come to help with [moving and handling]. They stay for as long as is needed, 5 minutes more sometimes and they don't rush."

- The registered managers and staff team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been 1 reported missed visit in the last year.
- Staff confirmed they had breaks and sufficient travel time to get to people whom they regularly saw which supported consistency of care and understanding of needs.
- A review of staff recruitment files showed background checks were carried out. This included 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. References were also sought from previous employers.

Using medicines safely

- Where people were supported with their medicines this was done safely. One person said, "The carers get my tablets and a drink to help wash them down."
- Medicine administration records showed people received their medicines as required. The management team reviewed these records and took action if discrepancies occurred. For example, providing a replacement device for one member of staff when alerted that there were gaps in the recording of someone's medicines due to a technical issue.
- Appropriate policies, procedures, and training was in place to support the safe administration of people's prescribed medicine, where that support was required. Staff confirmed they had their competency regularly checked.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE) where applicable.
- Staff had received infection prevention and control training and additional training relating to COVID-19. They confirmed they had sufficient amounts of PPE.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff understood their roles, responsibilities and duties. The registered managers frequently worked alongside their staff assisting on care calls so were able to assess competencies and had oversight of their abilities but acknowledged that they did not always document this. There had been slippage in the formal supervision of staff which the management team were taking steps to address.
- Systems and processes to monitor the safety and quality of the service were in place. However, these needed further developing to reduce duplication, inconsistencies, and drive continual improvement. The management team were aware of shortfalls in the service regarding documentation due to duplicate systems in place and with their formal oversight arrangements as they had been focusing on ensuring care visits were met. We signposted them to seek further support in this area from the local authority commission team.
- Action was being taken to address this with upcoming staff supervisions planned, strengthening the analysis of the audits and checks to enhance their oversight systems and protected time to ensure the registered managers were visible in the office to support the office manager.

We recommend the provider prioritises their governance and quality assurance processes to ensure they are robust and there is visible and accountable leadership across the service to maintain effective oversight.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about their experience of the service and said they would recommend the service. One person shared, "They have a good staff, and a good management team with [registered managers]. They know the service inside out. I have no complaints would highly recommend them." Another person said, "100% Yes I would recommend them! They can't do enough for you. There are no problems whatsoever."
- The registered managers worked closely with their staff team often supporting on care calls. This enabled them to assess the competencies and practices of staff and be accessible to people and relatives feedback.
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and, where appropriate their relatives, to identify how they wanted their care delivered and to ensure it was person-centred. A member of staff shared, "Care plans are in depth and provide all tasks we are required to carry out during our visit. The [electronic records] system is

easy to use, allows us to be accurate and thorough to ensure all needs are being met."

- There was an open culture where staff felt able to speak to one another and the registered managers if they needed guidance and support.
- Staff were complimentary about working at the service and described the registered managers as visible and supportive. One member of staff shared, "I am supported at work, I work most of my shifts with my manager so they are able to give me advice if needed, and if she thinks there are things I could do to better my work and care then she would politely let me know."
- Feedback about the service was encouraged by the management team. Where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.

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; Working in partnership with others

- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided, and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.
- Staff and the management team worked with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.