

A&F Prime Care Ltd

# Sylvian Care Southampton

## Inspection report

Basepoint, Premier Way  
Abbey Park Industrial Estate  
Romsey  
SO51 9AQ

Date of inspection visit:  
21 March 2023  
30 March 2023

Date of publication:  
25 May 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

A&F Prime Care Ltd Office is a home care service providing personal care to people in their own home. The service provides support to people with a range of needs including older adults who may be living with dementia, a physical disability, younger adults, or people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were 37 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

We found improvements were required to ensure people consistently received their prescribed medicines safely and in-line with best practice guidance. We found the provider did not always ensure they met their legal duty to safeguard people when information of concern was raised in an effective or timely way. Most risks to people were identified, assessed, and managed and people were supported to meet their needs by consistent and appropriate levels of staff support.

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; However, we have recommended the provider reviews their policies and systems in place to ensure they fully reflect and embed the principles of the Mental Capacity Act 2005 to consistently support this practice. People's nutritional needs were met, however we found records relating to people's food and fluid intake could be improved.

We received consistently positive feedback from people and their loved ones that they were provided with kind, caring and compassionate support. People were treated with dignity and respect and staff promoted people's independence where possible.

People's care records were person centred and captured their personal history, things that were important to them and their preferences. However, we found several examples where information was not consistent, accurate or up to date to reflect the care they received.

Quality assurance and governance systems in place were not always effective or robust. Although there was a range of auditing systems in place, they did not identify the concerns we found at this inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Model of Care and setting that maximises people's choice, control and independence.

Right Care: Care is person-centred and promotes people's dignity, privacy, and human rights. We received consistent feedback from people and their relatives that staff supported people in a kind, respectful and dignified manner.

Right Culture: The ethos, values, and attitudes of leaders strived to support people using services to receive personalised care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk) Rating at last inspection and update

This service was registered with us on 29 April 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

Enforcement and Recommendations

We have identified breaches in relation to the safe use of medicines, taking appropriate action to consistently safeguard adults at risk and good governance. Please see the action we have told the provider to take at the end of this report.

We have recommended the provider continues to review and embed their processes when decisions are made in people's best interest to ensure this is in line with the requirements.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sylvian Care Southampton

## 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 completed by an 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. 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 a short period notice of the inspection so the registered manager could contact people and their relatives to ask them to agree to talk with us on the phone, during the inspection process.

#### What we did before the inspection

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 reviewed information we held about this service since it registered

and contacted social care commissioners to provide feedback. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 5 staff members and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We completed site visits to the office location on 21 and 30 March 2023 and sought feedback from 5 people and 7 relatives on 28 March 2023 via telephone about their experience of the care provided.

We reviewed a range of records related to the service people received. This included 3 peoples medicines administration records, 5 peoples care plans, staff training records, 3 staff recruitment records and various audits in place to oversee and monitor the service.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider failed to ensure safeguarding systems and processes in place were effective. At this inspection we identified three examples where information of concern had not been appropriately escalated and reported to the relevant local authority where this was legally required. This meant we could not be assured people were always appropriately protected from the risk of avoidable harm or abuse. We raised this with the registered manager who took immediate action to address this.
- The provider's internal audit completed in January 2023 evidenced an example where information of concern about an individual had not appropriately been referred to the local authority where this was required. Following the audit, the provider failed to ensure learning from this had been embedded to mitigate the risk re-occurrence.
- Staff had limited knowledge on their legal responsibilities to safeguard people. Staff we spoke with knew how to raise concerns internally with the provider, however there was a lack of knowledge and understanding on when and how they could raise concerns with relevant organisations such as the local authority or CQC.

Failure to operate effective systems to safeguard people from abuse was a breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to record accidents and incidents. However, the system in place was not robust and review of information was not always timely. This meant there was a risk of delay in ensuring all necessary actions were overseen and taken effectively. The registered manager told us this was under review following our feedback.
- We received consistently positive feedback from people and their relatives that they felt safe with the support they received from staff. Comments included, "I know [loved one] feels very happy and safe with them. [Staff] are reassuring, and realistic in his abilities to keep him safe." and, "Absolutely safe with them. When [loved one] came out of hospital she had a serious head injury. [Staff] have given her stability and the confidence to be back in her home."

Assessing risk, safety monitoring and management

- Most risks to people were identified, assessed and measures were in place to mitigate these. Care plans included information on steps staff should take to meet people's needs. However, we found examples where information for staff was inconsistent or could be more robust. This included information being available where people had a diagnosis of diabetes to ensure staff knew what signs and symptoms to look for and how to respond.
- Where risks to people were identified, these were assessed and scored as low, medium, or high. We noted

the provider had no formal tool or descriptions to support their assessment as to what constituted a low, medium, or high risk to people. This meant we could not always be assured that risk scoring was implemented consistently.

- Environmental risks to people were appropriately identified and assessed. This included risks identified within people's home environment and the external grounds of their property. This information was easily accessible to staff and provided detailed information for staff to follow.
- The provider had an 'out of hours' telephone service run by senior staff. This meant people and staff could contact the provider outside of office hours in the event of an emergency.

#### Using medicines safely

- Medicines were not always safely managed. The provider failed to ensure medicines were safely managed where a person required their medicines to be administered covertly. Administering medicines covertly means staff were supporting the person by administering their medicines without their knowledge, for example by crushing the person's medicines and putting it in their food.
- The provider had failed to ensure they had followed the correct procedures when supporting people with medicines where they lacked mental capacity to decide what medicines to take. This included consulting with all required relevant professionals to ensure risks had been appropriately assessed and managed. For example, one person's medicines care plan did not include all the required information to ensure staff knew how to administer their medicines appropriately. This meant we could not be assured that the person was receiving their medicines safely and in line with prescribed advice. We raised this with the provider who took immediate action to address this.

Failure to safely manage medicines was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to receive their medicines by staff who were appropriately trained and had their competencies assessed.
- People's care plans included specific information regarding their medicines needs and who would be responsible for different tasks such as collection, prescription management and administration.

#### Staffing and recruitment

- There was a recruitment process in place and the provider undertook pre-employment checks of new staff. This included Information Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.
- People and their relatives told us they received care from consistent staff who knew them and their needs well, and staff regularly stayed the appropriate length of time for their care calls. Comments included, "Monday to Friday I get the same [staff] and then others at the weekend. They're all very pleasant and helpful and polite. They do anything I ask." and, "I'm very happy with them [staff] are very helpful. We have the same regular carers go in which is reassuring for [loved one]."
- We reviewed a sample of people's care call rotas which demonstrated people were consistently provided with appropriate levels of staff support.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We received feedback from people and their relatives that staff wore appropriate PPE when supporting them to meet their needs.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider's infection prevention and control policy was up to date.
- People's care plans included person-centred information on COVID-19 and their individual needs where this was appropriate.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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

- The provider had a system in place to capture and record assessments of people's capacity where these had been undertaken. However, we found examples where assessments of people's capacity had not been undertaken or reviewed in line with requirements. This included decisions around people's consent to their care and treatment and medicines support. We raised this with the provider who took immediate action to address this.

We recommend the provider reviews their process to ensure practices fully embed the principles of the MCA and supporting best practice guidance.

- Where people provided consent to their care and treatment, this was clearly recorded in their care plans.
- Where people wished to seek advice and guidance from their loved ones to support them in making decisions about their care, the provider established good communication and worked alongside people's informal network of support.

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

- People's food and fluid intake was monitored where appropriate, however we noted examples where people's daily care records were not always consistently completed. For example, it was not always clear if the foods and drinks recorded for some people had been consumed by the person or prepared and left for people to have throughout the day.

- Peoples care plans included information on their dietary needs and preferences. Information was personalised and captured the foods people enjoyed and how they would like to be supported with their meals.
- People and their relatives told us staff supported people to meet their nutritional needs. Comments included, "They prepare her drinks and meals. They encourage her to eat and when they leave her leave a plate of small cakes." and, "[Staff are] very good at prompting her to eat as my [loved one] has no short-term memory. [Staff are] patient with her especially around food."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people's care plans included relevant information about their health and diagnosis and how these impacted people's abilities. However, we noted several examples where information was conflicting or not always up to date across all relevant sections of peoples care plans. For example, where a person used a hearing aid they were identified as having unimpaired hearing. Another person's care plan outlined they accessed the community on an electric scooter, however their mobility care plan identified they were no longer mobile due to a decline in their health. This meant people were at risk of receiving inconsistent care as information was not always reviewed and updated in a timely manner.
- The provider ensured people's needs were assessed before offering to provide a service. Pre-assessment visits were completed with people and their relatives and where available they used information provided by commissioners to support them to identify people's needs and explore how these needs could best be met.
- Peoples care records included detailed personalised information about their histories and routines and people that were important to them.

Staff support: induction, training, skills and experience

- Staff received a range of training to support them to have the skills and knowledge required for their role. This included online and practical learning and assessments of staff's competencies where they administered people's medicines or supported people with their mobility needs.
- New staff received an induction period to enable them to complete relevant training, shadow experienced staff and understand people's needs.
- We received feedback from people and their relatives that they felt staff supported them confidently and were knowledgeable in their role. Comments included, "[Staff are] absolutely trained, they seem very confident." and, "I think they are well trained. One of them is an ex-nurse, nothing fazes any of them."

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

- We reviewed people's care records which demonstrated the service sought advice and guidance from health professionals to meet people's health care needs. This included contact with people's GP's where they identified any concerns.
- People and their relatives told us staff were quick to identify any changes in their health. They told us, "[Staff] are very observant, they noticed a small mark on my body after a fall and told the manager. They took photos of it for the district nurse. They even noticed a bed sore I hadn't felt."; "I think the carer notices things with her, small changes that she may be unwell that kind of thing." and, "I have been notified when [staff] have felt she wasn't herself and they picked up on it."

# 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 received consistently positive feedback from people and their relatives that staff treated people with kindness and respect. Comments included, "[Staff] are very kind, the regular carer makes sure [loved one] is covered up with a warm blanket. They sit with her talk to her." and, "They are really kind and caring with [loved one] nothing is too much."
- Peoples care plans included relevant information to ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- The provider regularly sought feedback from people and their relatives. This included making planned visits and calls to people to review the care they received.
- The service had received multiple positive comments from people and their relatives about the care they received.
- People and their relatives told us they felt listened to and involved in the planning and delivery of their care. Comments included, "As a family we do feel we are listened to, [staff] know how [loved one] likes things done and listen to her." and, "The [provider] visits once a month to check everything is ok and I have their private number if I need anything."

Respecting and promoting people's privacy, dignity, and independence

- People were provided with care that promoted their privacy and dignity. One relative commented, "[Staff] do respect her privacy. They make sure door and curtains are closed."
- People told us they were informed about any changes in their care, including staff care call times and if staff were running late. Comments included, "[Staff] are here within 5 minutes of the call slot. If they're late they let me know." and, "[Staff] are very good with timings and ring if they are running very late."
- Care plans directed staff to support people in ways that maintained their independence. This included highlighting people's strengths and abilities and encouraging people to be involved in as much of their care as possible.

# 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 provided detailed information for staff on how to engage with people. For example, where a person was identified to require additional support to manage periods of anxiety, their care plan included strategies staff could use to support the person to minimise any distress.
- People's care plans provided staff with information about their personal history, background, family, interests and social contacts. This ensured staff had access to relevant information about people and what was important and of interest to them.
- People and their relatives were encouraged to participate in planning their care and told us they received responsive care to meet their ongoing needs. For example, one person said, "I sat with the [provider] and we did my care plan. It has been reviewed since. Due to my condition the morning and night call has gone from 1 to 2 carers for safety needs." and, "The care planning is ongoing. [Loved one] was in hospital for 7 weeks so when she came out there needed to be some changes. They were really good, even after a 7 week hospital stay they made sure she had the same carers."

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 and how these were to be met were detailed within their care plan. This included information on how they would like to be contacted and any support they may need to maintain social contact such as using the telephone.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record, respond to, follow up and close complaints. The provider maintained oversight of all feedback about the service and valued people's input. We reviewed records which evidenced the provider was responsive to people's feedback and took steps to remedy any concerns people had.
- People we spoke with knew how to raise concerns and were confident they would be listened to. One relative said, "I made a complaint about the [staff]. I mentioned to the office that the carers were not keeping an eye on food sell by dates and not using the older dates up first. They listened and hasn't happened again."

## End of life care and support

- No one was receiving end of life care at the time of the inspection. The provider had policies in place to ensure staff supported people appropriately if this was required.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance and governance systems in place were not always effective or robust. Although there was a range of auditing systems in place, they did not identify the concerns we found at this inspection. This included audits undertaken in respect of safeguarding, medicines, and accidents and incidents.
- We found multiple examples where the provider had failed to ensure people's care records were contemporaneous, accurate and consistently up to date to reflect their current needs and the care provided. We found no evidence that people had been harmed, however this meant people relied on support from staff that knew them well to ensure their needs were consistently met.
- The provider had systems in place to capture and record accident and incidents when they occurred, and staff completed alerts. However, the governance systems in place were not robust to ensure records were completed contemporaneously which meant an analysis of themes and trends could not be completed in a timely way.

The failure to demonstrate good governance and maintain accurate, complete and contemporaneous records was a continuous breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found three examples where the provider had failed to ensure all notifiable information had been shared with CQC in line with their legal requirements. We raised this with the registered manager who took action to send the information through after the inspection.
- The provider used electronic systems to support them to review the day to day running of the service. This included oversight of care calls, tasks allocated for completion at care calls and completion of electronic medicines records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider fostered an open and transparent culture and ensured staff maintained a person-centred approach to meeting people's needs. They were passionate in striving to achieve service provision that placed people at the heart of their care.
- People and their relatives consistently told us they were happy with the care they received. People knew who they could contact to share any feedback and told us they had establish good relationships with staff.

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 their legal responsibilities to act in accordance with their duty of candour.

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

- The provider sought feedback from people and their relatives through an annual survey. They collated information to identify improvements and took action to address the feedback provided.
- We received consistently positive feedback from people and their relatives that they received organised care and could access information from the office staff when required.
- Staff were provided with opportunities to give feedback through an annual survey. We received mixed feedback from staff that they felt appropriately supported in their role. Some staff felt communication from the office could be improved.
- Where English was not staffs first language, the provider ensured staff could access best practice guidance in their native language. For example, we saw the provider had included information on diabetes in Romanian to support staff's knowledge and understanding.

Continuous learning and improving care

- We found the provider was open and transparent in their approach. They were open to receiving feedback during the inspection on our findings and by the end of the inspection had taken some remedial steps to make improvements.

Working in partnership with others

- The provider worked in partnership with other stakeholders. This included keeping professionals informed about people's health and medical needs where required.
- Where people had recommendations made by professionals, information was included in their care plan. This included information for staff to follow from occupational therapists and speech and language therapists to enable them to meet people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed ensure all medicines were safely managed.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to operate effective systems to safeguard people from abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to demonstrate good governance or to ensure they consistently maintained accurate and complete records in relation to peoples care.