

Silver Hellas Ltd

Sylviancare Bournemouth and Poole

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sylviancare Bournemouth & Poole is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 30 people were receiving the regulated activity of personal care from the service. 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

Improvements had been made by the provider to the governance of the service. Systems and processes had been improved to ensure the provider had effective governance and oversight of the service. The provider had implemented a range of systems and processes to ensure there was effective governance and oversight of the service. They had also implemented a dedicated quality assurance post within the head office team. This new role enabled a range of effective audits to be completed that provided a basis for continual improvement and learning within the whole staff team.

At our last inspection we recommended improvements to risk assessments and medicine management, we found the provider had acted upon the recommendations. People had pre -assessments and risk assessments completed for them. These were then used to develop person centred care plans which guided staff on how to care for people safely. Care plans were detailed and regularly updated to ensure people received effective care and support.

Improvements had been made to the management of medicines and the provider was following the safe good practice guidelines. Medicines were managed and administered safely, including medicines taken as and when required and prescribed creams. People were supported to take their medicines by staff who had received training to administer medicines.

People were protected from abuse and avoidable harm. People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively.

Robust recruitment practices were followed. Appropriate checks were completed to ensure only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were well supported through a programme of regular supervision, spot checks and training.

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 their relatives told us they were happy with the support they received from Sylviancare

Bournemouth & Poole. A relative told us, "They absolutely provide the support as needed. They are very experienced and confident. They know what they are doing, and they do it well." Staff knew people well and understood how they preferred their care and support to be delivered.

People felt the service was well led, friendly, and professional. Staff felt very well supported in their roles and spoke positively of the supportive and open approach taken by the management team.

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

The last rating for this service was requires improvement (published 23 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made the required improvements and was no longer in breach of regulations.

Why we inspected

We carried out an announced inspection of this service on 3 and 4 March 2022. A breach of regulation in relation to the management of the service and governance systems was found. The provider completed an action plan after that inspection to show what they would do and by when to improve.

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sylviancare Bournemouth and Poole on our website at www.cqc.org.uk.

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.

Sylviancare Bournemouth and Poole

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 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes 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 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 18 July 2023 and ended on 20 July 2023. We visited the location's services on

18 July 2023.

What we did before the inspection

We sought feedback from the local authority and 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

We spoke with 3 people, 5 relatives and 1 Health and Social Care Professional, about their experience of the care provided. We spoke with 8 members of staff including the registered manager, nominated individual, office administrator, quality assurance officer, and 4 care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care and support records and 3 people's medicine administration records. We looked at 2 staff files in relation to recruitment, and training. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, staff spot check observation records, accident and incident records and a range of the providers quality assurance records, policies, and procedures.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection, we made a recommendation regarding ensuring the provider followed their company policies for the completion of risk assessments for people. The provider had made improvements.

- Risk assessments were completed on people and covered areas such as, falls and mobility, dehydration, malnutrition, skin integrity, fire and risks in people's home environments.
- Risk assessments provided personalised detail for people to ensure staff could support people safely.
- Staff had received training in how to use specialist equipment safely and before they needed to support people independently.
- The service had a business contingency plan that covered a wide range of potential risks and provided guidance on how these risks could be mitigated.

Using medicines safely

At our last inspection we made a recommendation regarding ensuring the provider followed the National Institute for Health and Care Excellence in regard to their management of medicines. The provider had made improvements.

- People received their medicines as prescribed. Where people were administered topical creams, body maps and instructions were in place and provided clear guidance for staff.
- Where people were prescribed medicines they only needed to take occasionally (known as PRN), guidance was in place for staff to follow to ensure those medicines were administered safely.
- People's needs in relation to medicines were assessed prior to the service starting their support. People were supported to take their medicines as prescribed and in ways they preferred.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines administration records were completed by staff and medicine audits were completed each month. This enabled a full review to be completed and ensured staff were administering medicines safely and appropriately.
- One person told us, "I can do my own medication, but they do check that I have taken it."
- A member of staff told us, "I like doing medicines. The system works well, it tells us which tablet to administer." Another member of staff told us, "We administer medicines, and the system is very easy to use."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. One person told us, "I feel safe with them because they

are really caring and definitely have a good attitude. They are very caring; I absolutely trust them." A relative told us, "Their manner is very good. Lovely, very respectful. They never neglect anything. I would feel comfortable raising any concerns. [Person] often says to the carer, I'm all the better for seeing you."

- Staff had received training in safeguarding people, and this was updated annually. Staff spoke knowledgeably about how to recognise signs of abuse and who they would report them to. Staff told us they were confident that the registered manager would follow up concerns. A member of staff told us, "We can report any abuse of a person by talking to the manager or head of the office, who is always with us, and always gives us indications for any existing problems."
- The service had a safeguarding policy and procedure in place.
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Staffing and recruitment

- There was a robust recruitment process in place. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to ensure people were supported and cared for safely. People told us they received their care from a consistent, small team of care staff who knew them well. One person told us, "I have 3 carers in total, the same each time. I have got to know each one."
- A relative told us, "There are 4 or 5 carers. But [person] has the same 2 main carers all the time. They are familiar faces and unbelievably good carers."
- Staff were given suitable times for travelling between visits was given. Staff confirmed there was enough travelling time and that they received their rotas on time. A member of staff told us, "Yes, we have enough time to switch from one client to another."
- A relative said, "We don't get a rota, it's not needed. There are just 3 carers covering this area, so we know who they will be." One person told us, "I don't get a rota, they just let me know who is coming. I'm happy with this."

Learning lessons when things go wrong

- There was a system for recording accidents and incidents, which provided the registered manager with clear oversight of all events. Staff reported events and incidents as they happened.
- Learning was shared with staff through meetings and supervisions.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection.
- Staff had enough supplies of personal protective equipment (PPE) and stocks were maintained at the head office premises. Staff wore appropriate PPE when providing care and support.
- Staff had received training in the control and prevention of infections. A member of staff told us, "We have enough PPE, we have everything we need. "

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 requires improvement. At this inspection the rating has changed to good. 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

At our last inspection, we found the providers quality assurance systems and processes did not always operate effectively. Audits had not identified shortfalls found during the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems had been improved and were now robust. The provider had employed a quality assurance officer to ensure all audits were effective, completed on time and drove a cycle of continuous improvement.
- We reviewed the range of audits the service had in place. These provided the registered manager with clear oversight of the service and ensured effective governance of all areas of service delivery.
- Audits included, care and support plans, safeguarding concerns, complaints, Infection prevention and control, medicines, accidents, and incidents and moving and handling. Where required, audits were colour coded to highlight the level of risk, this provided a clear system for identifying increased risk.
- The registered manager and management team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs. A member of staff told us, "Yes, I have checks every few months." Another member of staff told us, "Yes, we have checks and spot checks and supervision meetings about every 3 months."
- People, relatives and health and social care professionals expressed confidence the service was well led. Comments from people included, "I think it's generally well run. They are all doing what they should be doing. They are prompt and helpful." Another person told us, "I think it's a well-managed service. I don't contact the office as everything is OK. But they are very pleasant when I do ring."
- A relative said, "It's well managed, it's a transient thing, they never know what they are going in to. The fact is they have never let us down, it's all good." Another relative told us, "Oh yes, it's well managed. They are good at arranging the care and everything. No problems with them."
- Staff and people told us communication was good. Staff were confident in the quality of care, support, and guidance they were able to offer people.
- Staff were fully informed of any changes to people's health or care needs in a timely way. The systems and

processes employed by the service supported the staff to deliver person centred care.

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

- There was a friendly, positive, and supportive culture amongst the management team and the care staff.
- Feedback from people and relatives was all positive. Comments from people included, "I am really pleased with them", "It's going very well: they are lovely carers", and "It's very good, no complaints at all."
- Relatives expressed their pleasure with the service, comments included, "It's absolutely brilliant, we are so pleased with them. Really good", "They are very good, excellent", "It's an excellent service." A relative told us, "They rang me when I was on holiday, to reassure me that things were fine with [person]. The manager said, don't worry if there was anything I would go round. You can't put a price on the peace of mind that gives."
- Staff told us they felt well supported in their roles, felt proud to work for Sylviancare Bournemouth & Poole, felt valued and were confident in approaching the management team at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.
- A member of staff told us, "I am happy to work at Sylvian, we are a united team, I'm appreciated by everyone. ... I feel very proud that I can work at Sylvian, that I can help people with everything they need, listen to their needs. I am also appreciated for what I do by the clients and our team." Further comments from staff included, "I have a very good relationship with everyone in the management team and I feel very appreciated" and, "I feel appreciated by both the management and the clients and it makes me feel good and proud."

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 aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly asked people, relatives and staff for their views, this was done by a variety of surveys, telephone calls, observed spot checks and care reviews. A person told us, "A supervisor has been out to check things and ask how things were, I said, wonderful." Another person said, "Both managers have been out 3 or 4 times to check things."
- A relative told us, "We can definitely express our views. The manager came out to do the initial assessment and they phone now and then to see if things are ok."
- Staff described how they respected and promoted peoples rights, choices, and differences. Staff demonstrated an understanding of equality issues and valued people as individuals ensuring they received person-centred care. A person told us, "I feel in control of things. If I had any concerns I would speak to them, they are always there with answers." Another person said, "I can express my views, they do as I ask, and they remember what to do."
- Staff attended regular staff meetings, which they told us they found useful and supportive. Meetings ensured information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were. A member of staff told us, "Meetings are useful, it's good to see each other we can see and hear about all the clients and talk to our colleagues, everyone can say their opinion and give solutions to problems. I feel supported all the time they give good support."

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcome for people.
- A health and social care professional commented, "Whenever I have spoken with [office manager] as the main contact they have been professional. . . [Person] is happy with the service and I have another [person] who said they were accommodating and helpful."
- When changes to people's health needs were identified, appropriate and timely referrals were made to ensure people received the care they needed.