Cynosure Health Care Limited

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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?	Requires Improvement

Summary of findings

Overall summary

Cynosure Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults or adults with disabilities.

Not everyone using Cynosure Healthcare received the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, two people were receiving personal care.

This inspection took place on the 3 and 8 January 2019. This was the second comprehensive inspection for the service. The first inspection in 2017 was inspected but not rated because only one person was using the service. At this inspection the service is rated as overall good.

The provider is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to assess the quality of the service provided; however, they also understood these systems were in their infancy and required strengthening to ensure they were effective.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started to work at the service. On-going refresher training ensured staff provided care and support for people following current best practice guidance. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. Records about people's health requirements were documented. Staff supported people to access health appointments if required.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider had a complaints procedure in place to manage and respond to complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People told us that they had confidence in the provider's ability to provide a consistent service.

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.

Staff were knowledgeable about protecting people from harm and abuse.

Staff had been safely recruited and there were enough trained staff to support people with their needs.

Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could receive support with food and drink if they required it and their consent was gained before carrying out any care.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of it and knew how to access it.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems in place to assess the quality of the service provided required strengthening.

People knew the provider, and were able to see them when required.

People were asked for, and gave feedback which was acted on.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 3 and 8 January 2019 and it was announced. The provider was given 48 hours' notice, because we needed to ensure someone was available to facilitate the inspection.

Two inspectors conducted the inspection.

Inspection site visit activity started on 3 January 2019 and ended on 8 January 2019. On 3 January, we visited the office to review the documents associated with the running of the service and met with one person who was using the service. On 8 January we made telephone calls to relatives of people that used the service and care staff.

We used information the provider sent us in the Provider Information Return to help us in our judgements of the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners who arrange placements for people and monitor the service; no information of concern was received about the provider.

During the inspection, we visited one person that received personal care from the service in their own home. We spoke with one relative, two care staff, the care manager and the registered manager who was also the provider. We viewed the care records of two people using the service and three staff recruitment files. We also viewed records relating to the management and quality monitoring of the service, such as audits and feedback.

Good

Is the service safe?

Our findings

People felt safe in their own homes with the staff that supported them. One person we spoke with told us, "I am safe, I direct my own care and support and I am happy with the staff that support me."

The provider had a clear safeguarding procedure and staff knew what steps to take if they had any concerns. One member of staff said, "I have had training in safeguarding adults and children and I wouldn't hesitate to raise any concerns." We saw that where any issues around safeguarding had been raised that the provider had taken the appropriate steps to address the concerns.

Individualised risk assessments had been created for each person, to manage any risks that may be present. They documented the level of risks, and the actions that should take place to minimise any risk. For example, a risk assessment on supporting people with epilepsy explained what procedures the staff were required to follow to ensure people's safety. Staff we spoke with all felt the risk assessments were clear and detailed, and helped them to support people safely.

People were supported to manage environmental risks within their own homes. Staff carried out regular fire and health and safety checks to ensure people remained safe. People had personal emergency evacuation plans [PEEPs] in place which ensured staff had access to people's support requirements in an emergency.

There was sufficient staff to meet people's needs. One person told us, "I am happy with the staff that support me, I have got to know them and they have got to know how I like things done. If my regular staff are not able to support me, the manager [provider] will step in and cover the shift." One relative told us, "We have two regular staff who know [person] really well, and some other staff also visit, so they know [person's] needs and are able to cover when the main staff are on holiday."

There was a small team of dedicated staff, and there were no shortages in staffing. An 'on call' telephone service was in operation for 'out of hours' concerns or emergency situations. The provider told us the on-call service supported them to make sure unplanned absences and emergencies were covered, so people's safety was not compromised. Staff told us the provider was available at any time if they had any worries or concerns.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

Staff followed infection control practices, for example, when providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as gloves and aprons, to ensure that infection control was managed appropriately.

At the time of the inspection, the service was providing prompts with medicines. One person told us, "I administer all of my own medication. The support the staff give to me, is taking it [medication] out of the

packaging for me." Policies and procedures were in place and staff had received training in medicine management in preparation to support people in the future. We saw that staff had been observed administering medicines to people who had previously used the service and competency assessments had been undertaken to ensure staff were administering medication in line with best practice.

All staff understood their responsibilities to record any accidents and incidents that may occur. Records were clear about what actions were taken to ensure that lessons would be learnt from any mistakes made.

The provider had learnt from incidents and had improved their practice in response to these. For example, an incident with a person's pet prompted changes in the care plan to ensure the staff's safety. This was completed with the person using the service and the provider, discussing ways in which the changes met both their needs and kept everyone safe but also ensuring the person was still directing their own care and support.

Good

Is the service effective?

Our findings

People received a full assessment of their needs before receiving any care. The provider told us they complete assessments with people and their family [when required], to make sure that the staff could provide the correct care and fully understand their needs. This process ensured that the service only supported people with needs they could meet. One person told us, "The manager [provider] came out to see me to discuss my care needs, it was important to me that they could provide staff who respected my independence and could take on the role of enabler rather than doing for me. It hasn't always been perfect but I'm happy with the staff I have now."

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. The provider showed us the induction programme that new staff were undertaking, which included the provider's mandatory training sessions and an opportunity to shadow more experienced staff. The provider told us that they recognised that on-line training for staff was not ideal and they were hoping to provide more face to face training in the future.

Staff were provided with the training they required to ensure they could provide safe care and treatment to people. This included safeguarding, infection control, dignity and respect. There was also person specific training which was person centred behavioural support guidance delivered by community health and social care professionals. All the staff who worked at Cynosure held a National Vocation Qualification (NVQ). The provider had systems in place to enable new staff who did not have an NVQ to undertake the Care Certificate which is based on best practice guidance.
Staff felt supported by their manager and received regular supervision. Staff had not yet had an appraisal of their performance but plans were in place to complete these.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person said, "The staff support me to make my lunch, I am hoping for a new accessible kitchen so I can be independent in this area." Records showed that people's dietary needs were assessed and any allergies, food intolerances and likes and dislikes were recorded within their support plans. The staff were knowledgeable of the food and drink likes and dislikes, of the people they supported.

People were supported to live healthier lives and were supported to maintain good health. People and their relatives and staff confirmed the staff worked closely with other healthcare professionals. Staff knew the procedure to follow if they found a person needed urgent medical assistance. Staff told us they supported people with GP appointments and worked closely with the community team for learning disabilities. We saw that people's support plans contained information and guidance from healthcare professionals and this was followed by the staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments of people's needs took account of the person's capacity to consent to their care and treatment. The provider and staff team understood their responsibility around MCA, however, not all MCA's were decision specific. The provider met with people and their families [where appropriate] and updated the MCA's and best interest assessments before the inspection was concluded. People using the service and relatives confirmed that staff sought people's consent, offered choices and respected their decisions.

Good

Is the service caring?

Our findings

People and their relatives were happy with the care and support they received. One person told us, "I have no complaints, I am happy with the staff that support me, we rub along together quite well!" A relative told us, "The staff are really good and 'on the ball', they know [person's] needs well."

People and staff we spoke with felt they could develop positive relationships with each other. One person told us, "It is hard having to rely on staff to provide support to you, I want to be as independent as I can. I do get to know the staff quite well because we spend a lot of time together, it is so important that we are able to get on otherwise it doesn't work." One staff member told us, "I have worked with the same person for quite a while and I am confident with all of their care and support needs, and I have got to know their family and friends as well."

The provider told us that care staff always met the person using the service before they provided any care or support. Care staff confirmed this happened. One care worker told us, "We always do shadow shifts with people before working on our own."

People and their relatives could express their views and be involved in their care. One person told us, "I am fully in control of everything. I have my own care budget, I know what support I require and my care plan is written by me." One relative told us, "I was fully involved with writing the care plan for [person], and it developed as we went along with more information and the best way to support [person]." The provider told us they regularly reviewed people's care to ensure they continued to meet people's needs, and to allow people to feedback and have control of the care they received.

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their care and support to be given. Care plans were detailed, and the views of the person and their relatives [where appropriate] were included.

People's privacy and dignity was always respected . A relative we spoke with told us that staff were respectful of their family members privacy and dignity and the provider had gone the 'extra mile' by agreeing to a request that care workers did not wear their uniform when they were supporting [person] while in the community. All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out. People's information was stored securely within the office, and staff were aware of keeping people's personal information secure.

People and relatives received information about the service. This information included the standards of care they should expect to receive. At the time of the inspection, one person the service supported used their relatives to advocate on their behalf and another person could advocate for themselves. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's communication preferences were, as well as likes, dislikes, and preferences. Care plans showed that time had been spent getting to know people and recording the things that were important to them. People's life history was also documented in their care plans so care staff were able to have meaningful conversations with the person.

The service understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. One person using the service had easy read information which the staff team used consistently to ensure that they understood the person's wishes.

People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the provider carried out home visits and surveys to seek feedback from people using the service and their relatives. Feedback received included, "I trust the staff very much and they are a credit to the company."

A complaints policy and procedure was in place, and people and their relatives knew how to use it. The provider told us that no complaints had been made, but if any were, then they would be recorded and investigated promptly. A person we spoke with confirmed they would be happy and comfortable to raise any complaints with the staff or the provider, and they had faith that they would be responded to promptly. Staff said they felt any concerns or complaints would be dealt with appropriately. We gave the provider feedback about developing an easy read complaints procedure, and they ensured this was in place by the end of the inspection.

No end of life care was currently being delivered. However, as the service grew, the provider was aware that some people may wish to make plans for, or receive, this type of care. The provider told us that systems were in place to record people's wishes, and further training would be provided to staff to ensure they were aware of the best way to provide end of life care to those that may need it.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to assess the quality of the service provided; however, they also understood these systems were in their infancy and required development. The systems that were in place had not identified that mental capacity assessments were not decision specific and that best interest meetings had not been held. The systems in place did not identify that easy read documents were required to support people to complain about the service offered. The provider ensured these documents were in place by the end of the inspection, however, an improved auditing process in place is required to ensure this can be sustained.

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "The manager [provider] is very supportive, the team in general is very good." Another staff member said, "We have the support we need from management, they are really easy to talk to."

People, relatives and staff all confirmed they had confidence in the management of the service. The provider was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the provider, and senior staff were very approachable.

Staff told us they had the opportunity to feedback and discuss any concerns, and said they were listened to by management. Information about the development of the service and any changes to people's planned care was communicated effectively to the team of staff. One staff member said, "I am confident to ask any questions, I don't need to wait for a meeting, the management team are very approachable like that."

People had the opportunity to feedback on the quality of the service. This feedback was sought from surveys/questionnaires and from people and their relatives when the provider was undertaken unannounced spot checks on the staff. The feedback we viewed was positive.

The provider was aware of the requirement to send notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. No notifiable incidents had occurred since the service had begun providing personal care.

The provider worked positively with outside agencies. For example, meetings had taken place with the local authority who commission some services and community health professionals. The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services at a local and national level.