

Cygnet Care (Devon) Limited

# Cygnet Care (Devon) Limited

## Inspection report

East Ashridge  
Westleigh  
Bideford  
Devon  
EX39 4PG

Date of inspection visit:  
04 December 2017

Date of publication:  
01 January 2018

Tel: 01271858271

Website: [www.cygnetcare.co.uk](http://www.cygnetcare.co.uk)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Cygnet Care is registered with the Care Quality Commission (CQC) as a domiciliary care agency. It provides personal care to a range of older adults and younger adults living in their own houses and flats in the community. This included people living with dementia, a mental health illness, a physical disability, a learning disability or sensory impairment.

At the time of inspection, there were 37 people receiving a service from the agency. Although the majority of people using the agency received a regulated activity, six received support visits only. 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. The time of visits ranged from 15 minutes to two hours and 15 minutes, with the frequency of visits from once a week to six times a day. There was one person who required two care workers at each visit to support them. There were 14 full and part-time staff employed.

There was registered manager in post. A registered manager is a person who has registered with the CQC 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.

At the last inspection, the service was rated as good in five areas, with an overall rating of good.

At this inspection, we found the service remained good in four areas and outstanding in one area. The overall rating remained good.

The registered manager and care workers provided people with a bespoke service and delivered care and support which took into account people's individual choices and preferences. People were very happy with the service they received. Care workers treated people with respect, dignity and compassion at all times. Meaningful relationships had been developed with the care workers who supported them. Families, friends and pets were involved in their care, support and wellbeing. A relative said, "My (family member) is very happy to see her 'friends' (care workers) and appears to be more relaxed after their visits" and a friend said "(Friend) feels very comfortable with your carers and looks forward to (care worker's) visits very much." People were encouraged to be as independent as possible by care workers they trusted and felt safe with.

Care workers supported people to lead an enhanced quality of life. People commented, "During the time carers came to help (family members), the care and time given has been wonderful. They both enjoyed their carer's visits and were always happy with the care given ... more like friends"; "All the carers are really good", and "They will do anything." People said care workers went 'the extra mile' and the agency put people at the heart of their service. The agency went above and beyond what was expected of them and due to the small size of the agency, delivered a personal service where the registered manager knew each person extremely well and visited them regularly. Caring for people's wellbeing was an important part of the

agencies philosophy. Care workers regularly carried out duties over and above what was expected from them.

Meaningful relationships had developed between staff, people and their relatives. Friends and family were involved in people's care and spoke highly of the agency. People had a regular team of care workers and felt they had become part of the extended family.

People were kept safe and cared for by care workers who were aware of their safeguarding responsibilities. Care workers were safely recruited, trained and supervised in their work. They enjoyed their jobs, felt included and listened to in the running of the agency.

People had confidence in the management of the service and the registered manager acted as a role model for the staff team. People were confident any issues would be dealt with appropriately. One person commented, "(Registered manager) is a lovely kind person ... we were recommended for this service." A health care professional said, "They provide excellent care to our clients in a very professional manner."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care workers had received training on the Mental Capacity Act 2005. They ensured people were asked for their consent before they carried out any care or support.

Each person had risk assessments and a care plan in place. People and their families were involved in the planning of their care and these were regularly reviewed. When changes in care support were required, these were carried out in a timely way. A relative commented, "I would like to say a big 'thank you' for everything you did to accommodate the ever changing needs of my parents ... it was so reassuring for me to be able to talk to you knowing that you would do all that you could to help."

Care workers had been trained to give people their medicines safely and ensured medication administration records were kept up to date. Care workers supported people to eat a nutritious diet with food and drinks of their choice. In between care visits, care workers always made sure people had snacks and drinks available.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service has improved to outstanding</p> <p>People received a bespoke care service where the choices and preferences were recognised and respected.</p> <p>People were treated with dignity, compassion and kindness at all times.</p> <p>Care workers regularly went 'the extra mile' and carried out duties over and above what was expected from them.</p> <p>Meaningful relationships had developed between staff, people and their relatives. Friends and family were involved in people's care and spoke highly of the agency.</p> <p>People were encouraged to be as independent as possible by care workers they trusted and felt safe with.</p> <p>People had a regular team of care workers and felt they had become part of the extended family.</p>	<p><b>Outstanding</b> ☆</p>
<p><b>Is the service responsive?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>

# Cygnnet Care (Devon) Limited

## **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 checked 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 inspection site visit took place on 4 December 2017 and was announced. We gave the agency 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We visited the office to see the manager and office staff; and to review care records and policies and procedures. Inspection site visit activity started on 27 November 2017 and ended on 7 December 2017.

This was a routine comprehensive inspection carried out by one adult social care inspector.

The inspection was informed by feedback from questionnaires completed by a number of people using the service. The Care Quality Commission sent surveys to 21 people and their relatives (we received seven responses) and nine to community professionals (we received three responses). We visited two people in their own homes and spoke with them and one relative. We met and spoke with the registered manager and two office staff. Following the inspection, we spoke with five people, three relatives and five members of staff. We also contacted five health and social care professionals and received a response from three of them.

We used information the provider sent us in the Provider Information Return (PIR). 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 previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: two people's care files and medicine records; two staff files which included recruitment records of the last two staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

# Is the service safe?

## Our findings

People felt safe being cared for by staff of Cygnet Care. They knew the care workers well. Two people said, "I feel safe with them all" and "I feel completely safe." Two relatives said, "We feel completely safe" and "We all feel very safe ... happy and secure ... it's a weight off our minds."

People were protected from harm because the agency had ensured their staff were trained in safeguarding and understood their responsibilities. There were up to date local safeguarding policy and procedures in place to guide staff. Statutory notifications showed there had been one recent safeguarding concern which had been appropriately dealt with by the registered manager and the correct procedures followed.

Risks to people's personal safety were assessed and plans were in place in care records to minimise those risks. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst allowing the person to remain independent.

People were protected by safe recruitment practices before new staff were employed to work at the agency. Checks were made to ensure staff were of good character and suitable for their role.

People needs were met by sufficient staff who had the right skills and knowledge. People received a rota of care visits for the following month so they knew which care workers to expect in their home. If there were any changes to the rota, the office contacted people to let them know. If care workers were more than 15 minutes late to a care visit, people were contacted either by the office or the care worker themselves to let them know.

People's medicines were managed and administered safely. Care workers were trained to manage medicines and undertook training, competency and spot checks. Medication Administration Charts (MAR) were completed appropriately. The Provider Information Return (PIR) stated no medicine errors had been made in the last 12 months.

People were protected by staff who had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks.

There were arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the registered manager and care workers knew which people required a priority visit.

## Is the service effective?

### Our findings

People and their relatives spoke positively about care workers who had the knowledge and skills to meet their needs and had a positive impact on their lives. One person said, "Staff are well trained and know what they are doing." Two relatives commented, "The staff are well trained and they work very well" and "The staff are all very helpful and knowledgeable."

All newly employed staff undertook the Care Certificate (a set of standards that social care and health workers adhere to in their daily working life). The registered manager felt it was good practice for all staff to undertake this training, even if they came to the agency with formal care qualifications. In these cases, the training acted as a refresher and update to improve the care worker's practice. Seven people had either completed, or were in the process of completing, the Care Certificate.

Staff received regular training in a variety of subjects by an outside trainer twice a year. This ensured they could deliver care safely and effectively. Staff received regular supervision and an annual appraisal to discuss their work performance.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

Care workers supported and encouraged people to have a meal of their choice and type. Care workers prepared and served meals dependent upon individual people's likes and dislikes; some people preferred to have a ready meal whilst others preferred the care worker to prepare and cook a meal from scratch and include fresh vegetables.

People were supported to have access to healthcare services, such as GP's and community nurses. The agency worked in partnership with other organisations to ensure people received 'joined-up' care, such as when more than one organisation was involved in a person's care package. Any changes they suggested to practice were put in place. For example, the agency liaised closely with the dietician for one person who was fed through a tube directly into their stomach. A social care professional commented, "(Registered manager) works in a very collaborative way and is willing to receive feedback both positive and also of things than can be done differently."

## Is the service caring?

### Our findings

People were treated with kindness and respect at all times when receiving care and support. Comments and feedback was overwhelmingly positive and complimentary of the service. Comments included, "I can't fault one of the team ... they are very helpful and willing to do anything", "They have never refused to do anything" and "I can't wait for them (care workers) to come in."

Examples of care given by the agency showed a strong person centred culture and that management and care workers were exceptionally compassionate and kind in their roles. A relative said, "We love the team and know that they all go the extra mile to support her ... (family member) responds well to each individual personality and has a real sense of family/belonging through their daily visits." A health care professional said, "They provide excellent care to our clients in a very professional manner."

The registered manager gave examples of how they supported people to stay in their own homes for as long as possible. One person said, "... without their help and expertise, (family member) would not have been able to stay in his own home for so long ... we will always think fondly of 'the girls'". Another person was supported to stay in their own home. The registered manager explained this person regularly requested extra visits during the day by pressing their emergency call bell system, who then contacted the agency. These visits could be because the person was hungry, had fallen asleep on their call button, or wanted their feet putting on the bed. The registered manager said there were occasions when the person pressed the call button because "they felt like it" or "because they wanted to see us" which could amount up to 15 times a day. The agency responded each time which showed their commitment to responding to people's needs quickly and providing a reliable service.

People spoke of how close they were to care workers and how they had built up positive and meaningful relationships together. People felt they mattered and spoke of how care workers chatted to them and had become part of the family. People said: "The girls are lovely ... we enjoy their company"; "During the time carers came to help (family members), the care and time given has been wonderful. They both enjoyed their carer's visits and were always happy with the care given ... more like friends"; "All the carers are really good", and "They will do anything." Relatives commented, "My (family member) is very happy to see her 'friends' (care workers) and appears to be more relaxed after their visits", "(Friend) feels very comfortable with your carers and looks forward to (care worker's) visits very much" and "Carers are absolutely excellent."

Care workers knew people's histories, life stories and backgrounds. They treated people as individuals and respected people's individual choices, even if this was unusual. For example, the registered manager was concerned about a person's wellbeing. The person did not like to use the telephone. The registered manager was anxious the person would not be able to call them for help in an emergency. They had a conversation about this, which resulted in the person agreeing to use a mobile phone and agreeing to text the office if they needed help at any time or in an emergency.

People were respected in the way they wished to live and how they chose to live their lives. People and relatives said care workers supported the well-being of both them and their families in their care. A relative

said, "I feel Cygnet know us well and work with us at all times. We are very grateful for this."

People's privacy, dignity and independence were respected by staff who were caring. One person commented, "They help me in the shower. They take their shoes off and get their feet wet to help me out" and "They are always polite and respectful towards me ... the girls wrap me up in a towel and dry me well ... I mean really dry me with a good old rub." People were supported to be as independent as possible.

People and relatives were involved in making decisions about their care and support. The service involved people's relatives in their care and decision making where appropriate. They kept them up to date with any changes. People had a regular team of care workers who they had built meaningful relationships with. One person said, "I have three girls altogether. Mainly two but when one is on holiday, another steps in to help and that way they all know me." Another person had a regular team of three care workers; no other care worker was involved in supporting this person. The registered manager explained it took eight weeks to train a care worker to look after this person, due to their complex care and support needs. The care worker's involved in their care, needed to build up a relationship with the person and their family during this time; therefore the number of care workers who supported this person was limited to senior care workers. This showed commitment to ensuring people were supported by care workers they knew, trusted and felt safe with.

The registered manager supported people when their home required decorating, deep cleaning or gardening. They advised and helped them to source tradesmen by making initial phone calls for them and liaising with the tradesmen. For example, one person wanted a new washing machine. The registered manager ordered it, arranged for it to be delivered and for the old one to be taken away. Another relative wanted a reclining chair for their family member. They liaised with the registered manager who organised for it to be purchased and delivered. The agency pays for items such as this initially. The agency then sent out invoices to seek payment. The registered manager feels this prevents people from worrying about money when they need an item; we saw all financial records relating to this were kept up to date. This showed the agency regularly went the extra mile to ensure people had what they needed to be safe and happy in their own home.

Care workers regularly picked up medicines for people or picked up shopping when people ran out of items, such as bread or milk. One person regularly enjoyed a 'Devon pasty' which was picked up and delivered to them. Several other care workers had organised to deliver Christmas dinners to people who otherwise would go without one. One care worker cared for a person's cat and regularly deflead it. They also took it to the vets for treatment and vaccinations when needed, including a recent visit when the cat needed stitches removing. This reflected the agency's philosophy of genuinely caring for people and giving them "what they want".

For the last six years, the registered manager had supported one person to attend a three day musical course. They did this in their free time and without this support, the person would have been unable to attend due to their complex needs. This course was particularly important for the person as they responded to the loud music and vibrations and had fun. This showed the commitment to supporting people to be part of the community and undertake activities they enjoy.

Following a best interest meeting, the registered manager had agreed to support one person with their personal finances. They made a 20 mile round trip each month to drive to a bank and withdraw cash for the person. The money had to be dispensed in specific amounts. They then took it to the person and made it secure in their home. This showed extreme kindness and caring as without the registered manager agreeing to do this (in their free time); this person would be unable to remain at home as they had no means of

accessing finances.

The registered manager supported people to make individual food choices where they received a frozen meal service and ordered them by telephone for them. Whilst at the agency, we heard the registered manager ask the care workers to check people's freezers and food stocks for the Christmas holiday period. This forward thinking and planning ensured people had a good supply of food they enjoyed.

The registered manager also cared and supported the staff they employed. This included personal or financial support when needed. The registered manager only recruited care workers who they felt had the same values as the agency. They said, "... they need to show a caring nature and this is by talking to them and asking about their relatives and what their hobbies are ... not too much about qualifications but more their caring side ... most people come to us through recommendations."

## Is the service responsive?

### Our findings

People and their families were involved in developing their care and support plans. They were personalised, detailed and reflected people's needs and choices. For example, how they liked to be supported with their personal care. One relative wrote their own family member's complete care plan themselves which was agreed by the registered manager. The care plan included lots of detail about what was required and at what times. This enabled care worker to be responsive to people's individual's needs.

Care plans were regularly reviewed to ensure people received the most appropriate care. People were very complimentary of the way the agency responded to any changes in their care or support needs. One relative wrote, "I would like to say a big 'thank you' for everything you did to accommodate the ever changing needs of my parents ... it was so reassuring for me to be able to talk to you knowing that you would do all that you could to help." The agency supported one person who had a 'flexible' arrangement. This meant they responded to them at any time they required help or support. For example, care workers routinely carried out six visits a day to this person but this increased if required. The registered manager explained they will get a call to say the person needs help and they contact a care worker and request them to visit.

The registered manager did not accept a referral for care or support without carrying out an initial assessment first to ensure they could meet the person's needs fully. A care plan was then developed which gave clear guidance to care workers on how to communicate correctly and support the person appropriately. One relative said the registered manager visited their family member at first with the care workers who supported them. They said, "She showed staff how to approach my (family member) and she is very good at instructing them ... very, very good." A social care professional said, "... the agency tend to provide support to those with more complex needs and in my opinion provide a high standard of care that in a very person centred way."

Staff ensured they were able to communicate with people if there were any barriers. For example, care workers supported one person who had limited sight and hearing. Care workers worked with health and social care professionals to ensure this person had all their communication needs fully documented in the care plan and in their hospital passport. This information was shared so people would be aware of how to communicate with the person if they suddenly had to go into hospital.

People and relatives were very happy with the service and had no complaints. However, they knew how to complain if they needed to and were aware of the complaints process. One relative said, "We had a minor issue ... it was dealt with immediately ... I can't fault them."

The agency had received many compliments about their service. These included, "I will not forget that support that you gave me", "Many thanks for all your help and care over the last couple of years" and "Many thanks for the care you provided to my (family member)."

The agency supported people at the end of their life. The registered manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs

were met in a timely way.

## Is the service well-led?

### Our findings

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since 2010. 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.

Cygnnet Care was a family run service and offered care packages to predominantly privately funded people in the Bideford, Barnstaple and South Molton areas of North Devon. The registered manager's vision for the service was to "be friendly, caring, try as hard as we can to provide what people want by offering bespoke care so clients can stay in their homes and we can give them what they want". This philosophy was shared by people we spoke with. People and relatives confirmed they received a high quality of service and that the agency was well led. They spoke very positively about the registered manager. Two relatives said, "(Registered manager) is a lovely kind person ... we were recommended for this service" and "(Registered manager) is very helpful and goes to see my (family member) often". One person said, "I know (registered manager) well ... they are all lovely girls, including that one (registered manager)." A social care professional said, "I have found (registered manager) to be very approachable and knowledgeable of the people her agency support."

The registered manager was experienced, organised and knowledgeable about the people who received support. They worked hands-on to provide care and ensured care workers had the resources to do their jobs properly. The service had a positive and inclusive culture. The registered manager welcomed feedback, led by example and was accessible to both people and staff. There was an open culture and care workers' opinions mattered. A health care professional said, "(Registered manager) is particularly good at communicating concerns and health care needs."

Regular staff meetings took place, but as the service was small, care workers kept in touch frequently to discuss any concerns as soon as they occurred. Care workers received a rota of care visits for the following month. The registered manager delivered these by hand and took advantage of chatting with the care worker to see how they were.

There was continuous improvement of the service. There were various quality monitoring systems in place to support this. For example, in the provider information return (PIR) the registered manager confirmed changes were being made in regard to staff training and the introduction of a telephone quality monitoring system to gain people's experiences of the service. A twice yearly questionnaire was sent out to people. The results were collated and analysed and showed satisfaction with the service. The most recent of these sent out in September 2017 contained many positive comments about the agency including, "Happy with the service given", "(Family member) is very happy with the care provided by Cygnnet Care" and "Thanks for your on-going support of (family member). We love the team."

The registered manager was aware of their duty of candour and how this was addressed in the agency's

practice. There were policies and procedures in place to support investigations into staff concerns, accidents and incidents. Care staff felt able to bring any concerns of poor practice to the registered manager and that these would be investigated. Where people had accidents or incidents these were recorded, reported and analysed by the registered manager who identified any trends.

People benefitted from the agency working closely with professionals from other organisations. For example, one person had recently moved to this agency from another care provider as they were unable to continue to meet their complex needs fully. The registered manager worked closely with the previous provider to ensure the transition was smooth and the person had no disruption in their care or support. A health care professional said, "Cygnet care agency are always very responsive to advice from me."