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Cosie Care

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?

Good ●

Summary of findings

Overall summary

This inspection took place on the 17 February 2016 and was announced. The provider was given more than 48 hours' notice because the location provides a domiciliary care service and the provider is often out during the day providing care; we needed to be sure that someone would be in.

Cosie Care is registered as a domiciliary care agency providing personal care support to people living within the community. On the day of our visit there were five people using the service. The service consists of just the provider, with no other employed staff.

The service is managed by the registered provider. Registered providers, 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 service was caring and demonstrated a culture which was focussed on meeting the personalised needs of people. People were treated as individuals and were involved in every element of their care. The provider was caring and carried out acts of kindness in addition to those required to meet people's identified needs.

The importance of building caring relationships and promoting the needs for care to be provided with dignity and respect for the individual was a high priority. Consideration had been given to maintaining relationships that were important to people. People had been supported with regular opportunities to maintain contact with their family through the use of technology to enable contact to be maintained.

The provider had received training in recognising the signs of abuse and steps they should take in safeguarding people from the risk of abuse. This included an awareness of local safeguarding protocols.

Risk assessments had been developed and risks managed so that the people were protected and their freedom of movement supported and respected.

Meals and menu planning was as it would be within a person's home environment. People's opinions were sought when planning meals. Specialist GP and dietician support had been sought when required. This demonstrated that actions required to maintain a healthy diet had been responded to.

The provider's ethos and values demonstrated a positive, enabling culture focussed on the individual needs of people who used the service. They used their extensive knowledge of health and social care and their clinical expertise to advocate for people.

The provider took every opportunity to gain feedback from people and their relatives. People told us their opinions were valued and they were involved in the planning of their care.

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.

Risks had been assessed, reviewed and action taken to mitigate risks to people's safety.

The provider was aware of what steps to take to report safeguarding concerns in accordance with local safeguarding protocols.

Medicines were stored safely and records kept of medicines prescribed. Shortfalls in systems to record when people's medicines had been administered were immediately addressed by the provider.

Is the service effective?

Good ●

The service was effective. People were supported by a skilled and knowledgeable provider. .

The provider had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005.

People were supported to have sufficient food and drink to meet their needs.

Is the service caring?

Good ●

The service was caring. People were treated as individuals and were involved in every element of their care.

The provider was caring and regularly carried out acts of kindness in addition to those required to meet people's identified needs.

The importance of building caring relationships and promoting the needs for care to be provided with dignity and respect for the individual was a high priority.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and

personalised care plans were written to identify how health, care and welfare needs would be met.

People's histories, likes and dislikes were recognised and supported to provide personalised care that valued them as individuals.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

There were strong organisational values, focused on providing a quality service that were promoted through every level of the service.

The provider continually sought ways to improve the service by consulting with people and staff.

Cosie Care

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 inspection took place on the 17 February 2016 and was announced. The provider was given more than 48 hours' notice because the location provides a domiciliary care service we needed to be sure that the provider would be available.

This inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two relatives and one person who used the service on the telephone. We also observed the care and support provided to one person in their home alongside staff.

We reviewed care records for three people. We also reviewed records in relation to medicines management, staff training and other records related to the quality and safety management monitoring of the service.

Is the service safe?

Our findings

Cosie Care staffing on the day of our visit consisted of just the provider, with no other directly employed staff. The provider supported people with a bespoke care and support service, tailored to meet the needs of the individual. The service provided ranged from support with personal care, escorts to hospital and GP visits, social stimulation which included trips into the community, and support visits to enable people's relatives and to have a respite break. The provider told us they did not plan to at this point in time employ other staff.

The provider told us they had effective contingency plans in place which included planning for when the provider was on holiday or unplanned absences which would affect people's ability to receive a service. They told us people were notified in advance of any planned holidays or when there were known disruptions to the service. When asked how people would be provided with continuous care when the provider went on holiday or experienced unplanned absences they told us this was arranged with relatives to provide care or a relative referral to another agency for support.

People told us that the provider always arrived on time, spent the full agreed time with them and they were never rushed. If there was any delay or changes they were informed and given plenty of notice. People told us the provider was punctual and reliable. One person said, "They are very punctual and if they are late or things change I am always advised."

People told us they felt safe. Comments included; "Oh yes, I am very safe. They always make sure I am comfortable when I am with them", "I am very safe. I trust them. I am very safe when they leave, they always check I am OK." Relatives told us, "They are reliable and trustworthy" and "[our relative] is completely safe with them. They know just what to do in a way that other people have not been able to gain that trust. They notice everything and problems are sorted and they contact us with updates if there are any changes they have noticed."

The provider had a safeguarding policy and procedure in place. The provider had received training in recognising the signs of abuse and steps they should take in safeguarding people from the risk of abuse. This included an awareness of local safeguarding protocols and who they should contact should they have any concerns.

People's care plans contained risk assessments which included; risks in relation to the environment; skin integrity, mobility, falls and when presenting with agitated and distressed behaviours. Risk assessments also identified what people were able to do for themselves and how consideration for promoting a person's independence should be supported. For example, one person identified as at risk of falls during the night and who did not want a light left on, the provider liaised the family to arrange for the fitting of a night time sensor light which was activated when movement was detected.

Medicines were stored safely and records kept of medicines prescribed. However, a daily record of medicines administered had not been recorded. Following our visit the provider sent us a medication

administration record which they planned to implement immediately to rectify this shortfall.

Is the service effective?

Our findings

The provider had received sufficient training to meet the needs of people they cared for. The provider was also qualified as an occupational therapist with extensive knowledge of how to safely support people with limited mobility and how to access additional specialist advice and support when required.

Individual needs had been assessed prior to commencement of the service and care plans had been written in detail. The provider was very knowledgeable about the people they cared for. They were able to tell us about their needs, their likes, dislikes and preferences. They gave a comprehensive account of how they supported each person.

The provider understood the principles of the Mental Capacity Act (MCA) 2005. The provider was aware of their roles and responsibilities and understood that any decisions made on behalf of people who lacked capacity had to be in their best interests.

The provider explained their process for assessing the care and welfare needs of people and steps they would take to ensure any care plan would be developed with regard to promoting the independence of the individual and involving them in any review of their care. For example, one person's care plan identified the importance to the person of maintaining independence in decision making. The care plan detailed how the person communicated and steps to take to enable the person to express their choice wishes and preferences with activities and clothes to wear.

People were supported to have sufficient food and drink to meet their needs. Meals and menu planning was as it would be within a person's home environment. People's opinions were sought when planning meals. Where people had been assessed as at risk of not eating and drinking enough to meet their needs, food and fluid intake was monitored.

We observed how one person assessed as at risk of malnutrition was encouraged to eat their meal and was supported with a prescribed nutritional supplement. Daily food and fluid charts had been recorded to monitor this person's nutrition and hydration intake. Where concerns had been identified the provider told us how they had supported people to access specialist advice when required. For example, in the case of one person with a poor appetite and at risk of malnutrition they consulted this person's relatives and a GP who prescribed a food supplement. They also escorted this person to access regular visits to their GP surgery for regular weight monitoring.

The provider used their extensive knowledge of health and social care and their clinical expertise to advocate for people. For example, where support was needed to provide equipment and access to specialist advice in meeting the changing healthcare needs of people the provider constructively challenged and supported people with access to services.

Regular access to health services had been organised and supported. For example, regular health checks were supported by the provider to enable people to access their GP, optician and hospital appointments.

Relatives told us that the provider would feedback to them if they had any concerns about their relative's health and welfare. Care plans detailed information about health professionals involved in people's care. The outcomes and actions required as a result of these visits had also been recorded. This demonstrated that the person's physical health had been monitored and their healthcare needs were responded to.

Is the service caring?

Our findings

Everyone we spoke with, without exception was extremely complimentary about the caring nature of the provider. Comments included: "They are absolutely fantastic, I don't know what I would do without them" and "They are always kind, polite and I like having them visit me." Relatives told us, "They are wonderful. Always, prompt, always reliable and very trustworthy" and "They are absolutely marvellous. Extremely good, lovely kind, sensitive manner. Always reliable with good communication and understand the needs of people with dementia. They go way beyond the call of duty."

There was a strong caring culture where the needs of people were put at the centre of the service. Relatives told us the provider carried out acts of kindness in addition to those required to meet people's identified needs. One relative said, "They are really caring and really care about the people they provide care to."

One person using the service told us, "They don't mind what they do. They help me with housework, we do it together, I still feel useful like when we dust the ornaments together." Another told us, "It's the little things that make the difference. The things they notice without you even having to ask. They don't make me feel useless. I cannot do what I used to but they encourage me to see what I can continue to do and we do things together which helps my confidence."

People and relatives gave many examples of how the care and support provided was flexible according to individual needs and how they were impressed at the thoughtfulness of the provider. For example, what one person described as the thoughtfulness in providing the 'little extras' such as birthday cards and celebrating with a trip out for cake and coffee.

Consideration had been given to maintaining relationships that were important to people. For example, one person was supported with regular opportunities to maintain contact with their family overseas via SKYPE. This person told us how much they missed their family and benefitted from this support from the provider to maintain this contact.

Care plans described people's needs and how they wished to be cared for in a personalised way. They contained specific guidance in how best to deliver care in a caring, respectful and dignified manner. For example, one care plan described the importance of ensuring that the person had a full set of clean clothes with the person supported to be involved in selecting their choice of clothing. There was also a reference to, 'putting the nightdress and dressing gown on the radiator so that they were warm when it's time for [person] to get ready for bed.'.

During the inspection we saw many caring interactions between the provider and people who used the service. For example, where a person required encouragement to eat as their appetite had diminished, this was done in a sensitive, un-rushed manner with plenty of time given to enable the person to think about what they wanted and be able to express their choice but also to change their mind. We also saw that where support was required with personal care this was suggested to the person in a sensitive, caring and dignified manner. The person told us, "They are very good and kind to me. I know I can trust them."

People told us their opinions were valued and they were involved in the planning of their care. Comments included, "I'm very involved in my care"; "I can tell them what I want and they treat me like an adult, are very caring and this is really important" and "They always ask before they do anything. No I never feel my dignity is compromised."

Is the service responsive?

Our findings

People were assessed prior to receiving support from the service. People were positive about the assessment process and described their involvement in the process. One person told us, "The [provider] came and did an assessment at home. They took time to get to know me and find out what I needed."

The provider had a policy of an initial minimum session of up to two hour slots. This, the provider told us enabled them the opportunity to build a positive relationship with the individual. At the initial consultation appointment every person was proactively involved in agreeing an initial care plan. This was reviewed within six months. However, they also told us reviews would take place more frequently to reflect changing needs.

Care plans were detailed and evidenced a good knowledge about the person. For example, care plans for people living with dementia were personalised and included details about the person's preferred form of address, information about the person's lifestyle choices, communication needs and a detailed plan of their day and evening routines and care needs. They also included information with regards to people's choice wishes and preferences and what was important to them. For example, One person who was physically frail with limited awareness of risk but who enjoyed gardening was supported by the provider to access the garden and was supported to be involved with gardening activities. The person told us this level of support to access their garden, "Being in the garden gives me great pleasure and I enjoy being able to potter very much."

People and their relatives knew how to make a complaint and had been provided with information regarding the provider's complaints policy. No-one we spoke with had ever needed to complain. However, people told us they were confident that any concerns or complaints they might have would be dealt with efficiently and effectively.

The provider took every opportunity to gain feedback from people and their relatives. This included regular care reviews and satisfaction surveys. The most recent survey identified that 100% of respondents rated the service good or excellent. Comments received from surveys and communication records viewed included, "Thank you so much for the care and kindness you show my [relative] and the interest you take in [relative's] life, it's greatly appreciated", "I would like to thank Cosie care for the wonderful support of my [relative] and the care they have received. You are always bright and cheerful, on time and very professional, making my [relative] n their difficult situation a much happier person" and "Your confidence in those you care for makes it possible for people to continue to be independent in their own homes. We as a family recommend Cosie Care as a very caring reliable service. You have been a breath of fresh air for [relative] and very caring."

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the provider. Comments included, "I can't fault them they are marvellous", "Nothing is too much trouble for them", "They run a professional agency and instinctively know what to do" and "I trust her completely, they run a professional service."

The provider was exceedingly knowledgeable about every aspect of the service. This included knowledge of people's relatives as they maintained regular contact. For example, one person with relative's overseas; the provider maintained regular contact and sent updates as to the person's health and welfare on a daily basis.

The provider told us they were very proud of the service they provided and the reputation of their service for providing high quality care. The provider's ethos and values expressed within their statement of purpose and also evidenced in their care planning, demonstrated a positive, enabling culture focussed on the individual needs of people who used the service. The provider also told us they were not planning at this moment in time to expand the service beyond what they could provide personally as this would enable them to maintain a consistent quality of care

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had asked the provider within this document, what improvements have you identified that will make your service better led? They told us. 'I will ensure to stay abreast of new directives from Government and CQC and new research about working with people who have a variety of diagnosis and consequent care needs'.

Care and support people received in addition to the support provided by Cosie Care was for one person also provided via another domiciliary care service. The support provided by Cosie Care was an enhanced bespoke service, which met not just the person's personal care needs but also supported people them with their social and emotional care and support needs. Discussions with the provider and a review of records showed us that there was proactive communication between the provider and the other care service involved. We reviewed records and systems in place to enable and support effective communication to ensure the health care needs of people were communicated and met. Risk assessments had been shared, reviewed and updated. This demonstrated co working and planning to enable the person to have their health and welfare needs met whilst mitigating any risks to their safety.

The provider told us they had not received any complaints but demonstrated they had a complaints policy in place and processes to enable them to respond appropriately to any complaints should they be received.