

Cozy 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?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 6 August 2015 and we gave the service 48 hours' notice of our inspection. Our last inspection took place on 17 and 18 September 2014 and as a result of our findings we asked the provider to make improvements to assessing and monitoring the quality of the service provision and records. We received an action plan detailing how and when the required improvements would be made by. During this inspection we found that the provider had made the required improvements.

Cozycare Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. There were 16 people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place. 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.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. At the time of our inspection no one in receipt of care had been deprived of their liberty. Whilst staff respected people choices. Staff were not always aware of the key requirements of the MCA 2005 and DoLS.

People who used the service were supported by staff in a kind and respectful way. People had individualised care and support plans in place which recorded their care and support needs. These plans prompted staff on any assistance a person may require.

Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as independent and safe a life as possible. People's risk assessments and care and support plans sometimes lacked detailed information for staff around people's identified health conditions. Arrangements were in place to ensure that people were supported and protected with the safe management of medication.

People and their relatives were able to raise any suggestions or concerns that they might have with staff and the management team and feel listened too.

People were supported to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met.

There were enough staff available to work the service's number of commissioned and contracted work hours. Staff understood their responsibility to report poor care practice. Staff were trained to provide effective care which met people's individual care and support needs. They were supported by the registered manager to maintain their skills through training. The standard of staff members' work performance was reviewed by the management through supervision and observations to ensure that staff were competent.

The registered manager sought feedback about the quality of the service provided from people who used the service and staff by sending out surveys and telephone monitoring. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified these were not always documented formally in an action plan, detailing the actions taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's care and support needs were met by a sufficient number of staff.

Safety checks were in place to ensure that staff were recruited safely.

Systems were in place to support people to be cared for safely.

Staff were aware of their responsibility to report any safeguarding concerns.

People were supported with their medication as prescribed.

Good



Is the service effective?

The service was not always effective.

The registered manager confirmed that people using the service had capacity and that people were not at risk of unlawful restrictions being placed on them. Staff were not always aware of the key requirements of the MCA 2005 and DoLS.

Staff were trained to support people. Staff had regular supervisions and observations undertaken to ensure that they carried out effective care and support.

People's health and nutritional needs were met. Care and support plans lacked detailed information for staff around people's identified health conditions.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring and kind in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Good



Is the service responsive?

The service was responsive.

People were able to continue to live independently with the support from staff.

People's care and support needs were assessed, planned and evaluated. People's individual needs were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a registered manager in place.

People and staff were asked to feedback on the quality of the service provided through surveys and meetings.

There was a quality monitoring process in place to identify any areas of improvement required within the service.

Good



Cozycare 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 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 06 August 2015, was announced. This is because we needed to be sure that the registered manager was available. The inspection was completed by one inspector.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well

and the improvements they planned to make in the service. We also asked for feedback on the service from a representative of the Peterborough City Council contracts monitoring team to help with our inspection planning.

We spoke with two people and three relatives of people who used the service. We also spoke with the registered manager, a care co-ordinator/ care worker, an administrator and two care workers.

We looked at three people's care records and we looked at the systems for monitoring staff training and five staff recruitment files. We looked at other documentation such as quality monitoring records, accidents and incidents records and the business contingency plan. We saw, records of weekly contracted/commissioned work hours, complaints records and six medication administration records and the medicines policy.

Is the service safe?

Our findings

During our last inspection we found that people were not protected from the risks of unsafe or inappropriate care because accurate and appropriate care records were not maintained. This was a breach of Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records (which corresponds to Regulation 17 (1) (2) (c) HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

During this inspection we saw that people's care and support needs had been assessed. We saw that risks had been identified and assessed to reduce the risk of harm. Risks included moving and handling, environmental risks and, administering medication. Risk assessments gave prompts to staff to help assist people to live as independent and safe life as possible.

Staff told us that they had time to read people's care and support plans. One staff member said, "Care plans are pretty good, they explain about the [person] and their needs and their expectations." This guidance helped reduce the risk of people receiving inappropriate or unsafe care and assistance.

Staff we spoke with said that the provider carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a disclosure and barring service check, photo identification and address identification. These checks were to ensure that staff were of good character. However, in one out of the three staff files we looked at we found that the reason for gaps in a staff member's previous employment history had not been explored or recorded.

There was a document in people's care plans which detailed the level of medication support required. This also documented whether the person or their family would be responsible for the administration of medication. This document also recorded who was responsible for the ordering and disposing of people's medication. Two people told us that they were being supported by staff with their prescribed medication. One person said, "[Staff] help prompt me with my medication." Another person told us that the assistance they received was "OK."

Staff who administered medication told us that they received training and records showed that their

competency was assessed. We found unexplained gaps in some people's medication administration records (MAR) that we looked at. This meant that there was an increased risk of miss-interpretation of these records by other staff members. This was also not in line with the service's medication recording protocol which required a documented record in line with their agreed key symbols method of recording. However, we saw this had been identified by the provider's quality monitoring checks as requiring improvement. We noted that action had been taken with staff and that because of this, improvements that had been made.

People and their relatives told us that they or their family member felt safe. One relative told us that, "Staff are very thorough and make sure [family member] is comfortable. If [family member] is anxious when being moved, staff give reassurance and listen." Another relative whose family member was supported by staff to live independently said the service gave them, "Peace of mind."

People and relatives told us that staff were kind to them or their family member. They said that if they had any concerns they would inform staff. One person said that the emergency telephone number for the office was made available to them by the provider's information held in their home. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the agency's office. Staff who had completed their induction told us that they had undertaken safeguarding training and records confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies. This showed us that there were processes in place to reduce the risk of abuse.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.

People and their relatives said that there were always enough staff to safely provide the required care and support and that the care workers stayed the allocated amount of time. Where two care workers were needed

Is the service safe?

depending on people's assessed level of need. This had been recorded in the person's care plan documents to ensure that safe care could be provided. One relative confirmed that as required, two members of staff always attended their family members care call to help with their mobility.

People and their relatives told us that staff were punctual. One relative said, "If staff are late, [we are] always informed beforehand." We looked at two recent weeks of the overall contracted/ commissioned hours of care work the provider had to provide care workers for. We then checked the overall hours of staff scheduled availability for that time period. Evidence showed us that there was enough staff available to work, to meet the number of care hours commissioned. Staff that we spoke with told us that they

received their work schedules in advance. They were notified of any changes to the schedule to cover short term absence in advance via the office. Staff confirmed that the management built in travel time between each care call so they could spend the entire care call time supporting the person and not part of the time travelling. This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

We found that people had a personal emergency evacuation plan in place in the care records we looked at and there was an overall business contingency plan in case of an emergency. This showed that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Is the service effective?

Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. They told us that everyone they supported had capacity to make day to day decisions and this was confirmed by the sample of care records we looked at.

People said that staff respected their choices. People told us that they felt listened to by staff. One staff member said, "People we support have capacity, they can make their own choices, for example what meals (they choose)." Staff we spoke with showed that understood the importance of asking and respecting people's choices. Another staff member told us, "If supporting a person, give (them) a choice, ask them what they would like for dinner." However, staff were unable to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted without the legal process in place. Records confirmed to us that some staff were booked to complete training on MCA 2005 and DoLS in November 2015.

People where appropriate, were supported by staff with their meal and drinks preparation. People we spoke with who were supported in this way said that this helped them remain independent in their own homes. Staff told us how they supported people with their meals but that the meal selection was the person's choice. However, we found that in one out of three people's care and support plans we looked at there was some guidance for staff on a person's

specific health care condition and prompts for staff around healthy food and drink options. However, this guidance did not include detailed prompts for staff on what specific signs of ill health to look out for in reference to this health condition and what staff were to do if they were concerned.

Staff told us that they were supported with regular supervisions and home assessments where they were observed whilst working. Records we looked at confirmed that supervisions and home assessments happened. Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. This was until they were deemed competent and confident by the registered manager or service manager to provide effective and safe care and support.

Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Training included, but was not limited to, the care certificate induction programme, fluids and nutrition, dementia, infection prevention and control, equality and diversity, safeguarding, MCA and DoLS, person centred support, and moving and handling. This showed us that staff were supported to provide effective care and support with regular training.

External health care professionals were involved by staff to provide assistance if there were any concerns about the health of people using the service. During our inspection staff contacted both an external health care professional and the emergency service due to concerns with people they were assisting. This showed that staff were quick to involve external health care professionals when needed.

Is the service caring?

Our findings

People had positive comments about the service provided. We were told that staff supported people in a kind manner. One relative said, "Service is very good, staff are nice, friendly (and) helpful, (they) do their job." Another relative told us that the, "[The] service is brilliant." A person also had positive opinions about the care and support provided. They said, "[The] service is very good and they look after you well....lovely girls."

Care records we looked at were written in a personalised way which collected social and personal information about the person, including individual needs. A person told us, "Staff visited to get to know me." A relative also confirmed that they were involved in the pre assessment document before starting with the service. This they told us, formed part of the setting up of their family members care record. This information was documented so that staff had a greater understanding of the needs of the person they would be supporting.

Care records prompted staff to assist people to maintain their independence. People were assisted by staff to remain living in their own homes. One person told us that they, "Couldn't do without the (staff) help."

People told us that staff respected their privacy and dignity when supporting them. One relative said, "Privacy and dignity is maintained during personal care." Staff talked us through how they would support a person with personal care whilst maintaining their dignity. This was confirmed by care records we looked at that had clear prompts for staff to respect people's privacy and dignity at all times.

Advocacy was available for people if they needed to be supported with this type of service. Information on services were in the service user guide which was given to people when new to the service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. This was evidenced during this inspection where we overheard people being informed of changes to their care worker or care call. One relative told us that, they had, on occasion, rung the office staff to cancel a care call. They said that the office staff were, “Alright,” about this and that they were, “Flexible.”

We looked at three people’s care plans during our inspection. There were visit times recorded and how many care workers should attend each care call. We saw detailed guidelines in place for each visit so that care staff were clear about the support and care that was to be provided. We noted details in place regarding the person’s family contacts, doctor and assigned social worker (where appropriate). Individual preferences were recorded and included what was important to the person and how they wished their care to be provided.

The support that people received included assistance with personal care, preparation of meals and drinks, assistance with medicine, household chores and health appointments. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, and assisting people with their medication. However, one staff member was unaware of an individual ‘monitoring’ task they were to assist a person they were

supporting who had a specific health care condition. This individual task was clearly recorded in the person’s care and support plans. This meant that there was an increased risk to the person they were supporting.

Prior to using the service, people’s care, and support needs were planned and evaluated to ensure that the service could meet their needs. Records showed that people’s care records were reviewed. These reviews were carried out to ensure that people’s current support and care needs were documented as guidance for the staff that supported them. From this an individualised plan of care and support was devised which provided guidance to staff on the care the person needed.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of notes which were held in the agency’s office detailing the care that staff had given during a visit to the person.

People and relatives we spoke with told us that they knew how to raise a concern. They told us that they would speak to staff if they were concerned about anything. One person told us, “The telephone number to contact the office or raise a suggestion (or) complaint (is) in the book (held in home).” We saw that the service’s complaints policy was included in the service user guide for people to refer to if needed. One relative said, “If any concerns (were) raised, (I) feel that they would be listened to and [the] concern put right.” We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. One staff member said, “[They] would inform their line manager.” Records of compliments and complaints showed us that complaints were recorded and responded to appropriately and in a timely manner.

Is the service well-led?

Our findings

During our last inspection we found that the provider could not produce robust evidence to demonstrate that they had an effective system in place to assess and manage the risks to the health, safety and welfare of people using the service. This was a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records (which corresponds to Regulation 17 (1) (2) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

During this inspection we saw that the provider's quality monitoring checks included audits of people's daily notes and medication administration records (MAR). These checks included any action taken to bring about improvement. We noted that since staff had been made aware that gaps in MAR sheets were not acceptable, the completion of MAR sheets by staff had improved.

The registered manager told us that they also monitored the care call system 'call monitoring.' This electronic system checked that staff were punctual arriving to care calls and were staying for the allotted amount of time. However, these checks were not formally documented nor were the actions taken as a result of any improvement required. This meant that the provider's quality monitoring system did not always have robust documented evidence in place to show the improvements required and actions taken.

The registered manager had an understanding of their role and responsibilities. They were aware that they needed to notify the CQC of incidents that they were legally obliged to inform us about that occurred within the service. However, this was not always done in a timely manner as there had been a delay in notifying the Care Quality Commission about a potential safeguarding concern.

Some people and relatives we spoke with told us that they were able to feedback on the quality of the service provided by completing a survey, or feeding back on the service during a telephone monitoring call. One relative confirmed that they had been sent a survey to feedback suggestions. Another person said that they thought that they have been sent a survey to complete, but couldn't think of any improvements to suggest. Records we looked at showed that people's feedback was positive. We saw the actions the registered manager had taken to provide consistent care workers and provide staff rotas to people in advance as requested. This showed the provider took account of people's wishes.

The service had a registered manager in place who was supported by a team of care staff and non-care staff. People we spoke with had positive comments to make about the staff. One relative said, "[The] service is very good, [staff] do their job in a good way, [my family member] is pleased with them."

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager and service manager had an "open door" policy which meant that staff could speak to them if they wished to do so. This made them feel supported. One staff member went on to tell us that, "(Cozycare Limited) is a really good company to work for, people are friendly." Another staff member said that the support given meant that, "I didn't feel alone."

Staff meetings happened and staff told us that they were able to raise any concerns or suggestions that they may have. One staff member gave us an example of a suggestion that had been made and how the registered manager had listened to the suggestion and how an action had been put in place to bring about improvement.