

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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Cozycare Limited provides personal care to people in their own homes. There were 98 people who received care from the agency at the time of our visit. Staff from the agency cover the city of Peterborough and surrounding areas.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The agency has a registered manager in post. 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.

Staff knew how to respond to any possible incident of harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a choice of meals and staff supported them to eat and drink enough. Staff had enough information to refer people to health care professionals if this was required.

Staff were caring and kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team. The monitoring process looked at records, identified issues and staff took the appropriate action to resolve these.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 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 was a comprehensive inspection, which took place on 14 and 21 September 2017 and was announced. We gave the service one day's notice of the inspection because we wanted to make sure staff were available in the office. The inspection visit was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this 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 also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

We spoke with two people who received care from the agency and four relatives. We visited and spoke with four people in their home. We also spoke with five members of care staff and the registered manager. We checked six people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

## Is the service safe?

### Our findings

The service remained good at safeguarding people from harm. People and their relatives told us that they thought people were safe with staff from the agency. They knew who to speak with if they were concerned about anything. Two people and one person's relative told us that this was because they received the same staff regularly. There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm; they had received training and knew who to report concerns to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that incidents had been reported as required.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. We found that environmental checks in such areas as for the equipment used by people and safety around people's homes had been also completed.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people safely. People and relatives told us that there were enough staff. One person said, "They (staff) arrive on time, sometimes they're late when it can't be helped. Usually the office [staff] rings and lets me know." Staff members we spoke with told us that there were enough staff. One staff member explained how the rotas were very organised and this meant that they had the same round, which provided people with consistent care. There were systems in place to increase staff numbers if this was needed.

The service and its staff remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. Records to show that medicines were administered were completed appropriately.

## Is the service effective?

### Our findings

The service remained good at providing staff with training and support. People and relatives told us they thought staff were adequately trained. One relative commented that they thought staff had a good understanding of infection control and that new care staff shadowed an experienced staff member for at least a week. Staff told us that they received enough training to give them the skills to carry out their roles. However, one staff member told us that they had not received training as their training needs were still being assessed. Staff training records show that most staff members had received training and when updates were next due. However, we saw that new staff did not always receive training before they started working with people. The registered manager explained that they assessed new staff members' training needs so that they could take previous training into consideration. Our conversations with staff showed that they assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could also discuss issues with the management team at other times. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People living in their own home can only be lawfully deprived of their liberty when this is authorised by the Court of Protection. No person using the service lacked the ability to make decisions about where to live.

The service remained good at ensuring people were able to make their own decisions for as long as possible. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. One person said they were able to choose their breakfast. A relative told us that staff offered their family member a choice when they made the person something to eat and always offered to make them a cup of tea when visited. One staff member told us that they were able to monitor people at risk of not eating or drinking enough. This included referring people to health care professionals such as dietitians or speech and language therapists. We saw that people were properly supported with eating and drinking.

The service remained good at ensuring people had advice and treatment from health care professionals. Staff told us that they would be able to contact health care professionals such as GPs and district nurses if this was required. People's care records showed that there was information for staff about people's health and the health professionals that they were in contact with.

## Is the service caring?

### Our findings

The service remained good at caring for people. One person told us that staff were "always very polite and cheerful." Relatives told us that staff were nice and always courteous. One relative also commented that staff addressed their family member by name and said, "They are good with her, they don't talk down to her."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. One relative explained that staff members always spoke quietly to their family member, which meant the person became less distressed.

We found that staff knew people well and that they involved people in their care. One relative told us that staff listened to what their family member said and acted accordingly. Staff knew how people preferred their care to be given, although they continued to make sure people were able to make their own decisions. We saw that staff members checked with people if they were happy with their care once this had been completed and asked if they wanted anything to be done.

The service remained good at respecting people's right to privacy and to be treated respectfully. One person told us that staff were, "Never rude." People's relatives told us that staff closed curtains and doors before carrying out personal care. One relative told us, "They [staff] accept they have responsibilities and explain everything (to their family member)."

## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. One person told us, "They [staff] know what to do." Another person said, "They [staff] always do everything I need them to." Relatives echoed this, with one relative commenting that their family member had multiple visits every day and that everything was always done.

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, and personal preferences.

We looked at people's care plans and other associated records. The plans were easy to follow and read. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Plans were written in detail to guide staff members care practice and additional care records were also completed in detail. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People and relatives told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. They told us that they had information on how to do this in the documents given to them by the agency. Most people told us that they had not had any reason to complain. Only one person said that they had contacted the agency office and their concerns were dealt with quickly and to their satisfaction. We saw that there had been three complaints, which had been investigated and responded to within a very short timeframe.



## Is the service well-led?

### Our findings

The service remained good at providing a positive and open staff culture. One person told us, "I'm very happy with them [the service] as it is." Another person said, "I'm quite content with the care I receive." Relatives were also happy with the way their family members were cared for and the running of the agency. One visitor commented, "I am happy with the carers. The consistency has got better, which helps [family member] as he needs to know people."

Staff members told us that although they each cared for different people, they all worked as part of the same staff team and their goal was to care for people well. They said that although they did not often see other staff, meeting with them at group supervision gave them the opportunity to share ideas and experiences. Two staff members explained that staff worked well together when they did meet up. One staff member said, "Generally the staff get on with each other. They work well with the office staff."

There was a registered manager in post. We were advised however, that the registered manager was leaving to take up another position in the organisation. A new manager had been appointed and was shadowing the current registered manager prior to taking over the role. Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. A staff member told us that they thought highly of the registered manager and described them as, "Approachable, absolutely brilliant." They went on to tell us that the new manager was, "really, really nice," and had made the staff member feel proud of what they had achieved. Staff members told us that they were able to raise concerns to the provider, staff knew who they were and were able to contact them at any time. We concluded that staff members were supported and that the agency was well run, with an open atmosphere.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the medicines and the care records. These identified issues and the action required to address them. This information was then passed to other staff to address.

People and visitors told us they were asked their views of the agency and the care their relatives received. We saw that the views of people, their relatives, staff and visiting health care professionals were obtained on an annual basis and collated into a summary. These were through questionnaires or meetings for people and staff. The 2016 questionnaires showed that issues in relation to staff consistency and late visits had been identified. The registered manager told us that in response to this they had rearranged work routines so that staff worked as part of a two person staff team. This ensured that staff were not kept waiting and people received care when they needed it.