

CynDarl Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cyndarl Care Agency Ltd is a domiciliary care agency providing care to a small number of people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Leadership at the service was not always effective because appropriate insurance cover was not in place and some care records had not been properly updated.

Systems were in place to help protect people from the risk of abuse. Risks people faced were assessed and managed. There were enough staff to support people and checks were carried out on staff before they commenced working. Steps were taken to reduce the spread of infection.

Assessments of people's needs were carried out before they began using the service. Staff were supported in their roles through regular training and supervision. People were supported to make choices about their lives including what to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us people were treated respectfully. Staff understood how to promote people's privacy and independence. The service sought to meet people's needs in relation to equality and diversity. Confidentiality was promoted and information about people was not shared without proper authorisation.

Care plans were in place which were personalised around the needs of individuals. However, these were not subject to review. The service met people's communication needs. The service had a complaints procedure in place and relatives knew how to make a complaint.

Staff and relatives spoke positively about senior staff and told us they were supportive and helpful. Quality assurance and monitoring systems were in place, some of which included seeking people's views about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on current inspection scheduling methodology.

Enforcement

We have identified one breach of regulation in relation to issues of ineffective leadership at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

The service was caring.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cyndarl Care Agency Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service did not have a registered manager in place. The nominated individual was responsible for the management of the service and told us they planned to apply to register as the manager with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at the information we already held about this service. This included details of its registration and any notifications the provider had sent us. We contacted the host local authority to seek their views about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included one person's care records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to employer's liability insurance. We spoke by telephone with a relative of a person who used the service and a care assistant employed by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. As the service has only been providing support with personal care since March 2019, to only a very limited number of people, we do not have enough evidence to rate this question at this time.

Systems and processes to safeguard people from the risk of abuse

- The service had policies in place about protecting people from abuse. These included policies related to whistle blowing, financial protection and a safeguarding procedure. The latter made clear the service had a responsibility to report any allegations of abuse to the local authority. However, it did not specify that they were also required to notify the Care Quality Commission (CQC). We discussed this with the nominated individual who told us they would amend the procedure accordingly.
- Staff had undertaken training about safeguarding and understood their responsibility to report it. One member of staff said, "I would immediately inform (nominated individual). I know that I could call social services or even CQC." Relatives told us they felt people were safe, one relative replied, "Yes I do when" asked about whether they felt the person was safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments covered risks associated with moving and handling, personal care and the physical environment.
- The nominated individual told us staff did not use any form of physical restraint when supporting people and staff confirmed this.

Staffing and recruitment

- The service had enough staff to meet people's needs. The nominated individual told us if a staff member was unable to make a visit to a person, they themselves were able to provide cover.
- They told us that as there was such a small number of people who used the service, it was easy to monitor that staff were punctual and did not miss visits through regular contact with people. They added there had not been any missed visits since they began supporting people with personal care. A relative confirmed this, saying, "I have not had any no-shows."
- Records showed checks were carried out on prospective staff before they commenced working at the service. These included criminal record checks, employment references, proof of identification and details of previous employment. This helped to ensure suitable staff were employed.

Using medicines safely

- The nominated individual told us that at the time of inspection the service did not support anyone with their medicines. There was a medicines policy in place which covered the safe management of medicines in a domiciliary care setting.

Preventing and controlling infection

- Staff were aware of how to reduce the risk of spread of infection and told us they always wore protective clothing when supporting people with personal care. The service had a policy on infection control which included guidance about good hand washing practice and the use of protective clothing.

Learning lessons when things go wrong

- The nominated individual told us there had not been any significant incidents or accidents since they commenced providing support with personal care. There was a policy on accidents and incidents which stated they had to be recorded and reviewed by a senior member of staff to see what could be done to reduce the risk of further such accidents or incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. As the service has only been providing support with personal care since March 2019, to only a very limited number of people, we do not have enough evidence to rate this question at this time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The nominated individual told us they carried out an assessment of a person's needs before commencing the provision of care to them. They said this was to determine what the person's needs were and if the service could meet those needs.
- Records confirmed that pre-care assessments were carried out which covered needs related to eating and drinking, moving and handling, personal care and communication. They also included information about the person's religion and ethnicity.

Staff support: induction, training, skills and experience

- Staff were supported to develop their knowledge and skills to help them in their role. Training was provided to staff which included first aid, fire safety, moving and handling and safeguarding adults. Staff also had one to one supervision meetings with their manager which gave them the opportunity to raise any issues of importance.
- New staff undertook an induction training programme which included completion of the Care Certificate, a training programme designed for staff that are new to the care sector. A staff member said of their induction, "We went through the policies and the expectations they had of me. Things to do with safety, how I work with the client, how we communicate, record keeping, all those things."
- Relatives told us staff were effective. One said, "My primary objective is that my (relative) is comfortable with who comes in, and they are."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were supported with meal preparation they were able to choose what staff prepared for them. A staff member said, "(Person) will tell me what they want, some days eggs, some days porridge, some days sardines, it all depends on them."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found they were. All the people receiving support with personal care at the time of inspection had the capacity to make decisions about their care and were supported to do so. For example, they were able to make choices about what they ate and what clothes they wore.
- Relatives told us people had choice over their care. One relative said, "It's very much done with (person), not to them. They can be strong minded in what they will accept. I would say they do not always make the best decisions, but they (decisions made by the person) are respected by everyone."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The nominated individual told us they had encouraged people to seek support from various health and social care agencies, but as people had capacity it was ultimately their choice whether to access these services or not.
- Staff understood what action to take in an emergency and care plans included contact details of people's GPs and next of kin, which meant they could be contacted if necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. As the service has only been providing support with personal care since March 2019, to only a very limited number of people, we do not have enough evidence to rate this question at this time.

Ensuring people are well treated and supported; respecting equality and diversity

- To help ensure people were well treated, they received the same regular care staff which meant staff and people were able to build relationships of trust. People had one main regular staff member who supported them and if they were not available then the nominated individual provided support.
- A relative told us, "(Person) gets care from a single carer and that is their choice. It's extremely important that they have regular carers." The same relative also told us, "The care experience is fine."
- The service sought to meet needs in relation to equality and diversity. The nominated individual told us that people were supported by staff of the same ethnicity and religion as them and this helped staff to understand and meet people's needs. For example, the care plan for a person said they enjoyed food of their culture and staff who shared this culture were knowledgeable about how to prepare it. People were also able to make a choice as to the gender of their care staff and this was recorded in care plans. The nominated individual told us they did not discriminate against people based on their protected characteristics.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. They were then involved in developing their care plans which they had signed. People had also signed consent forms to give consent to various things, including the sharing of information about them with other agencies.
- Care plans included information about people's life history. This helped staff to get to know people which helped them develop good relationships with people.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people in a way that promoted privacy, dignity and independence. One member of staff said, "Whenever we go into the bathroom we close the door and give (person) time to use the toilet on their own. When they get into the bath tub I give them the flannel and they can do their face and the front of their body. They can dress themselves to some degree, but I have to help to put their socks on."
- People's confidentiality was respected. Confidential information was stored securely and staff signed a confidentiality agreement where they agreed not to disclose any information about people unless authorised to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people which set out how to support them in a person-centred way, based around the needs of the individual. Care plans covered needs associated with personal care, eating and drinking, health and mobility.
- People commenced using the service in March 2019 and their care plans were developed at that time. Since then there had been changes to people's needs but care plans had not been changed to reflect those changes. For example, the care plan for one person stated their family member would carry out any required shopping on their behalf, but since then the service had taken over some responsibility for this. The care plan also stated the person only required support two days a week, but this had subsequently increased. We discussed this with the nominated individual. They said they were aware the care plan needed to be reviewed and they were trying to arrange a time to meet with the person and their next of kin to do this. A relative we spoke with confirmed this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The nominated individual told us that none of the people using the service had any disability, impairment or sensory loss that impacted upon their ability to communicate. People were able to read, speak and understand English.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. People were provided with a copy of the procedure to help make it accessible to them. The nominated individual told us they had not received any complaints and we found no evidence to contradict this.
- Relatives were aware of how to make a complaint, although they said they had not needed to. One said, "I would raise it (a complaint) with (nominated individual)."

End of life care and support

- The nominated individual told us they were not supporting anyone with end of life care at the time of the inspection, nor had they previously provided any support with this since they were first registered with the

Care Quality Commission. There was an end of life care policy in place. However, this referred to end of life care in care homes, not domiciliary care agencies. The nominated individual told us a third-party had provided them with this policy and they had yet to review it at the time of inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Not all policies were appropriate for the service. For example, the safeguarding adult's policy did not make clear the service had a responsibility to report allegations of abuse to the Care Quality Commission (CQC) and the end of life policy related to care homes rather than domiciliary care agencies. Further, the care plan for one person had not been reviewed and updated despite changes to the support provided since the commencement of the provision of care to the person.
- The nominated individual told us the provider had not taken out employer's liability insurance despite their legal obligation to do so under The Employers' Liability (Compulsory Insurance) Act 1969. They said they thought this had been done by the previous registered manager but subsequently found out it had not. They had records of asking for a quote for this insurance and two days after our inspection they sent us confirmation that this insurance was now in place.

Policies that did not reflect the expectations of the provider and care plans that were not up to date, compromised staff's ability to support people in line with their needs and best practice. The absence of employer's liability insurance potentially put staff and the provider at risk. These issues constituted a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The previous registered manager of the service left in March 2019. The nominated individual told us they intended to apply for registration themselves as the registered manager.
- Staff spoke positively about the nominated individual and told us there was an open and supportive culture at the service. One staff member said, "I think (nominated individual) is very approachable and easy to reach. They take any issues I have on board, they are very understanding. Quite thorough in their work." Relatives also spoke positively, one said, "(Nominated individual) has been fine. They seem competent in terms of the service overall."
- The nominated individual told us, and records confirmed, that they carried out spot checks on staff to check they were working appropriately. A staff member said, "(Nominated individual) has given me spot checks. I didn't know they were going to come."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual told us there had not been any significant events that had gone wrong since they began providing support with personal care in March 2019. A relative told us they were confident they would be kept informed if anything did go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought to manage the service in a way that considered defined equality characteristics. For example, the staff application form did not request any information that might give rise to discriminatory practice.
- The provider also worked with Jobcentre Plus (which is run by the Department of Work and Pensions). This was to provide people with disabilities the opportunity of carrying out paid and voluntary work to gain experience in the workplace with a view to this helping the person to gain permanent employment.
- Relatives told us the provider engaged with them. One told us they were in the process of arranging a meeting between themselves, the person who used the service and the nominated individual. The purpose of the proposed meeting was to review and reflect upon the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established effective systems to assess, monitor and improve the safety of services provided. Policies and procedures were not always appropriate to the provider, care plans were not up to date and the provider did not have employers liability insurance cover in place. Regulation 17 (1) (2) (a) (c) (d) (ii).</p>