

Cynosure Health Care Limited

# Cynosure Health Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

This inspection took place on 3 November 2017 and was announced.

'Edinburgh House' (Cynosure Health Care Limited) provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 1 person.

There was 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.

We were unable to rate the agency as there was not sufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was.

When we inspected there was a husband and wife team that included the registered manager. Both persons provided 'hands-on' care for the person supported in their own home. The registered manager was actively recruiting additional staff. There were appropriate recruitment procedures in place that ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. There was induction training and on-going training to ensure new staff had the skills, knowledge and support they needed to perform their roles. Both persons were up-to-date with their training but new staff had yet to be appointed.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place that ensured people could raise any complaints or concerns.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> Service inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service effective?</b> Service inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service caring?</b> Service inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service responsive?</b> Service inspected but not rated	<b>Inspected but not rated</b>
<b>Is the service well-led?</b> Service inspected but not rated	<b>Inspected but not rated</b>

# Cynosure Health Care Ltd

## **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 3 November 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We were unable to speak with the sole person receiving support because of their condition. We did, however, speak with their relative to ask about their experience of using the service. We looked at the records relating to the person's care and other documents relating to the running and management of the service.

## Is the service safe?

### Our findings

We were unable to rate the agency as there was not sufficient information available to us to fully assess how safe this service was. This was because only one person received a service and only two staff, including the registered manager, were employed. The relative we spoke with did not raise any concerns about the safety of the service provided.

The registered manager was able to demonstrate that appropriate arrangements were in place to recruit additional staff. These procedures, including obtaining Disclosure and Barring Service checks (DBS) and taking up personal references, ensured that new staff would be suitable to work with vulnerable people. The registered manager said, "Applicants will not be offered the job until all the necessary checks have been completed."

We saw that appropriate assessments of risk had taken place within the care planning of the person using the service. We saw that risk assessments identified the person's ability, the support required, and the risk control measures. Assessments focussed on the person's ability and positively promoted independence.

There were only sufficient staff to meet the needs of one person. The registered manager said they were actively seeking to begin providing personal care to more people, and that more staff would be recruited to meet these needs as and when the service grew. At the time of the inspection we were unable to assess the effectiveness of this in the longer term as there was only one person currently using the service.

## Is the service effective?

### Our findings

We were unable to rate the agency as there was insufficient information available to us to fully assess how effective this service was. This was because only one person received a service and only a husband and wife staff team, including the registered manager, were employed.

At the time of the inspection we were unable to fully assess the effectiveness of the training, and the monitoring of the training, as the service had only been providing personal care to one person for a short period. At this stage no new staff were employed.

The two persons had sufficient previous experience and training in care to enable them to provide the person with the support they needed. We were assured by the registered manager that all new staff would complete mandatory training on subjects such as safeguarding, health and safety and moving and handling. Staff would then spend time shadowing the registered manager and more experienced staff to get to know how best to support a person. New staff would be signed up to the care certificate, if they did not already have a similar qualification. The Care Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager said that all new staff could expect to be supervised on a regular basis and there was a procedure in place for annual appraisals to be undertaken.

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.

At the time of the inspection we were unable to check whether the service was consistently working within the principles of the MCA.

## Is the service caring?

### Our findings

We were unable to fully assess how caring the service was as there was a very limited service being provided to one person at time of the inspection. The relative we spoke with did not raise any concerns about the attitude of either of the two persons providing support.

It was evident from talking with registered manager that they respected the person's individuality and the importance of providing consistency of care. The relative we spoke with said they felt both staff were respectful and caring.

We were unable to talk with the person that received support because of their condition.

## Is the service responsive?

### Our findings

We were unable to fully assess how responsive the service was in the longer term as there was a very limited service being provided to one person at time of the inspection.

The person being supported had a pre-assessment of their needs before they were provided with support. The registered manager had carried out the assessment and was able to demonstrate through discussion the factors that were taken into consideration. The registered manager shared the care duties when it came to supporting the person at home.

There were appropriate policies and procedures in place for complaints to be managed and responded to. However, at the time of the inspection there had been no complaints so we were unable to assess as to how effective the procedures were.



## Is the service well-led?

### Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The relative of the person using the service said that the registered manager was approachable and helpful. We saw that the registered manager was very knowledgeable about the person receiving a service, and the skills and attributes that new staff needed. The registered manager was positive and motivated about developing the plans for the service to grow in the future.

The office premises were well equipped for training purposes and the appropriate storage and management of records.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, whistleblowing and recruitment procedures. New staff would have access to the policies and procedures whenever they were required and would be expected to read and understand them as part of their role. At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and given that there were only two staff that included the registered manager.

We saw that quality monitoring systems were in place. Questionnaires had been devised for people to complete and comment on the quality of the care they received, and audit forms for things such as client files and daily log sheets were present. Due to the service operating for a relatively short amount of time, we were not able to fully assess the systems in place.