Cynosure Health Care Limited

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Inspection report

Unit F20, Moulton Park Business Centre
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cynosure Health Care Ltd. is a domiciliary care agency providing personal care and support to people in their own homes. 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. At the time of our inspection there were 12 people using the service.

People's experience of using this service and what we found
Systems and processes to monitor the quality of the service and ensure people's safety were not effective. Audits undertaken did not provide guidance for their completion. Audits had failed to identify that the provider's policies and procedures were not always followed and that improvements were needed.

The policy for the safe management of medicines was not followed. Records used to record the medicine people were prescribed and its administration were not completed in full. Decisions made in people's best interests in relation to their medicine were not fully documented and did not provide clear guidance for staff.

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 required improvement to ensure best interest decisions were supported by clear guidance for staff.

Family members told us staff were kind and caring. They spoke of the positive impact staff had on their relative's day to day life. A family member told us, "I can hear chuckles and laughing, it is so nice when they [staff] are cooking and are asking what my relative wants for dinner."

A family member told us how their relative's cultural needs were met by staff who had learned to prepare culturally appropriate meals. They told us, "Staff are very good. I wish you could see how patient staff are. Staff have learnt how to cook Jamaican food."

Potential risks were assessed, and people's care records provided information for staff as to how to reduce risk and provide safe care. People were cared for by staff who had been assessed as to their suitability to provide care, and who had been provided with training to promote safety and meet people's needs. Staff were aware of their role and responsibilities in reporting concerns about people's safety and welfare.

Family members spoke positively as to the quality of care provided and good communication between themselves, care staff and office-based staff, which included the management team.

People's views as to the quality of the service were sought. Staff were supported to undertake their role, which included supervision and by attending staff meetings. The registered manager liaised with other professionals and organisations to share information and improve the service provided.

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

Rating at last inspection and update
The last rating for this service was Good (published 5 March 2019).

Why we inspected
We received concerns in relation to staff recruitment and training. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cynosure Health Care Ltd., on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicine and the effectiveness of auditing to monitor the quality of the care provided at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cynosure Health Care 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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 July 2022 and ended on 21 July 2022. We visited the location's office on 15 July 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with nine family members about their relative's experience of the care provided. We spoke with the registered manager when we undertook the site visit. We spoke with four care staff by telephone.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service and quality monitoring

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People's medicine was not managed in line with the provider's policy and procedure. This placed people at potential risk as people's medicine administration records did not always record the dosage or the name of the medicine prescribed.

● People's care records provided instructions for staff to administer medication not in line with the provider's medicine policy. For example, a person's care records instructed staff to administer medicine from a dosset box prepared by a family member and not by a pharmacist. This meant, staff could not be confident the medicine they were administering was the correct medicine or dosage of medicine as prescribed by a health care professional.

● Improvements were needed to the information written by staff who transcribed Medication Administration's Records (MAR's) to record the medication they administered. A person's MAR did not include the dosage in millilitres where a medication had been prescribed in liquid form, nor did it provide the name and dosage of medication as provided by the pharmacist in a monitored dosage system. The MAR had been written as '3 tablets dosset box'.

● Staff had undertaken training in medicine management and their competency had been assessed. However, we could not be confident in the competency assessments of staff given they were not consistently following the provider's policy or procedure for the management of people's medicines.

The provider had failed to ensure the safe management of people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing risk, safety monitoring and management

● Systems were in place for the assessment and monitoring of risk. Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards, lighting and electrical home appliances.

● Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.

● People's care records identified potential risks associated with their care and provided clear guidance for staff to promote their health. For example, clear instructions were provided on catheter care, which included potential signs for staff to be look out for which may indicate infection.

● Family members told us they had confidence in staff in ensuring the safety and welfare of their relatives, and the positive impact on their relative's wellbeing. A family member told us. "Before [relative] had care the

ambulance was called several times a week as they fell quite regularly. Since this care has been in place I have not known them to have a fall, and an ambulance hasn't been needed."
● Staff had undertaken training to promote people's safety. This included training in topics related to people's care. For example, awareness training in catheter care and the safe moving and handling of people using equipment.

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 MCA 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 Mental Capacity Act (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 check whether the service was working within the principles of the MCA

● We found the service was working within the principles of the MCA. However, improvements were needed in the recording of best interest decisions.
● A person had been assessed as not having capacity in understanding the implications of not taking their medicine. A representative of theirs who had lasting power of attorney for health and welfare decisions and the person's GP had been consulted. However, the outcome of discussion with the parties had not been documented. The best interest decision and was not supported by a clear and agreed protocol of care for staff to follow. The registered manager said they would consult with the relevant parties and make improvements.
● Family members told us staff provided care in a way which considered their relative's wishes. A family member told us. "They always ask [relative] if they are satisfied with the way they have helped them to bed. It's their choice, it's good."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Staff had been trained in safeguarding procedures and knew to report concerns to the management team. However, not all staff were aware of external organisations they could refer safeguarding concerns to. For example, the local authority safeguarding team. We shared this with the registered manager so they could provide support to staff to expand their knowledge.
● Safeguarding referrals had been made to the appropriate local authority where required by a member of the management team.
● Processes were in place for staff to follow should an incident or accident occur; staff knew of their responsibilities in reporting incidents. The registered manager kept a record of all events, including the action taken by staff and any actions to reduce and prevent similar incidents.

Staffing and recruitment
● There were sufficient staff to meet people's needs. Staff had a weekly rota which provided information on the client, and the time and duration of the care visit. In some instances, people were provided with all day or 24-hour care. Staff telephoned the care co-ordinator upon their arrival and departure of a person's home.
● Family members were positive as to the reliability of the service. They told us the care was provided by a

small team of staff who knew their relative well. A family member told us, "There are three carers a week, ones that my relative knows, rather than a new one every day. It works well, my relative gets to recognise them."

● Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Staff upon commencement of work underwent a period of induction. A staff member told us they had worked alongside experienced staff, being introduced to people, and learning how their care was provided.

Preventing and controlling infection

● The provider adhered to government guidance in relation to COVID-19, which included testing staff for COVID-19 and the correct use of Personal Protective Equipment (PPE), which included masks, gloves and aprons.

Requires Improvement

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.

At our last inspection we rated this key question Requires improvement. The rating for this key question has remained 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

- Systems and processes to monitor the safety and quality of care provided were not effective and required improvement.
- The registered manager undertook a range of audits, which included reviewing of records documenting people's care. However, audits had failed to identify medication administration records, and medication administration, were not being carried out in line with the provider's policy and procedure.
- The audits undertaken did not provide guidance or detail as to what was to be checked and reviewed to determine the quality or accuracy of the records. For example, the topic such as 'notes audit' and 'medication records' was followed by a tick or yes, with no information as to what evidence had been used to assess the quality or accuracy of the records viewed.
- Audits carried out had identified that improvement was needed. However, they did not record what action was to be taken, by whom and when and subsequent audits showed improvements were not consistently achieved. For example, improvements required in how people's needs and care they received were not documented.
- The outcome of audits were given a risk rating of red, amber or green. However, there was no tool to calculate or evidence how the level of risk had been determined.
- Assessment of staff competency and observed practice had not identified that staff were not following the provider's policy and procedure for the management and administration of medication.

The provider had failed to ensure systems or processes to monitor the safety and quality of the service provided were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Continuous learning and improving care; Working in partnership with others

- The registered manager sought guidance and advice from a number of external organisations, which included those dedicated to domiciliary and care home support. They also took part in forums for registered managers who shared good practice and ideas.
- The registered manager was working with a local authority to improve the quality of information held about the service to monitor its quality and performance. For example, improving staff support and development, and monitoring of quality.
- The registered manager had planned for the introduction of an electronic monitoring system. The system

would hold people's care records electronically, and would support the scheduling of calls, including staff arrival and departure times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had systems and practices in place to review and support staff to promote a positive culture which delivered good outcomes for people. Staff spoke of having 'spot checks' carried out to ensure they were delivering good quality care through observed practice.

● Information and feedback was provided for staff. Minutes of meetings showed staff were encouraged to complete their online training, and they received positive feedback about their work, including compliments from people they provided care to.

● Family members spoke positively about the communication between the management team, staff and themselves, which included comprehensive records by care staff detailing the care they provided. A family member told us, "I visit every evening and I can read the book they [staff] complete each day to keep me up to date. They always provide a rota and the keep me updated by calling my phone. The communication is really good."

● Staff spoke positively of their work and commitment to provide good quality care. A staff member said, "It's all about the heart, not just the job. The care is heartfelt, staff are empathetic."

● Family members spoke positively about the quality of care provided to their relative. A family member told us, "Phenomenal, I cannot speak highly enough of them. Staff brought the heart into care, genuinely care. They've fostered a personal relationship with my [relative]. [Relative's] face lights up when carers walk into the room."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager sought people's views about the service provided through surveys and telephone calls. Records collated by the registered manager showed people were satisfied with the quality of care they received and spoke positively of the kindness and caring natures of staff.

● Family members were positive about the quality of care provided with regards to their relative's specific needs. For example, a family member spoke of their relative's sensory impairments and health care needs, and how staff supported them well. They told us. "They do everything for [relative]. The carers are really good, honest and very patient and very caring."

● A family member spoke positively of how staff had learned how to prepare and cook meals culturally appropriate for their relative.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicine was managed safely. Medication administration records did not always include the name and dosage of medication to be given. The provider had failed to ensure people's medicine was managed in accordance with their policy and procedure.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective governance systems were in place. Audits did not provide clarity as to how they were to be carried out or guidance as to what was to be checked and how the outcome of the findings was to be rated. Audits did not always identify areas for improvement or bring about improvement where identified.