

Cuckoo Care Ltd

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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

Cuckoo Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection there were 13 people using the service receiving personal care.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks relating to personal care and eating. Where they do we also consider any wider social care provided.

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

People felt they received safe care and they trusted the staff to ensure any risks were assessed and managed. Clear guidance was in place to support staff to safely care for people. There were enough staff, suitably recruited and trained to provide safe care. Staff understood how to safeguard people from the risk of harm and how to report concerns. People received safe support with their medicines.

People's needs and preferences were robustly assessed and people were involved in planning their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect. Staff supported and promoted people's privacy, dignity and independence. People were supported to do the things they enjoyed.

Cuckoo Care is based in Marsden, West Yorkshire, and had a community ethos and close-knit support for people. People's individual needs were met through person-centred care and consistent staff who knew them well. Staff knew each person's individual needs and how to support their individual communication styles.

The provider had made some recent improvements to the service as part of the development of the care provision. They had developed systems and processes to strengthen the governance and provide more robust quality assurance. Regular quality checks were carried out and improvements were made in response to findings. The provider was committed to continuous improvement and development of the service. Staff felt supported by the management team and confident in their roles and responsibilities. Feedback was welcomed from staff, people, relatives and professionals involved in people's care.

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 2 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Cuckoo 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.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 we needed to be sure someone was in the office to support the inspection.

Inspection activity started on 10 November 2022 and ended on 29 November 2022. We visited the office location on 11 November 2022

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and

professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 1 person who used the service and 2 relatives about the service provided. We spoke with 3 members of staff and the management team.

We reviewed a range of records. This included 2 people's care records, 2 staff files and multiple medication records. A variety of documents relating to the management of the service were reviewed, including policies and training records.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Care records contained up to date information for staff to safely support people.
- People's changing care needs were regularly discussed with the staff team and adjustments were made where necessary. For example, where staff noticed a person's individual risks and dependency were increasing, they arranged for additional visits to be made.
- Person-centred guidance was in place with appropriate risk assessments to ensure staff provided safe care delivery. Staff understood people's health and support needs and how to escalate concerns about increased risks.
- Individual environmental risk assessments were in place to ensure staff knew the hazards within each particular person's home.
- Systems and processes were in place to ensure people's visits were carried out as planned.

Staffing and recruitment

- Staff were recruited on a self-employed basis which meant the service had flexibility within the team to offer varied hours of care.
- Staff were suitably trained to be able to meet people's need safely.
- People enjoyed the reliability of having familiar care staff every day. One relative told us, "That is a really key feature of this service. My [relative] knows who will be coming and there are enough staff to ensure this is consistent."

Learning lessons when things go wrong

- The provider had implemented more robust systems and processes following a direct monitoring call with CQC to ensure the service was running effectively.
- The provider carried out detailed analysis and used information from accidents and incidents to ensure any learning from these was shared with staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse; staff knew the signs to be aware of and the systems to report any concerns.
- Staff received training in safeguarding people, and they were confident in their abilities to keep people safe.

Using medicines safely

- Medicines were managed safely, and people were supported with these as they needed them, with regular reviews of their medicines.
- Medicines support was recorded on a medicines administration record (MAR) and staff knew each person's needs. We discussed with the provider the need to record more precisely the times of specific medicine, such as paracetamol. On occasion staff kept a MAR of where people did not need support; we discussed this with the provider as being unnecessary documentation.
- Staff competency in supporting people with medicines was regularly assessed.
- The management team discussed good practice updates during staff meetings.

Preventing and controlling infection

- Staff wore PPE as necessary and in line with current guidance.
- There was a good supply of PPE held centrally and staff replenished this as they needed to.
- The policies and procedures in the service supported staff with infection prevention and control guidance.

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 of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were robustly assessed; an assessment was completed before people's support commenced and this was regularly reviewed.
- The provider made sure people had regular opportunities to discuss their needs and care was adjusted as required. Where people may be unable to recognise the need for additional support, staff monitored this closely and communicated well with one another.
- Staff supported people in line with best practice guidance. Staff meetings were held to discuss relevant matters and for staff to be updated about current guidance.

Staff support, induction, training skills and experience

- Staff were prepared for their roles through induction, training, shadowing and ongoing support. Staff said they did not always enjoy e-learning and preferred opportunities to learn face to face, such as for practical skills. Practical training was offered where necessary, such as for safe moving and handling.
- Shadowing opportunities were available until staff felt confident to work unsupervised.
- Staff competency was regularly checked and monitored by the management team and there were observations of practice.
- People and relatives felt staff had enough training to support them safely. One person said, "They [staff] know exactly what they are doing. They are all well trained I'm sure they are."

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

- Where people needed support with meals, staff supported them as they needed it. Care plans contained good levels of information to enable staff to know what people needed as well as their particular likes and dislikes.
- People told us staff supported them with their nutrition where they needed this. One relative said, "The [staff] know how things need doing."

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

- People were supported to attend appointments and access healthcare as needed.
- Staff knew when to seek professional advice for people's care, such as when to contact a person's GP or social worker.
- People were confident in staff's abilities to help them identify additional health needs and help them to seek advice or attend appointments where necessary.

- Any advice given by health professionals was included in people's care plans for staff to be aware of. Staff sought advice from community healthcare teams, such as for people's moving and handling needs.

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 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 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.

The provider understood the principles of the MCA and worked within these. Staff had received training in this area.

- Staff sought people's consent before supporting them with care tasks. People told us staff always asked before supporting them. One person said, "Oh the [staff] ask me every day how I want things doing. I make my own decisions and they support me how I like."
- Staff understood where people had capacity to make decisions, even if these were unwise in relation to their health. They provided appropriate support whilst respecting people's right to choose.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had a kind and caring manner. People and relatives said staff were caring in their approach. One person said, "They couldn't be any kinder to me, they really do care." One relative said, "Nothing is too much trouble for the staff and they treat [my relative] like family."
- People were cared for in their local area and the service was small and friendly. Relatives we spoke with said this was one reason they liked the care company; it had a community feel and staff knew people well.
- Staff told us they knew people's individual needs and they respected their personal preferences and the way they liked their care to be delivered. These were recorded in people's care records.

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

- Clear and continuous communication with people ensured their needs were met; staff encouraged people to give feedback and made any adaptations to their care and support.
- One person told us, "We have a good relationship. They [staff] chat to me all the time and check if I need things doing any differently. Whatever needs doing gets done."
- Relatives said communication was a strong point and there was continuous information sharing with the service.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and independence. One member of staff said, "People need to keep active and it's important they do things for themselves where they can. I like to think I can support them without taking away what they can do."
- People said staff were respectful. One relative said, "They [staff] are discreet."
- Dignity and respect for people was discussed with staff during staff meetings, where good practice and standards were reinforced. Where staff used an app to communicate messages, the management team ensured these were factual and professionally recorded.

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 of 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, end of life care and support

- People had bespoke care, centred around their preferences. Staff had close, supportive relationships with people which helped to meet people's needs.
- Staff told us they took the time to care for people at their own pace and if they needed more time, they would discuss this with the management team. People said they did not feel rushed. One person said, "That's the thing, they take their time and I don't feel they're hurrying me."
- One relative used our website to share their experience about the service. They said, "They [staff] were totally reliable and never once failed to turn up to help [my relative]. They were always prepared to go the extra mile and did things such as getting shopping."
- There was no one receiving end of life care at the time of our visit. The provider understood the need to have person-centred, sensitive discussions with people around their end of life support wishes.

Meeting people's communication needs

Since 2016 all organisations who provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded so staff understood how best to relate to individuals.
- Staff told us some people had difficulty communicating verbally and so they observed their non-verbal cues, such as mood, behaviour and facial expressions. They told us they worked closely with people's family where people had difficulty communicating their needs, such as those living with dementia.

Improving care quality in response to complaints or concerns

- The provider told us they listened to people's feedback and responded if they thought there were any concerns or complaints.
- People and relatives were very complimentary about the service, although knew how to complain should they need to. One relative said, "I cannot praise them enough. There was only one time when I wasn't happy, and I discussed this. It was sorted out straight away."

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed the systems and processes for auditing the quality of the service. They had improved their governance infrastructure and had enlisted the support of an external company to help with this.
- There were regular audits of practice and documentation to ensure the care delivery met people's needs in line with guidelines and regulations. Some staff felt time spent completing records detracted from the time they had to spend with people. They said they were confident to discuss this with their colleagues and develop ideas for ways of working.
- Staff were very clear about their individual roles and the lines of accountability. Staff felt teamwork was good to meet people's needs and they felt confident in the support from the management team.

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; Continuous learning and improving care

- There was a culture of openness and transparency in the service. Staff were encouraged to report incidents promptly and learn from any mistakes. For example, there had been one missed call, which was immediately identified and actions put in place to avoid a reoccurrence and share the learning.

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

- Staff told us they knew who was important to people, such as relevant health professionals, friends and family, and they worked together to ensure care and support met people's needs.
- The provider was proactive in seeking feedback from people, their relatives, staff and associated professionals in order to gain insight into the quality of the service and drive improvements. Surveys were sent out and staff had the opportunity to report anonymously if they preferred. Comments from the most recent surveys were highly positive.
- The management team used local networking opportunities to discuss and share good practice with other local providers.