Nutrix Curae Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Nutrix Curae Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Nutrix Curae Ltd provides a service to older people, people living with dementia, adults with learning disabilities and people living with sensory impairments. At the time of the inspection, 30 people were using the service for personal care.

People's experience of using this service:
Mental capacity assessments and best interests' decisions were not recorded so people were not always supported to have maximum choice and control of their lives and supported in the least restrictive way possible. Staff skills and knowledge was inconsistent and some staff did not have the knowledge to deliver effective care. Staff worked well together and with healthcare professionals to effectively meet people's health needs. People's needs and choices were assessed and promoted effectively.

Audits were in place but were not always effective in checking the quality of the service. Roles and responsibilities were not always fully understood by the registered manager. People, relatives and staff found the management team approachable. There was an open culture in the service and the management team made themselves available.

Systems were in place to protect people from abuse and staff understood them. Processes were in place to ensure staff were recruited safely. Risk was managed and reviewed to ensure people were kept safe. Medication was administered safely.

People were supported by caring staff who displayed kindness and compassion. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

People were supported by staff who understood their preferences and individual communication needs. People's concerns and complaints were listened to, investigated and responded to appropriately.

More information is in the full report.

Rating at last inspection: Nutrix Curae Ltd has not yet been inspected.

Why we inspected: This was a planned inspection due to the service not yet having been inspected.

Follow up: We will continue to monitor the service through the information we receive.

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

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 not always effective Details are in our Effective findings below.	**Requires Improvement**
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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Nutrix Curae 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors 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:
Nutrix Curae Ltd is a domiciliary care agency that, at the time of inspection, provided personal care to 30 people. Nutrix Curae Ltd provides a service to older people, people living with dementia, adults with learning disabilities and people living with sensory impairments.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 22nd March 2019 and ended on 26th March 2019. We visited the office location on 25th March 2019 to see the manager and office staff and to review care records and policies and procedures.

What we did:
As part of the inspection, we reviewed the information we held about the service, including notifications. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

During the inspection, we spoke with seven people who used the service and eight relatives. We did this to gain people's views about the care and to check standards of care were being met. We also spoke with the registered manager, nominated individual and four care staff.

We reviewed the care records of six people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were protected from abuse. A person told us, "I feel very safe, the staff are very experienced and are very good. A relative told us, "I feel my relative is safe in the hands of the care staff."
- Processes were in place to protect people from abuse and staff understood how to keep people safe. A staff member told us, "We normally do an incident form. If I see some bruises on a person or medication errors, I would phone the manager."
- Staff were encouraged to raise safeguarding concerns and were aware of whistleblowing procedures. A staff member told us, "If we have any concerns about neglect or abuse, we report it to the manager. I would be confident the manager would address it but if not, I would go to CQC".

Assessing risk, safety monitoring and management

- People's risks were assessed and staff understood how to manage people's risks safely.
- Staff understood how to use equipment safely. A person told us, "Two carers come and use the stand aid, they are brilliant."
- Risks were monitored and where needed other professionals were involved. We saw reviews of the risk assessments and plans were undertaken when required and staff were aware of risks and plans to manage them. A staff member told us, "One person is at risk of choking so we have to sit with them when we give them food."

Staffing and recruitment

- People's care calls were planned appropriately to ensure staff had time to provide the care people needed and maintain their safety. A relative told us, "The care staff are very good and never cut the call short. There are times they go over the times they are supposed to be there."
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were obtained prior to staff commencing employment.

Using medicines safely

- Effective systems were in place to ensure people's medicines were administered safely. Staff were trained to ensure they were competent in medicine administration and people's medicines were administered at appropriate times. A relative told us, "[Person's name]'s medications are always given on time."
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- Staff understood infection control procedures. A staff member told us, "We have to wear gloves and aprons for personal care and meal preparation but always wear a different pair and throw them away straight afterwards."
- People and relatives told us staff mainly followed infection control procedures and washed their hands and wore gloves. A relative told us, "The carers always wear rubber gloves and the hygiene is very good." However , one person told us, "One carer doesn't change gloves or wash hands before food preparation." At the inspection, we saw that the person had raised this with the manager and the manager had addressed this with the member of staff individually and with the staff team in a team meeting.

Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things went wrong. For example, we saw where errors were made, staff were encouraged to complete reflective logs regarding what went wrong. Action plans were then put in place to reduce the chance of errors reoccurring.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority.
- Mental capacity assessments had not been undertaken by the provider when required. The registered manager told us this was because mental capacity assessments were undertaken social workers, who they said they would contact if one needed completing. This meant we could not see that people's capacity to make specific decisions had been considered and we could not determine whether any decisions made on their behalf were in their best interests and as least restrictive as possible.
- Staff asked people for their consent before they supported them. However, staff understanding of the principles of the MCA and how this applied to supporting people was inconsistent. A staff member told us, "If someone couldn't make decisions for themselves, it is down to us, family members or social services to make decisions in their best interests". Another staff member told us they thought they'd had training but asked to be reminded what capacity was.
- At the inspection, the provider showed us mental capacity assessment template documentation they already had and gave assurances they would start to use this to assess people's capacity where appropriate.

Staff support: induction, training, skills and experience

- Staff told us they had a thorough induction which included training and shifts shadowing an experienced carer. A staff member told us, "When I first started, I shadowed for four days which was really useful."
- Training records were in place which identified training that had been undertaken by staff and any gaps in learning. A staff member told us, "If we need more training, we just ask the manager and she sorts it out for us".
- People told us the skills and experience of staff was inconsistent. A person told us, "There is one carer who is brilliant and very good but the others are not well trained." Another person told us, "I've got very swollen legs and they need washing and creaming to keep my skin supple. There is one carer particularly who just wipes the front of my legs and not the back so they need more training."

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

- People's needs and choices were assessed and we saw care plans had been formulated reflecting these

needs. This included protected characteristics under the Equality Act 2010 such as age, culture, religion and disability. The registered manager told us a pre-assessment of people's needs was undertaken prior to them receiving services to ensure their needs were met effectively. Care was delivered in line with the assessment of people's needs and choices.

•□People and their relatives told us their care was regularly reviewed to make sure it was meeting their needs. A relative told us, "The manager comes out to work with the carers sometimes and reviews [person's name]'s care needs."

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

•□People were supported with eating and drinking where they needed it in line with their care plans. A relative told us, "The carers make [person's name] lovely meals and provide them with drinks." •□People were supported by staff to choose what meals and drinks they would like. A person told us, "The carers always ask me what I want to eat and prepare the food very well."

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

•□People were supported to access healthcare services and relatives were kept informed of changes in people's health. A person told us, "They will ring the GP if there is a problem. When they spotted a problem with my feet as I'm diabetic, they notified the GP which then resulted in my admission to hospital." •□ Timely referrals were made to involve other agencies in people's care where needed and staff worked closely with other agencies to provide effective care to people. A staff member told us that when a person had a fall, they contacted the paramedics and were able to give all of the information needed to the paramedic regarding the person's health.

Good

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

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

- People were supported by staff who treated them with kindness and compassion. A person told us, "The carers are marvellous, wonderful and very pleasant to me."
- Staff werre considerate to people's communication needs. A relative told us, "They communicate and interact well with my relative, always telling them what they are going to do. They are very friendly and treat my relative with kindness and respect."
- People's diverse needs were considered and respected by staff. A staff member told us that a person they supported wasn't able to attend church anymore so they talked about different religions together.

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

- People were supported to express their views and were involved in making decisions about their care. A staff member told us, "One person is very forgetful. They might be able to make choices if given two options but any more options may be overwhelming for them. I give them a couple of choices and they choose what they want."
- People felt listened to and felt that their views were respected. A relative told us, "They are lovely carers and will assist my relative with personal care if she asks but she can mostly do it for herself."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their privacy and dignity. A person told us, "I am treated with dignity and respect." A relative told us, "[Person's name] is treated with respect and dignity and the carers use towels to cover them to ensure they have privacy."
- People were supported to maintain their independence. A staff member told us, "I encourage [person's name] to eat their meal themselves. I put food onto a spoon and encourage them to pick the spoon up even though it would be easier to do it myself."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives were involved in their care and support and contributed to their own care plans. One person's care plan informed staff that the person liked to listen to the radio, read and have peace and quiet. This guided staff to provide care in line with people's wishes.
- People received support from staff who understood their needs and preferences and were supported to follow their interests. A staff member told us, "[Person's name] enjoys playing dominoes, they are very good."
- People's communication needs were considered and staff were aware of how to communicate with people effectively. Care plans informed staff of how to communicate with people and staff followed this. A staff member told us, "I can't always understand what [person's name] is saying but they will use their fingers such as one finger means yes and two fingers means no."
- People's care was reviewed appropriately if their needs changed. A relative told us, "The staff are very flexible with me if I am going to take my relative out". The registered manager also told us they often changed people's call times if they needed to so they could attend a religious service.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain. A person told us, "I was informed of who to contact if I needed to make a complaint." A relative told us, "There was one carer that came into my relative that was very rude to them, so I contacted the office and informed them, they stopped sending them."
- A complaints policy was in place and three complaints had been received from people who use the service and their relatives. The registered manager had spoken with the complainants, investigated the complaints and put actions in place to reduce the risk of reoccurrence.

End of life care and support

- At the time of the inspection, no people who required end of life care were receiving services so we have not reported on this.
- The registered manager told us that all staff were due to complete end of life training.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems were in place to check the quality of the service. A relative told us, "The manager does regular spot checks and reviews."
- Audits were carried out, for example of medicines and care plans, and action plans were put in place where required. However, it was not always clear what the audits were checking and they did not always identify areas in which action was required. For example, the registered manager showed us a mental capacity audit they used that was generated from the electronic care management system. This only showed a graph of how many people had Power of Attorney and a Do Not Attempt Resuscitation form in place. It did not identify that mental capacity assessments had not been completed.
- The registered manager was not always aware of the provider's role in relation to assessing people's capacity. This meant that mental capacity assessments had not been undertaken and best interests' decisions made when required.
- The registered manager was mainly aware of their legal responsibilities in relation to making notifications to CQC, but appropriate notifications had not always been made when required. For example, we saw where a safeguarding referral had been made for a medication error, this had not been notified to CQC.
- A PIR was submitted to CQC which we found to be accurate.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care was planned in a person-centred way that promoted good quality care for people.
- The registered manager was passionate about providing person centred care for people. We saw from team meeting minutes that this ethos was communicated to staff.
- The registered manager understood her duty of candour responsibility and acted on this when things went wrong. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- People and relatives were encouraged to share their feedback about the service. The registered manager undertook quality monitoring reviews every couple of months which included visits or telephone calls to people to gather feedback which she then acted on.
- People and their relatives were encouraged to visit the office and speak with the manager. The registered

manager told us they operated an "open-door policy" and we saw relatives visit the office to speak with the manager whilst we were on site.

•□Staff told us the registered manager involved them in the service and they had the opportunity to put forward their views in team meetings, supervisions, during phone calls and office visits. A staff member told us, "If any of the staff have issues they need to discuss, they can always go to the registered manager."

•□Staff consistently spoke very positively about the registered manager. A staff member told us, "The registered manager is very supportive, fair and accommodating."

Continuous learning and improving care; Working in partnership with others

•□An electronic care management system was in place which the registered manager told us would continue to be developed to help support people to receive a good service.

•□The registered manager told us they attended training and received email updates to keep up to date with new learning.

•□The registered manager told us they had joined local partnership groups. They attended regular meetings and also worked with local organisations to support people to engage with work opportunities.