Curans Care Limited

Curans Care

Inspection report

Hyde Park House Office 08
Manfred Road
London
SW15 2RS

Tel: 02086720240

Date of inspection visit:
10 July 2019
11 July 2019

Date of publication:
28 August 2019

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Curans Care is a supported living service providing personal care to people living in individual and shared flats in Tooting and Kingston. At the time of the inspection there were 20 people using the service across five supported living schemes, three in Tooting and two in Kingston. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The provider arranged a number of exciting and varied activities for people. Bespoke, individual support plans were in place and these focussed on improving people's independent living skills. People were supported to attend college and led active lives within their local communities. Where concerns were raised, the provider acted to ensure people's satisfaction.
People told us they felt safe within their current living arrangements in the presence of staff. Recruitment procedures were robust which helped to ensure people were supported by staff who had been vetted before being employed. People were supported by staff who were familiar and known to them. People were supported to take risk that had been adequately assessed. Medicines management was safe and people were supported to take their medicines from competent 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 in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff received regular training in areas that were relevant to meeting people's needs. Timely referrals were made to healthcare and other professionals as required. People received support to maintain a healthy lifestyle through appropriate support with meals.

Staff were caring and friendly. They demonstrated a good understating of people's support needs. They were sensitive to providing care that promoted people's dignity and privacy. They supported people to maintain their independence.

The registered manager had been employed for a number of years and he was well liked and respected by

people and the staff team. He was aware of the provider's obligations with regards to notifying the CQC of certain events. The provider ensured they continued to provide a good service through regular audits.

Rating at last inspection
This service was registered with us on 28 February 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

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.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Curans Care

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
This inspection was conducted by one inspector.

Service and service type
This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with eight members of staff including a director, registered manager, and support workers.

We reviewed a range of records. This included five people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

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. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were enough staff employed to meet people's needs. All of the services were staffed 24 hours a day so there was always someone available to provide support to people. Some people had more intensive support needs than others, with some requiring 2:1 or 1:1 support. Where, this was the case, there were enough staff available to provide the required level of support.

● People were assigned a 'core team' of staff which helped to ensure continuity of care.

● Recruitment files included CV's, an application form, evidence of ID and a Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. In two files, although the support worker had listed two referees to contact there was only one reference in these files. We raised this with the registered manager and the director on the day of the inspection who subsequently sent us the missing reference.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and happy with how staff treated them. Comments included, "I'm fine, it's good here. Staff look after me" and "Staff keep me safe in the wheelchair."

● Staff were familiar with safeguarding procedures and were able to identify the different types of abuse a person could be at risk from. One staff said, "Safeguarding is to put in place measures to prevent abuse, we look out for any bruises or other signs of abuse and report everything to [registered manager]."

● Where safeguarding concerns were raised, the provider was open and worked with the local authority safeguarding team to ensure people were kept safe from harm.

Assessing risk, safety monitoring and management

● There were appropriate procedures and records in place to monitor and manage risks to people and the environment.

● Where people had behaviour that could be seen as challenging, there was guidance in place for staff to refer to. This included strategies that worked, those that didn't work and possible triggers for behaviours. This meant that staff were given clear guidance on how to support people should they encounter such behaviours whilst at home or within the community Staff were familiar with these risk reducing steps when we spoke with them.

● Support plans were in place to keep people safe at home and in the community whilst promoting their independence.

Using medicines safely

● The provider supported people to take their medicines in a safe manner by staff who were trained to do

so. People said staff supported them to take their medicines on time.
● Where people were supported to take medicines, medicines profiles with details of the medicines prescribed, their use and potential side effects were in place.
● Medicines administration record (MAR) charts were completed by staff in a timely manner when they administered medicines to people.

Learning lessons when things go wrong
● Incident forms were completed when there were any incidents or accidents. These were escalated in line with the provider's procedures to the registered manager.
● The provider took action in response to any reported incidents to try and reduce any repeat occurrences. For example, in response to a persons' behaviour that was seen as challenging out in the community, the community learning disability team was contacted and they did a social story on appropriate and inappropriate behaviours which the registered manager went through with the person. In another example, training in communication was delivered to staff as a result of concerns raised.

Preventing and controlling infection
● The services that we visited were clean. People told us that staff helped them to clean their flats, some had cleaning schedules in place for people and staff to follow.
● Staff were aware of good infection control practice, telling us, "We have to wear protective clothing, aprons, and gloves. Whichever task you are doing, you have to dispose of gloves before doing another task."
● Training records showed that staff received training in infection control and food safety.

Good

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

Staff support: induction, training, skills and experience

- The registered manager told us that all support workers, permanent and bank, all took the same induction training which included shadowing an experienced member of staff over a number of shifts.
- The registered manager delivered Care Certificate training with newly recruited support workers. This is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.
- Ongoing training was delivered through an external training company. The registered manager maintained a training matrix to monitor staff training. Training certificates that we saw in individual staff files correlated with the dates on the training matrix.
- Records showed that staff received regular supervision. This was a one to one meeting which gave them an opportunity to discuss workplace and performance issues, the people they key worked and any personal development needs.

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

- People needs and choices were assessed through regular reviews of risk assessments and care and support plans. Support plans were outcome focussed and were written in a way that supported people to maintain their independent living skills.
- Staff received training in areas that were relevant to the needs of people they supported, this meant they delivered appropriate care. For example, training in challenging behaviour and positive behaviour support.

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

- People told us they ate and drank food that they enjoyed and staff helped them to shop and prepare their choice of meals. Comments included, "I cook for myself at lunch, I make beans on toast" and "Staff cook for us, they make nice food. They cook chicken curry and jerk chicken and rice and peas. I make my own breakfast. We make ham and toast at lunchtime."
- There were support plans in place in relation eating and drinking and maintaining a healthy lifestyle.
- Staff were aware of the importance of promoting a healthy lifestyle and having a balanced diet whilst at the same time respecting people's right to choose what they ate and drank. Staff had supported one person who liked to eat fast food all the time, to start a weekly meal planner. An agreement was put in place to limit fast food to twice a week. Another staff member gave an example of a person who loved fizzy drinks; they supported him by leaving bottles of water around their flat. The staff member said, "[Person] won't ask for water but will drink it if you leave it out." Another staff member said, "We do have to watch [person's] nutrition, to ensure he gets a good amount of nutrients. We use a system to blend vegetables into a drink for

him."
● Easy read healthy eating guides were available to help people make informed choices about what they ate.
● People's preferred food choices were recorded in care records and menu boards where appropriate.
● Detailed guidance for staff to support people with their nutritional needs were available, including guidance on eating and drinking techniques.

Supporting people to live healthier lives, access healthcare services and support;
● One person told us, "I go to the surgery across the road if we are not feeling well." All the people using the service were registered with their local GP. The registered manager said, "We have a fantastic relationship with the GP, they are really good." Every person received an annual health care check and medicines review."
● People had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.
● Other records in relation to people's healthcare needs included Health Action Plans (HAPS) and epilepsy care plans. Health Action Plans are documents that state what is needed for people to remain healthy, including the support they may require. Epilepsy care plans included guidance for staff to act when people suffered a seizure including a description of seizures, triggers and management. These were completed by the community learning disability team according to recommendations of the epilepsy specialist nurse.

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.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● One person told us, "We come and go as we please, it's our choice to come and go. We can go out or we can stay in."
● Staff were aware of the importance of seeking consent from people before supporting them and they gave us a number of examples of how they did so every day when supporting people with medicines, meals, personal care and their choice of activities.
● There were tenancy agreements in place, these were also available in easy read format to enable people to make an informed choice.
● Voluntary agreements were in place where people were asked to abide by certain house rules or where staff supported them too maintain a healthy lifestyle. Some people were given medicines covertly, we saw that these decisions were taken following best interest meetings that had taken place and involved a clinician.

Staff working with other agencies to provide consistent, effective, timely care
● There was evidence that the provider worked well with external organisations when supporting people.

This included working with colleges, day centres and community healthcare teams to ensure people's needs were met.
● Appropriate and timely referrals were made when needed.

Adapting service, design, decoration to meet people's needs
● People lived in individual or shared flats which met their needs.
● The services we visited were well maintained and furnished according to people's preferences. For example, any specialist equipment that was needed was in place and in working order.
● Flats were housed within town centres and were a part of the communities they were located in.

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.

This is the first inspection for 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

- People told us they were happy with their living arrangements and that staff treated them with respect. Comments included, "It's nice, they are friendly", "I've got loads of friends in this house, I have a laugh and joke with all of them" and "I am very happy living here, the staff are very nice."
- We observed people and staff speaking and interacting with each other in a relaxed, informal manner. Staff were aware of people's needs, including any cultural or religious needs they had.
- Care records were person centred and included details of people's background, their family and friends networks. These were completed with the help and input of people and their family members, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Support workers supported people with personal care and dressing in a way that promoted their independence, they told us they encouraged them to do some tasks independently if they were able to.
- Staff were aware of the importance of giving people privacy when needed. They told us, "[Person's] bedroom is near the street so we close the curtains, we do everything in the bathroom or bedroom" and "[Person] will let us do his personal care, when they are having a shower sometimes they will ask for time alone and we will leave them alone."
- A section of the care records included people's personal care preferences, their level of dependency and the level of support needed. One person said, "I have my own shower in my room, somebody helps me to get washed and dressed" and "All of them are nice here. [Staff] is my key worker, she helps me to get ready."
- We observed people eating and drinking independently with the appropriate level of support.
- People told us they were able to maintain relationships that were important to them. One person said, "My mum comes and visit." Another said, "My dad comes here to see me."

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

- We saw people making everyday decisions during the inspection, for example they spoke to us about their plans for the day and what they had for breakfast.
- People were able to make decision related to their care and support. For example, where appropriate house meetings took place where people were able to air their views and opinions on topics they considered important.

Outstanding ☆

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 Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider appreciated that people had different support needs and had developed individual, bespoke support plans for each person. For example, one person's daily notes were designed with input from a psychologist which although were not required anymore, were still in place as they continued to capture important information about the person in a way they understood.
- Support plans were based around promoting people's life and daily living skills. They included areas of support needs and achievable outcomes. For example, a person attending college had an 'education health care plan' in place. Another person had a person centred living model, which included ways in which they could be supported to be in control of their life. This was developed using their positive behaviour support plan and in consultation with psychologist and psychiatrist.
- The provider was responsive to the changing needs of people and worked proactively with them in partnership with other organisations to support them. Support plans for 'learning and attainment' included people's independent living skills and how they could be supported to maintain and improve their independence.
- Staff told us about one person who was being supported to study and go to University. A staff member who was part of their core team said, "[Person] is doing A-levels at the moment, [Person] is very target based, it can be overwhelming sometimes but it's about managing it. Initially they started off with one A-Level, now they are doing two and just waiting for the results." Staff had supported this person through their time at college, studying for one A-Level initially and working with them using target based support plans to gain a second A-Level. This person was interested in studying classics at University so in preparation for that, they were being supported to attend a summer course in Classics at College.
- Another person with behaviours that could be seen as challenging and requiring the support of two staff while out in the community was supported to attend college. Staff told us of the intensive work they did with this person to support them to attend college. This was seen through their education health care plan review and college report which listed their achievements and the progress made over the past year. There were positive reports about the person's settled routine, community access, the positive relationships they had built up with people and the emotional and social skills they had developed during their time at college.
- The provider worked collaboratively with the community learning disability team to develop a social story for a person with particular behaviour patterns. This had been successfully used by staff to reduce the frequency of these behaviours. There were positive behaviour support plans that had been developed with input from the learning disability teams. The positive behaviour support plan included proactive and reactive risk management plans, and positive and negative reinforcements around communication and facilitating understanding.

●The registered manager told us they met with a clinical psychologist from the learning disability team and carried out reflective practice sessions which were then used to provide personalised support to people.
● People had a core team of support workers who understood and supported people in line with their support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People continued to enjoy their lives, taking part in interests and activities of their choosing and continuing to be a part of the communities they grew up in and identified with. All the supported living schemes were residential houses or apartment blocks which were designed in line with their local surroundings.
● The service had gone the extra mile to find out whether it could accommodate activities and tried to make that happen. A number of exciting activities had been arranged internally for people out in the community. These included barbeques at the director's home, days out on their canal boat and growing their own vegetables on allotments.
● A member of staff had taken a lead on arranging days out to special events. Some of the days out that had been arranged included taking people to the first Major League Baseball game to be played in Europe, taking people to World Wrestling Entertainment (WWE) at Wembley, Westlife concerts and the ATP tennis finals at the O2 Arena. One person told us, "The wrestling was crazy, I saw Becky Lynch [wrestler]!"

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 provider had considered people's communication needs and how best to meet them and had made arrangements to ensure they were met. For example, there were easy read booklets produced explaining to people about changes to their bills, living arrangements and food to enable their understanding of the change of service to a supported living scheme.
● Some people using the service had limited verbal communication and they had communication books and a 'choice board' in place. These were used by staff to communicate effectively with people. Staff were familiar with these techniques. Behaviour and communication support plans included people's behaviours, their emotional support needs, how they communicated decisions and how they could be supported to make decisions about their care and support.
● There was detailed guidance for staff to support people who were not able to communicate verbally with areas of their care. For example, support plans directed staff to encourage people to make their own meal choices through explanation and pictorial menus. Staff gave the example of one person, "If we go to the café, we take him to places where they have pictorial menus so [person] will choose themselves." Another staff said, "[person] will always have the choice of a few items so we will give them a choice of shirt or jeans. They also know how to say 'No'."

End of life care and support
● At the time of the inspection, no one was receiving end of life care.
● There were records in place for some people to indicate discussions around end of life care preferences had taken place.

Improving care quality in response to complaints or concerns
● All the people we spoke with said they would speak to staff, including the registered manager and the

director if they were not happy. Both the registered manager and the director were familiar faces in the schemes and we observed people interacting with them in a relaxed informal manner, which indicated they were comfortable in their presence.

● An audit of complaints that had been received was kept, this mainly consisted of minor 'gripes' that people had, typically with other people or their equipment at home. We saw that in all cases, they had been reviewed by registered manager with details of the action taken.

Good

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture within the service. The registered manager was a familiar face, having been employed for a long time initially as a support worker and deputy manager. He knew the people using the services well, people told us he was well liked and helped them.
- The registered manager was aware of their responsibilities under the Duty of Candour. 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.
- The provider's vision and values were explained to staff during their inductions. These included promoting independence, choice, providing opportunities and leading meaningful lives. Staff reflected these and demonstrated how they worked to these principles when we spoke to them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their legal responsibilities with regard to the Health and Social Care Act 2008 and their obligation to send CQC notifications of significant events or incidents that occurred.
- The provider made use of regular audits to ensure they provided a good quality of service.
- This included carrying out monthly house audits where they checked finance sheets, daily communication records, environmental checks and incident/accident books.
- Monthly medicines audits were also completed looking at all aspects of medicines management.

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

- People were supported by staff to complete quality assurance surveys. This was done to gather feedback on how people felt they were looked after. We saw that people were happy with the way things were, some of the comments included, "I like the staff in my flat" and "I love living here."
- Staff meetings were held for each service, where the core team were able to get together and discuss people's care and support.
- Individual supervision sessions were held, giving staff an opportunity to express their views to the registered manager.

Working in partnership with others

● The provider was open to working collaboratively with community healthcare teams and other organisations such as colleges and day centres to meet people needs.
● For example, we saw the input of the community learning disability team in people's support plans. Review notes from day centres and local colleges where they had supported people were included in people's reviews.