

Curzon Care Limited

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Inspection report

12 Goldfinch Close
Heysham
Morecambe
Lancashire
LA3 2WD

Tel: 01524850652

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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

Curzon Care is a small domiciliary care and supported living service providing support to people with learning disabilities in the Morecambe and Heysham district. At the time of our inspection, the service was providing support to 30 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People's care and support had been planned with them or, where appropriate, others acting on their behalf. They had been consulted and listened to about how their care would be delivered.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staffing levels were sufficient in order to provide support which met people's needs. Staffing was organised so people received support from a consistent set of staff.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care and support. These had been kept under review and were relevant to the care and support provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

People were supported to have access to healthcare professionals and their healthcare needs had been met. People told us staff acted quickly if they were unwell, to seek professional advice.

People told us staff were caring towards them. They told us staff who supported them treated them with respect and dignity. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had a complaints procedure which was available to people who used the service and their

relatives. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, daily communication and satisfaction surveys to seek people's views about the service provided.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to ensure a member of the management team would be available to speak with us.

The inspection was carried out by one adult social care inspector.

Before our inspection, we reviewed the information we held on the service and completed our planning tool. Information we reviewed included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection 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.

During the inspection visit we spoke with a range of people about the service. This included three people who were supported and one person's relative. We also spoke with four staff including the registered manager. We also received feedback from an external professional. This helped us understand the experience of people who used the service.

We looked in detail at care records of two people who received support. We also viewed a range of other

documentation related to the management of the service. This included records related to medication, staff recruitment and supervision arrangements, staffing levels, quality assurance and safety checks.

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving support from the service. Comments we received included, "Yes, they help me feel very safe. The staff are brilliant." And, "Yes, I feel safe." A relative we spoke with commented, "[Family member] is safe. She can call them any time and they'll come straight away. Even at three or four in the morning."

People were protected against abuse and poor practice. The provider ensured staff received training in order to help them identify and report abuse or poor practice. Staff we spoke with told us they would not hesitate to raise concerns if they had cause to and knew how to report concerns.

Risks were assessed and managed appropriately. The provider carried out risk assessments for each person who received support. These helped to identify any risks related to nutrition, behaviour and medicines, for example. Where risks were identified, measures were in place to lessen the risk.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs. We discussed staffing with the management team who told us they based staffing numbers on the needs of people who received support. People we spoke with told us they received support from a consistent staff team who always turned up when they should. We looked at rotas which showed staffing was well organised.

The provider had systems and processes to ensure medicines were managed safely. At the time of our inspection each person who used the service administered their own medicines. Staff had assessed people's capabilities to do so, in order to ensure they could do so properly. Staff had received training to administer medicines if the need arose.

The provider monitored any accidents and incidents to help keep people safe. We saw details recorded of any incidents, what action was taken and any lessons learned. Where shortfalls or areas for improvement were identified, we saw management shared this with staff and the person concerned. This help to prevent any recurrence.

Is the service effective?

Our findings

People told us they received a good level of support from staff who had suitable skills and experience. One person told us, "The staff are brilliant. They all know what they're doing. They help with all my appointments." Another person commented, "I choose what I want them to do. They help me with cleaning, cooking, gardening and shopping."

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 when this is in their best interests and legally authorised under the MCA.

We looked at how the service gained people's consent to care and treatment in line with the MCA during this inspection. We found the principles of the MCA were consistently embedded in practice. The service provided support to people who may have an impairment of the mind or brain, such as a learning disability.

People chose what care and support they received and it was planned in order to deliver effective outcomes for people. For example, one person did not have the confidence or knowledge to travel alone. The service had supported this person to learn the skills they needed to do so, which had enabled them to be more independent. We reviewed people's care records and spoke with people about how they made choices in relation to their care. People told us they had discussions with senior staff about the care they needed and wanted, which was used to inform their support plan.

Staff received a good level of training and support in order to deliver effective support to people. Staff we spoke with confirmed they were well supported by the management team, who they could call on for guidance and advice. Staff completed a variety of training on their induction and on an ongoing basis, in order to ensure they had the right knowledge and skills. Staff told us and records we saw confirmed staff received regular supervision and appraisal which supported them in their role and enabled management to address any performance issues.

People were supported to eat and drink enough to maintain a balanced diet. We saw people's nutritional needs had been assessed. Each person received the encouragement and support they needed in order to prepare meals for themselves or staff ensured meals were prepared for them. People were encouraged by staff to make healthy choices with regard to eating and drinking.

People we spoke with told us the service supported them to access other services, such as healthcare, when they needed them. Staff supported people to understand forms and correspondence they received if they needed help and also supported people to attend appointments.

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind, caring and friendly. Comments we received included, "They're all kind, caring, considerate and friendly. They do the job not because they have to do it, but because they want to do it. They are amazing and do an amazing job. I wouldn't change anything at all." And, "They've been looking after [family member] for years. We have a good relationship, I'm always speaking with them. They're very good with confidentiality. They put the client first all the time."

Staff had a good understanding of protecting and respecting people's human rights. Staff had received training which included guidance around equality and diversity. We discussed this with staff; they described the importance of promoting everyone's uniqueness. Staff took a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Policies and procedures the service had made reference to ensuring people were not discriminated against.

People we spoke with confirmed they had been involved in planning the care and support delivered to them. We saw people's likes, dislikes and preferences had been used to inform care planning. The registered manager confirmed people were involved in the care planning process as far as they were able. One person told us, "Everything they do is all about me."

Staff understood the importance of respecting and promoting people's privacy and dignity. Staff told us and records confirmed they had received training on these subjects. At the time of our inspection, no one received support in the form of personal care. People told us staff always respected their privacy, for example, by knocking on their front door and waiting for an answer.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim being that people with learning disabilities and autism who receive a service can live as ordinary a life as any citizen.

Is the service responsive?

Our findings

People we spoke with told us they received a personalised service which met their needs. One person commented, "I choose everything. It's my support so I choose. If I want to change something, I just say so. [Registered manager] will always listen if I have something to say. If I want to change my times, they will always try to accommodate me." A relative told us, "You can always speak with someone, nothing is ignored. They're very good at organising and liaising [with other services] to make sure [relative] gets the support she needs. They really helped her with her finances and helped her to get a house."

The service took steps to ensure people received care and support that was responsive to their needs. Before the service agreed to provide a package of care or support to any potential client, the registered manager carried out an initial assessment of the person's needs and aspirations. They did this to ensure the service could meet the person's needs. They also considered how compatible the person would be with people who already used the service, in order to reduce potential conflicts.

The service involved people in planning their care and support. This helped to ensure the support people received was centred around them, their needs, aspirations and their preferences. We reviewed people's written support plans and found they contained a good level of information about people's needs, how staff should support them toward their goals and how the service should be delivered in line with their preferences. This included support in the local community, social events and supporting people to go on holidays.

The service had taken steps to ensure people and staff could communicate effectively and people received information in a format that was accessible to them. We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. People's communication needs had been assessed during the initial assessment and then at each review of their plan of care. Staff used different methods to communicate with people. For example, one person used a tick list to tell staff what support they wanted that day and another used his own sign language.

People and their relatives could raise concerns or make suggestions about how the service was delivered to them. The provider had a complaints policy and procedure which gave people information about how to complain and what steps would be taken to resolve any issues. Everyone we spoke with told us they had no reason to complain. They also told us the management team and all the staff were approachable and were confident any concerns would be taken seriously and resolved. The service had received two complaints since our last inspection. We reviewed records which showed they had been addressed and resolved in line with the provider's policy.

The service support people to have a pain-free and dignified death. We saw people's end of life care wishes had been discussed with them if they had agreed to do so. The service had recently supported one person to stay at home during their final days, in line with their wishes. The service ensured they worked with other agencies and provided staff with necessary training which helped to ensure the person was comfortable and

in familiar surroundings.

Is the service well-led?

Our findings

Everyone we spoke with told us the service continued to be well-led. Comments we received included, "[Registered manager] is amazing, really approachable and so kind and caring." And, "[Registered manager] is fantastic." A member of staff told us, "Management are excellent. I feel really well supported. They resolve any issues or doubts and will adjust things or put me at ease."

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

We found the service had clear lines of responsibility and accountability. There was a very positive culture among staff. The manager and their staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with staff confirmed they were clear about their role and between them provided a well-run and consistent service which met people's needs in a person-centred way.

The service had systems and procedures in place to assess and monitor the quality of support people received. The registered manager used supervisions and feedback from staff and people who used the service, as well as annual reviews and surveys to gauge how well the service performed. Feedback was recorded and discussed with people in order to highlight any areas for improvement and implement positive changes. Staff told us they could contribute to the way the home ran through staff meetings, supervisions and daily communication with management. They told us they felt well supported by the registered manager.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's and district nurses.

The service had on display in their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.