Cura HQ Limited

Cura Homecare

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

This comprehensive inspection took place on the 18 and 20 April 2018.

This was the service's first rated inspection since they registered with the CQC in February 2017.

This was an announced inspection which meant the provider was given notice before we visited. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

Cura Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. At time of our inspection 25 people, including two children, were using the service.

The service had a registered manager in post. 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.

People told us they felt safe when receiving support from staff. They praised Cura Homecare for providing a punctual and reliable service. People told us they would recommend Cura Homecare to others.

People told us staff were kind and caring and treated them with dignity and respect. They said they had built good relationships with staff and there was continuity in care.

Staff spoke positively about the people they supported. They told us they would go that extra mile to ensure people were happy and comfortable.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.

People's medicines were mostly managed and administered safely. There had been three medicines errors the past 12 months; however the registered manager had put a new system in place to minimise the risk of reoccurrence.

Risks to people's health and safety had been identified and actions put in place to minimise these risks. Accidents and incidents were recorded and monitored to identify any patterns. Where needed, lessons were learnt.

There was a sufficient number of staff to meet people's needs. People were matched with staff with the skills and knowledge to meet their individual needs.

The service worked within the principles of the Mental Capacity Act (2005) and people's consent was sought before commencing their care.

Staff received relevant training such as safeguarding, mental capacity and manual handling to enable them to carry out their roles. Staff said they received regular supervisions (one-to-one) meetings with their line manager.

People were supported to access health and social care professionals when needed.

People's support plans were clearly written and we saw evidence that people and/or their relatives were involved in the development of the plan.

The registered manager told us they valued their staff and wanted the service to be a place where staff enjoyed coming to work. Staff spoke positively about the support they received.

Staff, people and professionals said the registered manager was approachable and would act on any concerns they had.

The registered manager continually looked at innovative ways of improving the service and getting people involved. They had made various links with agencies in the community.

There were systems in place to monitor and assess the quality of the care provided. Audits were completed and any shortfalls identified were dealt with.

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

This service was safe.

People said they felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Peoples' medicines were mostly managed and administered safely.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage them.

Is the service effective?

Good

This service was effective.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Is the service caring?

Good

This service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and maximised their independence.

Staff maintained people's dignity and upheld their rights. People were treated with respect and their privacy was protected.

Is the service responsive?

Good

This service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People were supported to maintain their independence and access the community.

People were aware of the complaints procedures and felt confident the registered manager would act on their concerns if needed.

Is the service well-led?

Good

This service was well-led.

The service had strong leadership and staff felt supported by management. People told us they felt the service was well managed.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Cura Homecare

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 inspection took place on 18 and 20 April 2018 and was announced.

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

One inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspector visited the office on 18 and 20 April 2018, while the expert by experience supported the inspection on 18 April 2018 and completed telephone interviews with people and their relatives.

Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR), which is information given to us by the provider.

As part of the inspection we spoke with four people who used the service, one relative, the registered manager and two members of care staff. We looked at the records relating to care and decision making for three people. We also looked at records about the management of the service, training records and staff files. We received feedback from four health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe when staff visited their homes. They said "They [staff] are a good honest lot. I trust them all to do their job. I have a key safe, they let themselves in and get on with it" and "Of course I feel safe."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. A staff member said "We always look out for signs of abuse, for example any changes in a person's behaviour." Staff told us they had received safeguarding training and we confirmed this from training records. We saw that staff were visiting some homes where children lived. Staff were also aware of their responsibility to report on concerns about child abuse and we saw staff had completed child protection training, to know what signs of abuse to look out for. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Medicines were mostly administered and managed safely. We saw three medicines errors had occurred the past 12 months, of which the last error was in February 2018. These were thoroughly investigated and lessons learnt. There had been no medicines errors since. For example we saw that as a result of a missed dose in February 2018, the registered manager had implemented a new medicines administration record (MAR chart) as well as a new medicines policy to minimise the risk of reoccurrence.

People we spoke with told us staff supported them and they received their medicines as prescribed. They said "My [family carer] does all my medication and leaves it out for the carers to hand to me, they check I have taken it before they leave" and "They put my cream on my legs and feet, I can't do this myself so I am grateful." Where people were prescribed 'as required' (PRN) medicines, we saw protocols were in place. Staff supported people with repeat prescriptions if relatives were unable to do so.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. There were generally enough staff to cover the rotas, but when staff called in sick or were on leave, the registered manager and care coordinator were also available to cover. The registered manager told us they had links with an agency, but that would be the last resort

People and their relatives told us staff were reliable and usually punctual. A person said "The girls [carers] are on time, on a rare occasion they have been a bit late. This is because the person in front of me has taken longer. I don't mind at all, one day that could be me." People told us they received a 14 day rota, which meant they knew which staff to expect. Any changes in the rota were communicated to people. Comments included "I get an e-mail with my rota so I know who to expect. If there has to be a change I get a phone call to say [carer] won't be coming tonight, [other carer] will be coming instead" and "I have a rota so I always know who to expect, which is nice."

Staff received the information they needed to minimise the risks of injury or harm to people. The registered

manager and senior care staff carried out assessments to identify the risks posed to people by their health and social care needs, the equipment they used, such as mobile hoists, and their home environment. Risk management plans considered people's physical and emotional needs and showed that measures were in place to manage these risks. Staff demonstrated a good understanding of the risks to people they supported.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. We saw any missed calls were recorded as an incident and lessons were learnt. For example the service started a secure messaging service on their mobile phones as a result of staff not reading updates sent via email in a timely way. Using the application on their mobile phones meant any updates were communicated immediately. The service also took the safety of their staff seriously. We saw an incident recorded where a member of the public attempted to get into a staff member's car after their visit. The staff member told us the registered manager reported it to the police and as a result of this incident, bought attack alarms for all staff. They also updated their training on lone working.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

There was a policy and procedure in place to guide staff on infection control and prevention. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Speaking with people they told us staff wore gloves and aprons when providing personal care. The registered manager or other senior staff also completed unannounced spot checks to ensure staff adhered to the infection control policy.

There was a business continuity plan in place in case of for example, loss of power, outbreak of infection amongst staff or adverse weather conditions. The registered manager told us people were prioritised on the level of their care needs and if they had relatives or friends who could support instead of care staff. During periods of bad weather, staff also talked to people about things they can do to keep safe and ensure they had extra provisions within their home. There was a 24hrs on-call service which people could access in case of an emergency.

Good

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this only applied to one person receiving the service at the time of this inspection.

We found the service was working within the principles of the MCA and staff had an understanding of the principles of the MCA. A staff member told us that a person's dementia or mental health could affect their ability to make important decisions, which didn't mean they couldn't make a decision. They said "Even though we think a person's decision is not the correct decision, we still have to respect it." People's consent to care was sought before commencing their care and where people lacked capacity to consent, professionals involved, completed the mental capacity assessment.

People told us they were confident that staff had the knowledge, training and ability to care for them well and confirmed all their needs were being met. They commented "Staff are well trained, they are excellent, they make me feel very safe. I have never had anyone I didn't like. They just seem to know what to do", "They [staff] generally know their stuff. I have had to show them how to put my mask on at night because they have never done it before but they are excellent" and "I have seen most of the staff now and I am satisfied with what they do for me."

Training records confirmed that staff had received training to provide them with the skills and knowledge to carry out their roles. Staff completed training which included safeguarding, mental capacity, moving & handling and child protection. The registered manager also arranged specialist training where required, for example epilepsy and ventilating training. They told us they had a background in paediatrics and also shared their knowledge and skills with staff specific to the needs of children they cared for.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said "[Registered manager] is very good at building your confidence or feedback about what could be done better. My confidence has grown in a short amount of time." Staff told us they felt supported by the registered manager and other staff. They said "They [management] are brilliant. Have always felt supported. Feel like they care about you individually" and "Couldn't be better. I have never had a better manager."

Staff told us they had received a thorough induction before commence working on their own. This included e-learning, shadowing experienced staff and spending time in the office, reading care plans and policies and procedures. Staff were introduced to people before they started supporting them in their homes. This meant

people had an opportunity to show staff around and talk about how they wanted their care done.

People were encouraged to eat and drink sufficient amounts where the service was responsible for this. Staff documented in people's daily records information about what people were eating and drinking and when. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the seniors in the office and make a record in the daily notes. Where people were assisted with meal preparation, they were given a choice. People told us staff would go out of their way to get them the meal they liked, for example one person said staff brought in a meal from a local restaurant twice a week. Staff told us they ensured that people had drinks available before they left their home.

We saw where people had special nutritional requirements, that these were recorded and staff were aware of risk to people, for example a risk of choking. Staff had knowledge of people who had swallowing difficulties and were able to tell us for example details of the specific diet people were following. Where needed, staff were following recommendations from speech and language therapy.

People's care records showed relevant health and social care professionals were involved with people's care, for example occupational therapists and social workers. The registered manager and staff acted on the recommendations from professionals. Professionals commented "The manager followed up my request to contact the GP for a client", "The service responded well to a request to try to support [person] to delay his return home when parents had other commitments and needed him back at a particular time. The worker was very creative in her thinking" and "Yes, my client has recently changed equipment and different type of sling. I updated and sent the new moving and handling plan which they were very happy to receive and follow." Staff told us they supported people to attend GP or hospital appointments.

Good

Is the service caring?

Our findings

People and relatives spoke highly of the care they received and all said they would recommend Cura Homecare to others. They told us staff were kind and caring in their approach and they felt comfortable with staff. Comments included "Girls [staff] are normal everyday people, very kind with a lovely attitude. I have no worries about them; I look forward to seeing them. They are quite chatty and we have a laugh. They get on with things as I like them", "They [staff] are all very good, they are kind and helpful. They have got to know my ways" and "They [staff] are lovely people. I would be proud to have any one of them as my granddaughter. They have a lovely way with them." A relative confirmed this and said "Carers are fantastic. They are very respectful; initially [person] was reluctant with personal care, but now he lets them do everything. They are so bright and cheerful and have a way of getting him to do things he will not do for me. There is so much laughing and joking. They come and brighten up his day. He really looks forward to them coming."

People received care and support from staff who had got to know them well. Staff told us they knew some people liked laughter and fun, but were aware that others preferred to be quiet. They said they adjusted to the person they supported. The relationships between staff and people receiving support demonstrated dignity and respect at all times. A person said "They [staff] respect my dignity and we have a good relationship."

People's care was not rushed enabling staff to spend quality time with them. Staff told us they had time to talk to people and go that extra mile, for example if a person had run out of milk and bread, they would go to the shop to stock up. They said they were due to go to town the weekend in their own time to collect coat hangers for a person as they needed it. They commented "Don't mind picking things up for clients." A staff member who was also a nail technician told us they would spend time with people painting and polishing their nails if they wanted it.

The registered manager told us if people had specific preferences, such as male or female carers, their wishes were respected. They also tried to match people with carers with specialist knowledge and skills where needed, for example some carers had more experience in working with people living with dementia or working with children. People would be matched with a carer with that specialist skills and knowledge. A professional confirmed this and told us "Staff are matched well in terms of experience and interest in my client's case."

People's records included information about their personal circumstances and how they wished to be supported. For example we saw it was recorded for a person that maintaining their relationship with relatives, who lived abroad, was very important and for staff to encourage these relationships. For another person, we saw staff supported them to care for their pet and the pet's care needs were also recorded in the person's care record. Staff told us this person spent most of the time in bed and having their pet near them, was really important.

Staff told us that people were encouraged to be as independent as possible. For example they said "If they

[people] are able to wash their face or front, let them. They want to feel they are still able and involved in their own care and life." A professional confirmed this and said "My client is supported to be as independent as possible during his activities." Another professional told us staff would follow their occupational therapy advice on enabling people, where they had the potential to develop.

Staff knew people's individual communication skills, abilities and preferences and we saw this was recorded in people's care plans. Where people were not able to communicate verbally, staff used other means of communication such as Makaton (signs and symbols to help people communicate) and there was clear guidance for staff on how to communicate with people. For example it stated for one person that they would use their eyes to direct to objects or would smile or cry to indicate feelings. We saw for a person who had various health and social care professionals involved, that the service liaised with professionals to ensure the communication methods were consistent in all settings.

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys and the office had regular telephone contact with people.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. Care plans contained information about people's daily routines, life histories, their likes, dislikes and preferences. For example for one person we saw it was recorded what they used to do as a career, what they enjoyed talking about and how they liked to spend their time. There was also a record of people's daily living needs such as personal hygiene, communication, mobility and medicines, including religion, culture and beliefs. The registered manager told us they were working on a one-page profile for people, which would give staff a quick overview of the person, their needs and how they would like their needs to be met.

The registered manager and care coordinator visited people before commencing their care, completing an assessment on how people wanted to be supported. People told us they were involved in their care planning, as well as their relatives where appropriate. Comments included "I had a discussion with manager before they started. I knew exactly what was needed and the girls [carers] get on and do it. The carers spent a lot of time in my home so it is essential they know what is what. I have asked them to treat it as if it was their own home while they are with me and I have trust in them all and it works well" and "[registered manager] did my care plan. I told her what I wanted, including I needed a cat lover. This has not been a problem. The girls all stick to the care plan and see to all my requirements."

Professionals confirmed this and said "Cura Homecare visited my customer and discussed her care and support needs before agreeing to take on the package" and "My customer was very pleased with the care and support to meet her needs and her care package was at a competitive cost to the council."

Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals, for example occupational therapists or the GP. Staff told us if there had been a change in a persons' physical or emotional well-being, they would contact the office and inform them. Staff liaised closely with relatives where they felt concerned about a person's mental health. For people with complex health needs and diagnosis, that care records contained detailed information about the diagnoses, providing relevant information to staff.

People were supported to maintain their independence and access the community. Staff supported people to attend activities they enjoyed or to go out shopping. A professional told us about the benefit this had on a person they worked with. They said "[Person] support means that he is able to attend an activity which he loves and gives his family a break."

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The registered manager told us the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact

numbers out of office hours, in case of an emergency.

The registered manager told us they were also in the process of developing staff and client packs. Client packs would include information such as making a complaint and advocacy programmes, while the staff packs would include information such as reporting incidents, whistleblowing and important policies.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. The registered manager told us palliative care was their passion; ensuring people's last few days were special. They said the service ensured that people's end of life wishes were respected, for example they told us of a person who wanted to be clean, shaved and presentable. They were able to support this person, but also supported their relative. We saw a thank you card from a relative, which stated "Thank you for taking great care of our beloved mum/wife/nan. You are really modern day heroes and we are so grateful for your time."

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was responsible for the day to day running of the service. They were supported by a care coordinator, company directors and administration. The registered manager told us that Cura Homecare was a vision that came about when they were struggling to find good quality care for their own grandparents. The service was very much a family business, which encouraged suggestions and participation from others. The registered manager told us they were proud of their staff team and that staff shared their vision for the service.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The registered manager regularly worked alongside other staff and provided hands on care. This provided opportunities for the registered manager to complete observations with staff to ensure best practice.

Staff spoke positively about the registered manager and said they were well supported. They said the registered manager was easily accessible. We saw feedback from a staff survey, which stated "It's great how involved management are in the care and how hands on they are", "Since working for Cura I am very happy in my role and enjoy going out to work, which I haven't for a while" and "Relaxed working atmosphere, encouragement from management to achieve what is needed."

Professionals, who worked alongside the service, also spoke positively about the service and the registered manager. They said "When contacting Cura Homecare I have always been dealt with in a professional way. I felt that the support worker I met at a visit was approachable and happy to help me. The manager was always willing to engage and take part in assessments also", "Found the manager to be very approachable. She dealt with my query professionally and was very helpful" and "Very approachable, happy to problem solve with me."

People and relatives told us that they were happy with the service and would recommend it to others. They were familiar with the registered manager, who also carried out care duties alongside other staff. They said the registered manager was easily available and responded promptly to any requests or comments. Comments from people included "This is an excellent company, very versatile and well managed, [registered manager] rings me to ask how I am, and she knows what is going on from staff." [Registered manager] comes in to check on me, I have contact numbers if I need anything" and "The service is run very well. There is good communication, excellent carers. It is a very personal agency and I am so pleased with everything they do."

Comments from relatives included "Manager is very approachable and understanding. Can discuss anything and phone at any time", "There is good communication. I feel well supported and give verbal feedback when asked", "I would describe the service as fantastic" and "Very happy with the service, excellent in all respects, it is perfect, no worries."

Staff were supported to attend regular team meetings. These meetings were held to enable staff to express

their thoughts about the service and hand over important information about people using the service. It also included a short teaching session on a topic that was important or pertinent at time of the meeting, for example safeguarding or mental capacity.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager completed internal audits, such as for medicines, dignity and incidents. Any shortfalls or actions identified from the audits were recorded on a quality assurance tracker. This meant the registered manager had an overview of any shortfalls and when it was resolved. We saw the medicines audit had only been completed once annually. We raised this with the registered manager, who told us a formal audit was completed once a year, but as they were in and out of people's homes all the time, they were constantly looking at medicines recording. They said they would be completing more frequent medicines audits if a shortfall was identified in the management of medicines.

The service worked in partnership with various other agencies, such as GP surgeries, mental health team, learning disabilities and children's services, re-enablement teams and local authorities. We saw examples of multi-agency working to act in the best interest of a person and to ensure the best outcome. The service had also made links with the local community, for example a local bank. The registered manager told us of a person who sometimes went to the bank, but then couldn't find their way home. The bank now knew to contact Cura Homecare, who would send a member of staff to take the person home.

The registered manager stayed up to date with current policies and legislation. They had a nursing background and told us they were also in the process of completing their Level 5 Leadership Diploma. They had also undertaken manual handling 'Train the Trainer' and MCA modules and planned to continue improving their teaching skills to help support the training needs of the team. The registered manager attended registered managers' network and mentoring group, which was a good forum for discussing topics such as MCA/DoLS, as well as networking and information sharing.