

Blossom Healthcare Ltd

# Curant Care

## 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

### About the service

Curant Care is a domiciliary care agency providing care to adults in their homes. On the day of the inspection the service was supporting six adults with personal care, one of whom was in hospital at the time of the inspection. People needed support with personal care, at this time this did not include any complex or end of life care.

Support was tailored according to people's assessed needs with personalised care packages. The service worked closely with people and their families to ensure individual needs and preferences were considered, whilst encouraging and supporting people to remain as independent as possible. 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.

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

Curant Care is a small domiciliary care agency. Most people receiving care had live in carers or a family member as their primary carer. Curant Care worked closely with people and their care team to help support consistent safe care. We spoke to people or their relatives about the care provided. People and relatives told us they were happy with the standard of care they received.

A newly appointed recruitment consultant had been employed. They were actively involved in recruitment, this included advertising and promoting the service. Due to the COVID19 pandemic the service had struggled initially with recruitment. This meant that numbers of people receiving care had been kept low. Although the registered manager told us they planned to remain as a smaller service they were looking to provide longer care visits for people. This would mean improved continuity of care and less travelling time for staff.

Recruitment processes were in place, this included appropriate checks being completed before staff started working at the service. Recruitment processes had recently been improved and the service was offering a number of incentives to encourage recruitment and retainment of staff. We saw that previous interviews carried out by the registered manager included notes on the interview and detailed information of discussion during interview. The registered manager and nominated individual confirmed this level of recruitment detail would be continued in any future recruitment.

New staff completed an induction and training before providing care. Staff were trained and competencies assessed. Staff felt that they received a good level of training to ensure they were able to meet people's needs. Staff received a high level of support from the registered manager. The registered manager was working hard to ensure consistent staff were available to visit people. Changes to care needs were reviewed and care documentation updated. If further training needs were identified staff had this provided.

People received their medicines safely. Medicines administered by care staff were documented on an

electronic system. This was reviewed and audited by the registered manager.

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.

People's care folders included detailed visit plans, these provided step by step guidance for staff to inform them of a person's care needs during each visit. Visit plans were supported by further risk assessments and documentation to ensure staff were able to provide care appropriately. Care records were reviewed regularly and updated when any changes occurred.

Quality assurance systems were in place to measure and monitor the standard of the service. The registered manager completed a number of audits. Further reviews were also carried out by the head of operations/nominated individual. Any actions identified during audits and reviews were taken forward to ensure continued learning and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned comprehensive inspection. The overall rating for the service was Good. This is based on the findings at this inspection.

#### 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.

## 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.

Good ●

### Is the service effective?

The service was effective

Good ●

### Is the service caring?

The service was caring

Good ●

### Is the service responsive?

The service was responsive

Good ●

### Is the service well-led?

The service was well-led

Good ●

# Curant 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 carried out by one inspector 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 24 hours' notice of the inspection. This was because it is a small service and 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 contacted other agencies who work with the service, including local authority teams. We reviewed statutory notifications sent to us by the service about events that had occurred. A notification is information about important events which the provider is required to tell us about by law. We spoke with people using the service and relatives on the telephone. We also received feedback from four care staff. We requested a variety of documentation to review as part of our ongoing monitoring of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We reviewed a range of records. This included three staff recruitment files, training records and competencies. We also looked at two people's care plans, all medicine administration records, documentation relating to the management of the service and a variety of policies, procedures and quality assurance processes. We met with the registered manager and nominated individual in the office and observed them responding to telephone calls and carrying out their daily duties.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the staff rota and business continuity plan.

# 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Detailed risk assessments were in place to reduce risk and keep people and staff safe. Risk assessments completed included pressure ulcer, moving and handling and COVID-19. Other potential risks for example, those associated with having a catheter or risk of falls were also documented within care records to ensure staff had the information required to provide care safely.

- People we spoke with told us they felt safe when receiving care. One person told us, "I am happy with the service I get. It has helped me stay at home"

- Staff had received safeguarding training to ensure they understood how to keep people safe and knew what to do if they had any concerns about people's safety. Staff would contact the office and discuss any concerns with the registered manager or nominated individual. The registered manager was aware of the local authority reporting procedure for any safeguarding concerns should they arise.

- Staff had access to an on-call service if they needed advice or support. The service had a business continuity plan in place to respond to any emergencies.

Staffing and recruitment

- The service had enough staff at present to meet people's needs. When staff went off sick or in an emergency the registered manager and the nominated individual were available to cover calls if required. Staffing and recruitment had been challenging during the pandemic. Recruitment was on-going, the provider had recently employed a recruitment consultant. Incentives and rewards were being offered to encourage new starters and to reward current staff.

- Staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

- People told us that they felt staffing levels were adequate, although people were aware that staffing levels were challenging. Call timings had been explained to people before the care package began. Two people told us they would prefer the times of their visits to be changed. The registered manager told us that they sought to meet people's needs and request however, this was not always possible, due to staffing and travel. One person told us, "The carer generally arrives on time, but they have 15-minute window either side of their allotted time. If it is going to be later than that then they or the Office will phone. We tend to get the same group of carers."

Using medicines safely

- People received their medicines safely.

- Care staff received medicines training and had their medicines competencies assessed. This meant

people were supported to receive their medicines safely. A relative told us, "During the day the carer does my relative's medication and I do all the ones overnight" And, "They do all my medication for me and put it down in their phone what they have done and when".

- Staff recorded medicines administration via an electronic system. The registered manager had access to this and carried out a regular audit of medicine administration records (MAR) charts to ensure there were no errors. Any issues would be followed up and investigated.
- Medicines policies and procedures were available for staff to ensure medicines were managed and administered safely.

#### Preventing and controlling infection

- Policies and procedures were in place regarding infection prevention control (IPC). Further measures had been introduced in response to the COVID-19 pandemic.
- Staff had received IPC and COVID-19 specific training and had access to required personal protective equipment (PPE).
- The registered manager spoke to staff regularly to ensure safe COVID-19 and IPC measures were being maintained in people's homes. Thorough IPC processes were also in place in the office. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction and during training.

#### Learning lessons when things go wrong

- Curant Care is a small service; since the service registered, no accidents or incidents had occurred.
- Policies and reporting procedures were in place should any incidents occur, and staff were aware of reporting procedures to follow. The accident and incident log included any actions following the incident and any follow up required. The registered manager had full oversight to ensure all steps were completed and any required actions taken.
- In the event of any accidents or incidents occurring, monthly analysis would be completed to identify any trends or themes and any improvements or learning taken forward.



# 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.

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

- People's care was assessed prior to a care package being agreed to ensure each person's care needs could be met. This included visiting the person to discuss their choices and preferences. One told us "We had a discussion about how I like things done and it was all agreed".
- People confirmed regular reviews were carried out. Telling us, "The manager regularly visits to see how things are going and if I need anything extra which shows she cares".
- During the inspection we observed the registered manager sourcing training for staff to ensure that prior to a new package of care being agreed, staff had access to appropriate training to meet the person's specific health needs.
- Staff had access to up to date care records kept in people's homes. A duplicate copy was also available in the office. Some records were recorded using an electronic system. This included medicines administration and some daily records. This system was available to staff on mobile devices. Staff told us they were kept updated of any changes. One said "My manager (X) gives me updated care plans of my clients, this facilitates my job easily so I can support the clients without any difficulties."

Staff support: induction, training, skills and experience

- People receiving care had a variety of personal care needs. Care staff worked alongside live in carers and family members to assist them in providing care to their loved one. This included support with moving and handling and other personal care tasks. Relatives confirmed, "The carers who come to help my partner are well trained. They certainly know how to use the hoist when they move my partner".
- Staff received an induction and mandatory training. Further specific training was sought when needed. This meant staff were appropriately trained to meet people's needs. Staff told us, "I received all relevant training from my company, and this enhances my knowledge and skills".
- Staff had regular supervision and support and had access to policies and procedures to support their role. This included a whistleblowing policy.

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

- Most people had support with their meals by live in carers or relatives. Staff from Curant Care supported people's nutrition and hydration needs when appropriate.
- People and relatives were happy with the nutritional support provided by Curant Care telling us, "The carer prepares my relatives meals and always offers her a choice from the food we have provided".
- Information was provided for staff regarding people's preferences and dietary requirements and any associated risks to ensure they had the information required to support people safely.

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

- Where people received support from live in carers, or a relative was their primary carer, Curant Care staff liaised with them regularly to ensure consistent care was provided and any relevant information handed over.
- The registered manager worked hard to build an open rapport with people and their relatives. Staff worked closely with people to ensure they received consistently good levels of care and support which met their needs and enabled them to live healthier lives.
- People's relative's or live in carers took responsibility for contacting GP's or other health professionals when needed, although the registered manager told us they, or their staff would also do this if it was necessary. Relatives confirmed, "I make arrangements for their medical and personal needs. The carers will talk to me if they have any concerns so I can call the doctor or district nurse". And, "I do all the medical appointments for my relative and the cares will speak to me if they have any concerns".

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The registered manager was aware of Deprivation of Liberty Safeguards (DoLS) and the process to follow should it be needed. No one currently receiving care required a DoLS at this time.
- A Mental capacity screening tool was completed to assess people's capacity to make specific day to day decisions. People's capacity was considered throughout care assessments and documentation, so staff knew the level of support people required while making decisions for themselves. Everyone receiving care had capacity to make decisions.
- People told us they were involved in choices and their consent was sought prior to any care tasks being completed.

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

- Peoples' equality and diversity was considered and respected. Staff adapted their approach to meet peoples' individualised needs and preferences. Documentation included information for staff around peoples likes, dislikes and preferences as well as their protected characteristics.
- People and relatives told us, "I think my carers are caring. I have got to know them well and we have a good relationship. They are always ready to chat, and we often have a joke or two, which I like". And, "The care that my partner receives is good. Our carers come from a small group which means we get to know them really well."
- The service provided information to people regarding how to access advocates if needed, signposting people to agencies they can contact for support.
- People and relatives said they were involved in the initial care assessment and subsequent reviews. People felt they had opportunity to provide feedback on the care provided. Telling us, "We planned the care package jointly with the hospital and Adult Social Care. It was fairly straight forward. We had a review with Curant Care and made some small changes to account for the changes in need".

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were considered and supported. People told us, "They do treat me with respect as I do them, which the best way to live and work together". Relatives said, "The carers do show respect to my relative and support them with their condition". And, "They have total respect for him which was shown when he had to go into hospital; the staff rang to see if he was alright and if I needed any help. It was very touching".
- Documentation evidenced that staff were facilitating people to remain as independent as possible. Guidance for staff included detailed information around how to involve people in daily care tasks, how people liked their care to be provided, what people liked to do for themselves and where further support might be needed.

# 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 Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences ; 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 told us they received personalised care and were able to make choices and express their preferences. One told us, "We organised this care in August 2020 after I came out of hospital. It was part of my post hospital care plan and was quite an easy process."
- We spoke to the registered manager who told us how they ensured a detailed assessment was carried out, this included talking to people and their relatives to understand their needs and preferences.
- Care was tailored to the individual. Care documentation and visit plans contained guidance to inform staff how to provide care for people that met their individual needs. There were detailed descriptions about each person's likes and dislikes and how they liked to spend their time. Documentation also included information regarding family and important relationships, religious and cultural preferences.
- Staff worked hard to help people to maintain important relationships and continue to do the things that were important to them. Telling us, "At the end of the day I feel satisfied and happy to of been able to support someone with living as independently as possible". And, "Records are very detailed and always being updated to help us support the customer's needs".

### 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.

- Peoples communication needs were assessed and reviewed regularly. Information was provided for staff to ensure they were aware how to communicate with people effectively. For example, "X has capacity, but communication needs to be slow and patient, as they speak very quietly". For another person documentation reminded care and office staff to contact the person by text if needed.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. Copies of this were available for people. Information was provided within the care folder in people's homes. This informed them how to make a complaint.
- Complaints were reviewed by the registered manager and any actions taken forward and fed back to the complainant. Any identified actions and outcomes were taken forward as learning to improve the service. We saw evidence of one complaint regarding a carer had been received over the telephone. This had been documented within the complaints folder and the complaints process had been fully completed.

- People told us if they had an issue or concern, they would ring the office and speak to the manager or discuss it with the carer when they visited. Comments included, "We don't have any complaints. If they are going to be late, we get a phone call or if we are going to get a replacement carer". And, "We have no complaints as things are working well for us". Two people did express that there had been issues in the past which related to the timings of calls and staff arriving later than expected. This was discussed with the registered manager who explained that staffing had been an issue during the pandemic and recruitment had continued to be slow. The registered manager informed us that when a new package of care was assessed, timings of visits were discussed and people were informed of the visit time availability and the 15-minute window before or after the time of visit to allow for any unforeseeable delays. If care staff are going to be late, they call the office and people are notified immediately.

#### End of life care and support

- No one using the service at the time of the inspection was receiving end of life care. However, the registered manager confirmed that peoples' end of life care would be discussed and planned should this be required.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback regarding the running of the service from people and their relatives. One commented, "We are very happy with the service we get. The Office and the Manager are very helpful when I make any request. Nothing is too much trouble". Another shared "The office is helpful and approachable and on the whole the service is well managed; it works for us".
- Staff felt that the service was well managed and told us they received a high level of support from the registered manager. One said, "I can contact my manager any time during the day and night, this gives me confidence and support for my work role, she arranges supervisions and flexible hours for me." The registered manager was open and engaging and had a good relationship with staff. Staff felt able to contact the manager at any time to discuss work or personal issues if needed. This was evident by calls witnessed during the inspection where the registered manager was heard to offer guidance and support when telephoned by members of staff throughout the day.
- The nominated individual, registered manager and staff all shared with us that providing high quality care that met people's needs was their prime objective. The service was in a period of development and was looking to grow and expand. Issues related to staffing levels were being actively addressed to ensure ongoing improvement and to facilitate more flexibility with visit timings.

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

- A quality assurance system was in place to continually review, monitor and assess the level of care and support provided.
- Audits completed included care documentation, infection control, medicines and COVID19 testing. A monthly performance matrix reviewed a number of areas related to staffing, these included, training and competencies, staff supervision and appraisals. Audits were reviewed and any identified actions taken forward.
- The registered manager carried out visits and calls to people receiving care, they told us this gave them the opportunity to check people's care needs were being met and make any changes required.
- Staff had access to policies and procedures and were clear about their role. Staff feedback included, "At the end of the day I feel satisfied and happy to of been able to support someone with living as independently as possible". And, "I feel Curant Care is very well managed and I feel very supported in my job role".

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

- The provider 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.

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

- People and staff were involved in developing the service. Feedback was regularly sought from people using the service and their relatives to check if they were happy with all aspects of the care and support being provided.
- Staff received supervision, appraisals, spot checks and competency assessments. Staff group face to face meetings had not been possible due to Covid-19 restrictions, however one to one meetings had taken place and staff signed the agenda to confirm they had read updates and were aware of any changes.
- We saw examples of positive feedback for staff, this included a staff award each month where the nominated staff member received a gift to thank them for their hard work and dedication. Staff told us, "As a health care worker, honestly I can tell you the best employer in my life is Curant Care".

Continuous learning and improving care; Working in partnership with others

- Curant Care had a registered manager in post who had recently registered with CQC, however they had worked for the provider for some time.
- The provider had recently recruited a new head of operations/nominated individual who was working closely with the registered manager. Both confirmed that the changes to management and overall staffing team had been positive.
- Reviews of working systems meant improvements had been identified and learning had been taken forward to further improve and develop the service. One person told us, "The carers generally arrive on time and will stay until the jobs are done. They do try giving us regular carers and they are all nice".
- Management and staff worked closely with families, live in carers and other healthcare professionals when needed.