

Cura-Care Yorkshire Limited

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Inspection report

Stonecross House
Doncaster Road, Kirk Sandall
Doncaster
South Yorkshire
DN3 1QS

Tel: 01302887222
Website: www.cura-care.co.uk

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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

Cura-Care Yorkshire Ltd provides personal care to people living in their own homes. It also provides short breaks for children and young people with disabilities and their families. At the time of this inspection the service provided services to four adults and 39 children. This is the first inspection of the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The registered manager and nominated individual were present and assisted us throughout the day.

Staff were trained to recognise signs that might show someone was at risk of abuse or harm. They knew the importance of reporting their concerns to promote people's safety.

Staff had guidance about how to minimise risks to people's safety and welfare. Staff supported people to understand risks themselves and to learn what they could do to promote their own safety and welfare. Where staff supported people with their medicines, they did so in a safe way.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

Staff understood the importance of seeking consent and encouraging people to make their own decisions. If someone's capacity to make an informed decision was in doubt, staff consulted others who knew the person well. They involved the person, professionals and families to help determine what was in the person's best interests.

People's privacy and dignity was promoted and staff treated people with warmth and respect. People were encouraged to say how they wanted staff to deliver their care and, in some cases, to draw up their own guidance for their support staff.

The registered manager and staff reviewed people's care to see whether anything had changed. Staff knew about people's individual needs and preferences. They knew how to meet these and had guidance within care plans focused on each person.

People were confident that they could raise any concerns or complaints they had with the management team and have them addressed. They were also encouraged to express their views on a regular basis. This happened formally through surveys at the end of support sessions. Others connected with the service, such as family members, were encouraged to say what they thought about the service. The management team reviewed where the service was performing well and what improvements they could make in response to

the views they obtained.

Staff were fully involved and committed to achieving the service's values and vision. The service had systems to monitor and review the quality of the care provided. People told us they had continuity of support staff. They said staff always arrived on time and stayed for their allocated time. People were supported by staff who demonstrated kindness, compassion and courtesy.

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.

Relatives and staff felt the service was safe.

Staff showed a good understanding of safeguarding and whistle blowing and knew how to raise concerns.

Sufficient staff were deployed to meet people's needs. The provider had effective recruitment procedures.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver good care.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where applicable, people were supported to have enough to eat and drink to meet their needs.

Is the service caring?

Good ●

The service was caring.

People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who understood and followed their known wishes and preferences.

Equality and diversity needs were assessed and incorporated into the care provided.

People using the service and their representatives were involved in planning and making decisions about the care and support provided.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

People's plans were updated regularly if there were any changes in the care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service were encouraged to express their views about the service.

Systems were in place to ensure complaints were encouraged and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems for monitoring and improving the quality of the service people received were effective and identified where and how improvements could be made.

Staff were happy working at the service and there was a positive team spirit and culture.

Staff felt supported by management and thought the training and support they received helped them to do their effectively.

Cura-Care Yorkshire Ltd

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 was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure there would be staff available in the office.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection visit to the office was carried out on 5 July 2018 by an adult social care inspector. During the inspection we spoke with five staff members, including the registered manager, nominated individual and a volunteer who also received services from Cura-Care Yorkshire Ltd.

We spent time reviewing records, which included five support plans that included medication administration records, staff rotas, training records and four recruitment files. Other documentation related to the management of the service such as policies and procedures, compliments, accidents and incidents and quality assurance records were viewed.

Following the inspection, we spoke with the relatives of five people receiving a service to gain their views on the care and support provided. In addition, we spoke with the local authority who shared their views on the service.

This was Cura-Care Yorkshire Ltd first inspection with the Care Quality Commission.

Is the service safe?

Our findings

One person who used the service and relatives we spoke with told us that they felt the service was safe. One person told us, "I feel safe." A relative said, "Yes, definitely. I don't have any concerns regarding safety." Another relative told us, "Safety is fine."

There were safe systems for the management of medicines. Risk assessments had been carried out to assess how much support people needed with their medicines. The provider also kept a shared online secure file which listed all medications and a detailed outline of all possible side effects, possible risks and information about the drug. Those who needed support had confidence in the staff and they received their medicines as they should. One relative said, "Medication is not a regular occurrence but when they [staff] have had to give it they have done it well." Staff were trained to prompt and administer medicines safely. Staff told us they received adequate training and felt confident in completing this task. Staff completed medicines administration records (MAR) to show medicines had been given and when. These were monitored by the registered manager. We found MAR's were completed and did not have any signature omissions. The registered manager had recently recognised the need to improve the documenting of creamed medication and was in the process of making the improvements which would be disseminated to staff.

The registered manager and staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally.

There were enough staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered, with staff attending at the expected time. People and their relatives told us they always knew the staff member attending, as they were regular staff. Any new staff member was always introduced during a shadowing visit before they visited alone. This ensured staff knew people well along with their individual needs and promoted continuity of care. People recognised staff and felt safe with them as they had met them and knew they understood their care needs and had developed a trusting relationship with them.

The managers and senior care staff provided telephone contact for staff and people to use. This ensured staff and people had access to advice and guidance and any possible emergencies were responded to promptly. A business continuity plan policy was in place and recorded actions to be followed in response to emergencies or untoward incidents. For example, if bad weather affected how the service could be delivered.

The service had a number of policies and procedures that supported staff to respect people's rights and keep them safe from harm. Staff had undertaken training on safeguarding people and could discuss different types of abuse, how they could identify the risk of abuse, and what to do if they had any concerns. For example, one staff member told us how they would report concerns to the registered manager or local authority. They said, "We respect people for who they are and have a duty to ensure they are not discriminated in any way."

Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, two references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults and children.

People's care records contained assessments of risk to which they were exposed. This included for example, risks associated with their mobility and activities. Social care professionals told us they had no concerns about people's safety. One professional commented that they felt staff were experienced in the assessment and management of risks. Staff told us they felt risk assessments contained enough guidance for them to follow to help promote people's safety. The registered manager reviewed risk assessments regularly for people with the input of the staff who provided support. This helped to address any changes or emerging risks to people's safety.

There were good procedures to monitor infection control. Staff had access to and wore personal protective equipment (PPE) including gloves and aprons during their visits. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. For example, one staff member said, "We have a ready supply of gloves and other protective equipment. It's also important to ensure we wash our hands before giving any medicines."

Is the service effective?

Our findings

Staff confirmed they received good support and the training they needed to be effective in their role. All staff currently employed were registered or working towards their NVQ at level 2 or 3. Essential training included moving and handling, first aid and infection control. Staff had also completed more specialised training in areas such as autism. One relative told us, "The staff are all very capable in meeting [person's] needs, so training must be appropriate." Staff from the local authority said, "They are a very proactive company regarding training. They always want to know what is available for their staff." A staff member commented, "I feel very supported. We definitely have a great team." Records we viewed showed supervisions, appraisals and training were up to date.

Assessments were carried out prior to people commencing care. The person's needs were identified with their, and their families, input and a person-centred care plan created, which was reviewed and updated regularly. Care plans included information on any healthcare concerns, nutrition and hydration requirements and risk assessments. For example, the number of staff required for assisting people when receiving help to shower. Care plans also contained information regarding people's medicines.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and had a good understanding of their responsibilities to ensure people's rights to make their own decisions were promoted. The 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.

Where it was identified as a need, people were supported to have a balanced diet that promoted healthy eating and nutrition. Staff told us that where possible, they promoted people live healthier lives through outdoor activities.

Staff told us gaining verbal consent from the person who used the service was paramount. Care plans detailed how consent could be determined by people for example, verbally or by body language. This meant that people could have the independence and freedom to choose what they did with as little restriction on their liberty as possible.

Is the service caring?

Our findings

People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Feedback indicated that staff were very friendly but maintained a professional approach. One relative said, "We have had other companies previously but the staff at Cura-Care really are the best. They look and act professionally." One person's comments included, "I'm really happy with the staff and the support I receive." When we spoke with staff they showed a genuine caring and compassionate approach to people they supported and a focus on people living the life they wanted to.

Relatives told us they had been consulted about their relatives' care and support needs. One relative told us, "I know the care plan. I'm involved in it but it is always centred around [person], what they want and how they want to do it."

People's needs relating to equality and diversity were assessed at the start of the service. Care plans included detailed instructions to staff on what actions they needed to take to meet people's individual cultural needs. Those instructions included guidance on people's diet, hygiene and dress. Where applicable it was noted in the file that someone should receive care from a member of staff of the same gender. Each person had an assessment of their communication needs, together with details of methods of communication specific to the person, to help staff when working with them.

People's likes, dislikes and how they liked things done were set out in their care plans. Care plans were person centred and targeted towards what people could do and how staff could help them to maintain their independence safely wherever possible. The care plans were drawn up with people, using input from their relatives.

People's wellbeing was protected and feedback people had given after their support was positive and described how they had enjoyed their time at the service. This was done after every session and in a format which was accessible for people.

People's right to confidentiality was protected. All personal records were kept securely and were not left out in public areas of the service.

Is the service responsive?

Our findings

People and their relatives told us they received care and support that was responsive and met their needs and their preferences. One person said, "I get all the help I need, I really like it here." A relative told us, "Our experience is that the service is totally led by the people in receipt of support. Through the support we have seen [person] grow in confidence, particularly in social situations."

People's likes, dislikes and how they liked things done were known and incorporated into care plans. The care plans were detailed and written in a way that gave staff a clear idea of the person as an individual. People's abilities were kept under review and any changes or increased dependence was noted in the daily records and added to the care plans. Any changes would also be discussed with the person's relative to ensure the change was known about. This meant people's needs and the care plans were kept up to date and any changes were verified.

Relatives told us staff kept them informed about any changes in their family member's care and support. One relative said, "They [staff] are fantastic." Another relative commented, "They are always contactable and fluid with our needs. For example, we can bank support hours for another time if we need to."

The majority of views about the activities available to people were positive. Most relatives felt opportunities for their family member to access the community were ample. Although one relative said, "Whilst there are restrictions due to the local authority and rural locations, the staff could be more proactive in identifying suitable activities."

Cura-Care provide a sessional, café based activity for young people within the service. The café experience enables 10 young people aged 10-18 with disabilities to run and manage a café in the community. Young people have the opportunity to serve customers, take orders, and manage food orders, also including tidying and managing the whole environment throughout the activity. This is with the full support of trained and qualified staff, providing young people with life skills and responsibilities.

People and their families were aware of how to complain if they needed to. The registered manager told us they went through the complaints procedure when they met people and their families who were new to the service. She said, "I make sure they know they can call me or the office at any time if they are not happy with any aspect of the service." People confirmed this was the case. They told us they found the service to be responsive in the way they received complaints and acted to resolve them. One person told us, "I have never made a complaint but I know how to." A relative said, "I raised a concern at the beginning and it was resolved quickly." Another relative told us, "The complaints information is all in the information brochure we have but we have not had cause to use it."

Is the service well-led?

Our findings

People and their relatives told us they believed the service was very well managed. They told us the registered manager and staff knew them and responded quickly and effectively to their needs. They were satisfied with the service provided and were comfortable with any contact made with the office staff. Comments made included, "It is easy to get in touch with the office and they always respond quickly to messages or emails." "Our experience is it's very well run." The local authority personnel we spoke with supported the view that the service was well-led.

There was a clear management structure with identified roles and responsibilities. The registered manager had experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service. The nominated individual worked alongside the registered manager with the structure and running of the organisation.

The service had a clear set of values and a vision that staff understood and followed in practice. The aim and focus of the service was to, 'develop a partnership based upon care and mutual trust'. To do this the providers recognised the importance of valuing staff and investing in their training and daily support. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff.

The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. One staff member said, "It's a great place to work." Another said, "This is the best job I have ever had, we have a great team." Staff morale and a team spirit throughout the work force was good, staff were committed to their work and their colleagues.

The provider engaged with organisations to forge links and work in a collaborative way. For example, one person, who received support also worked in the office undertaking administrative duties and had also formed part of the interview panel during recruitment. This was done in collaboration with the local college where the person attended. This was a direct link to the registered provider's commitment to be a Disability Confident Employer. The Disability Confident scheme aims to organisations successfully employ and retain disabled people and those with health conditions.

A comprehensive audit of the service was carried out monthly. This audit covered aspects of the service and care provided such as medicines, care records, staff records, supervision records and daily visit logs. Care documents were also audited on a peer basis. Issues identified were discussed at the weekly team meeting. Staff told us they found this approach beneficial. One staff member said, "It helps us all improve and reach the same standards." The registered provider also employed the services of an external auditor on a quarterly basis. They audited all aspects of the service which covered the five key questions used during CQC inspections- safe, effective, caring, responsive and well-led. This enabled the registered manager to monitor the service provision and ensure that the quality of care provided was maintained and any improvements identified were rectified for the benefit of people who use the service.

People told us they were asked for their views about the support they received. Frequent quality checks took place with people and their relatives. One relative told us, "There is feedback after every visit from both me and my child." The reviews identified what worked for people, what could be improved and what people considered the most important aspects of the service for them. Feedback comments included; "High standard care", "Privilege to have Cura-Care as our support provider", "Amazed with the improvements to [person]."

The registered manager told us that if it was pertinent or requested by people, family, friends and other carers, they would be involved in planning, managing and making decisions about people's end of life care.