

Cura Care Limited

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Cura Care Limited on 17 July 2017.

Cura Care Limited provides personal care and support services to people living in their own homes, including older people with dementia. At the time of our inspection the service provided support to 35 people.

At the previous inspection on 21 July 2015 we found that the service was meeting all the quality standards and was rated "Good". At this inspection (2017) we found the service continued to provide good quality care to the people it served.

At the time of the inspection, the service had a 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.

Cura Care Limited provided good care to people. People were supported by caring staff at all times but especially with regard to their relationships with people and going above and beyond the strict boundaries of the agreed care plan. We saw numerous examples where the care staff and managers went "the extra mile" for people and heard from people's experience that this made them feel that they mattered.

People and their relatives felt they received a good service. Feedback from people was positive throughout. People felt that they were with a care provider they could trust and feel safe with. People liked their care workers and felt they were kind, caring and polite. They told us their needs were met and the way in which they were cared for reflected their preferences. People were involved in planning and reviewing their own care.

People felt safe and received care and support from staff who were appropriately recruited and trained. People received personalised care in accordance with care plans which included risk assessments and instructions on how people preferred their care to be given. Staff were trained in, and aware of, policies and procedures designed to keep people safe, including safeguarding people from abuse and the management of medicines. There were systems in place to guide staff in reporting any concerns.

Staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. The registered manager monitored staff training to ensure their existing knowledge and skills remained up to date. Staff received supervision and attended team meetings which included people's care as part of the discussions. Staff adhered to the Mental Capacity Act 2005 code of practice.

People were supported to eat healthily where this was part of the agreed plan of care. In addition, care staff

brought any concerns regarding nutrition or fluid intake to the attention of the manager so that they could be raised with relatives if necessary. People received the support they needed to stay healthy and to access healthcare services. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating.

Staff were caring and treated people with dignity and respect. People had built caring relationships with staff and were encouraged to make their own choices and maintain their independence. Staff supported people in a way that suited people's needs and preferences.

People received support that was responsive to their individual needs. People, and where appropriate, their families, were involved in planning the care and support they received. Each person had a care plan which was personalised and up to date. Care Plans set out how people's specific care and support needs should be met by staff. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

The agency was appropriately managed and there were systems in place to monitor the quality of service. Audits and checks were carried out, including spot checks (unannounced visits to people whilst staff were carrying out their work). The provider had an open and transparent culture and worked with people, their relatives and other organisations in an open way so that people received good quality care. People felt comfortable raising any issues they had about the provider. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The provider also routinely gathered feedback from people using the service, their relatives and staff. This was used to continually assess, monitor and improve the quality of the service they provided. Records were up to date and appropriately maintained.

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.

There were procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff.

Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. Staff were aware of their responsibilities in relation to the Mental Capacity Act and acted in people's best interests.

People were supported to eat healthily, where the service was responsible for this and nutrition and hydration was monitored.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Is the service caring?

Outstanding 

The service was very caring.

People we spoke with felt the care workers were exceptionally caring and treated them with immense dignity and respect while providing care.

The care plans identified how the care workers could support the

person in maintaining their independence and policies emphasised the importance of maintaining dignity and respect

Each person's individual needs were identified in their care plan. In addition, the service was able to describe many instances where staff carried out extra personal tasks for people, or where the service was innovative and creative in their approach to ensuring people felt cared for.

Is the service responsive?

The service was responsive.

People were involved in discussions and decisions about their care and support needs.

Care plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good ●

Is the service well-led?

The service was well-led.

The manager provided good leadership and encouraged an open culture which promoted teamwork.

There were systems in place to gather feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to assess, monitor and improve the quality of the service they provided.

Records were held securely and confidentially.

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 inspection took place on 17 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

We reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and the director of operations. We reviewed the care records for three people using the service, the employment folders for three care workers, training records for care workers and records relating to the management of the service. We looked at a sample of medicine administration records and policies and procedures relating to the service. We spoke with five people who either used the service or were family members of people who used the service. We also spoke with the service's care supervisor and three other members of staff.

Is the service safe?

Our findings

People told us they felt confident with staff and were safely supported with their care. One person said, "They've never sent me anyone I felt unsafe with." A relative told us, "Yes, absolutely safe. When you have carers on a regular basis you get to know them really well. They get to know the person they're looking after very well. They show exemplary care by observing every tiny detail about [my relative] such as how they are eating, and we discuss these things every day."

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of how to report any potential abuse and who they could report it to. They said they were always aware and quick to notice if anyone they supported had any concerns or potential abuse. They were confident to report it to the management team. Staff told us they completed regular training on how to recognise potential abuse and safeguarding concerns.

The registered manager was able to provide an example of a recent concern about the health of a person who used their service and how they had worked with the social services safeguarding team to look at ways they could make the person safer at home.

People told us they discussed their support needs with staff. This included risks to their safety and welfare, for example, detailed risk assessments that looked at all aspects of how people's support was provided. One person told us, "They do their paperwork all correctly. They have a book they fill in every day. If I wanted more things done I would certainly ask them. I think they're reliable nice people."

Staff were able to describe how the service carried out assessment visits for people who used the service. Care records showed that people's care needs were discussed and that assessments were shared with the person and family in order that a care plan could then be put in place.

Staff confirmed that they received regular updates concerning any changes to the health or well-being of people via meetings or emails and this helped to ensure that staff cared for people in a safe way. One staff member had received training in caring for people with diabetes in order to help ensure care was provided safely.

People explained they were supported by regular staff who knew them. Relatives told us their family member was supported by staff who knew their family member well. One relative told us, "We've had a regular carer for four and a half years. They have always been very careful to ensure that we are comfortable with what's provided."

The service had someone in post responsible for recruitment and they were able to describe the recruitment process for the service. Staff records showed that appropriate safety checks were carried out. Recruitment included an application, interview, reference checks and checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Staff wore a uniform and

carried identification badges to further ensure that people felt safe and secure as to who was at their door.

People were made to feel safe if a care worker was running late, with telephone calls being made from the office to provide updates. Everyone we spoke with had had positive experiences with the reliability of time keeping from staff. One relative told us, "The office will ring me and tell me if the buses have a problem. But I have to say that time keeping is very good." Another relative said, "Yes I would be told by someone in the office. However, they've never missed a visit." A third person told us that it had never happened to them.

At the time of inspection the service supported 12 people with their medicines. Care records contained details of any medicines a person used, together with instructions on how to administer or support people to take them.

We looked at samples of four medicines administration records (MAR) and saw that they were appropriately completed and signed by staff. Staff had received training in supporting people with medicines and completed records were audited by the care supervisor.

Is the service effective?

Our findings

People said they were confident that staff knew how to support them. One relative told us, "Absolutely confident, and they get regular refresher training as necessary. The staff from the office visit us quite often to monitor how things are going okay, and I have a very positive relationship with the manager."

Another relative said, "I think [my relative] has only had staff who have been very sensitive to working with someone with dementia." A person who used the service said, "The staff they've sent me have always been able to carry out the job."

Staff told us that they had received an induction before working independently with people. New staff spent time working through an induction program which included practical training, e-learning, reading people's care plans and shadowing more experienced staff to ensure they were competent and suitable for the work.

Staff confirmed that they received support and supervision regularly. This included one-to-one meetings with their manager, team meetings and spot checks whilst they were working. One member of staff told us, "I enjoy working here. I get good support and never have any trouble contacting the managers if I have a question." Staff records confirmed that training and supervision took place regularly.

From information received by the provider 34 members of staff had completed the Skills for Care Common Induction standards or Care Certificate and two staff members had Level 2 or above NVQ or Diploma in Health and Social Care. Other training included moving and handling, infection control, person centred care and equality, diversity and human rights training.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For this service applications would be made to the Court of Protection.

Staff had received training in The Mental Capacity Act 2005 (MCA) to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Relatives told us staff offered support to their family member and checked they wanted to receive care, and their wishes were respected. One relative told us, "[My relative] has dementia but is treated as a person who does understand and so they talk to him all the time. So it is kind of chatter all the time."

At the time of inspection there were no people whose circumstances required an order to be made by the Court of Protection that resulted in the person being deprived of their liberty.

People were supported to eat and drink enough and to maintain a balanced diet, where this was part of their agreed care plan. Staff had received training in food hygiene and handling. One person told us, "My carer tidies up, cleans the kitchen and makes sure there's no old food in the fridge."

The provider was able to describe examples where they were able to share concerns about a person's nutrition with family members and social services with the aim of ensuring that appropriate support was given to help people eat sufficient quantities of food.

People said staff helped them if they needed support with their health and social care. One relative said, "They're very helpful. They arrange appointments to go with [my relative] to see the doctors which is really helpful."

The provider was able to describe how the service supported people in their health and well-being. For example, one person received a phone call from the service on a specified day as a reminder to have a bath. Another person who required slide-sheets (sheets which assisted staff when moving or turning people in bed) had these provided by the service when the community nursing team could not arrange for them to be delivered. As a result, people felt secure and confident in the way the service delivered their care.

Is the service caring?

Our findings

People were extremely positive about the service and told us that the staff and management team were very caring and kind. One relative told us, "I know that the people I have care for [my relative]. They come in in the morning and chat. They would talk to me all the time about him. And on his birthday they will buy him a card or chip in to buy him a small bunch of flowers."

Another person said, "We have a lady who did a special little Christmas celebration for [my relative] - so it's just little things that tell me that this isn't just a job. Things she doesn't have to do but she does and it makes a big difference."

Care staff were motivated and inspired to offer care that was compassionate and caring. One care worker told us, "I really enjoy working here and we try to give the best care we can to people and their families."

People told us they received support from regular staff who knew them and their needs well. This reassured people because staff knew their needs and were familiar to them. One person said, "They are just gentle people that seem to be easy to get on with."

Sometimes the level of support required an innovative approach by the service in order to provide people with the security and reassurance they needed. This meant that staff would go beyond the requirements of the care plan in order to make people feel they mattered.

In one example, the service provider arranged to take someone to Bridge club, in order to help manage their depression. In another example a care worker cleaned out someone's fish tank which enabled the person to resume an interest and hobby that had been neglected.

Other examples included taking someone to the Chelsea Flower show, playing scrabble, teaching someone how to use an iPad, an annual gift from the service of Easter eggs and Christmas gifts which were delivered personally to ensure people were thought of at those times.

These examples showed an exceptional and innovative approach by staff in showing concern for people's wellbeing in a caring and meaningful way. The provider's approach to care planning was reflected in the service's policies and procedures, where it stated, "Care plans must be realistic and not just aspirational. They must include honest judgements about what can be achieved, including resources."

People had their dignity and privacy respected and promoted. Staff had received training in person-centred care which included dignity and respect as topics.

One exceptional example we saw included someone who did not wish other people to know that they were receiving care staff to the house. The service provider arranged that for this person staff would not wear the customary uniform, which respected the person's privacy and dignity.

In another example, one relative said, "[My relative] was a very shy man, but he is always treated so politely. He is encouraged, he is told he has done really well if he's eaten and he is always told he is doing so well. And if the carers want to talk about him to me they make sure it is done in private."

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were person-centred, clear and specific and included input from families. One relative told us, "Our care plan has evolved as [my relative] has weakened. We have managed changes together and [the care plan] is reassessed every year."

Another relative said, "At the outset I was very actively involved. Dad did voice his opinion but it wasn't grounded in any reality. But the manager made sure my dad was included in the process."

The service was also able to make changes to care plans where required. One relative said, "It was collaboration between me and my family. It has been quite fluid because [my relative] needs have changed quite dramatically."

We saw how the service prepared someone for receiving care, by having an initial assessment, developing a care plan, agreeing the plan and setting up a contract of care. Care plans were reviewed annually or when required and changes were only implemented after agreement by relevant people involved.

One relative told us, "They drew up a care plan when they first came to visit my mother. They were very thorough. The plan is very clear."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and given the care and support they needed, in terms of their age, disability, gender, gender identity, race, religion, belief or sexual orientation.

One relative told us, "[My relative] is someone who still responds well to a gentle kind person in the background and they very much provide that." Another person said, "The tea time visit was their suggestion because my mum would not eat from 1 until half past 8 and they felt that that wasn't good for her and I did agree."

Staff recorded the care they had provided at each visit and recorded any concerns they had about a person's wellbeing or conditions. Spot checks carried out by the care supervisor looked to ensure that the care plan was being delivered according to people's preferences.

The provider was able to give several examples of how the care staff were able to respond to people's needs, even if these required slight changes to the overall care plan. For example, the service staffed their service in such a way that they could respond to requests for extra or additional visits on an ad-hoc basis. Another example was where the agency was able to provide individual care workers whose personality fitted with the person using the service. Some people preferred a care worker who spoke a language other than English, others preferred a care worker who came from the same part of the country as they did. One person who suddenly required two care workers to assist them received that support the same day.

This was supported by clear policies and procedures which emphasised person-centred care, equality and people's rights.

People told us their support was regularly reviewed and where changes were needed they were in place. People said they felt able to say if anything around the support they received needed changing or could be improved.

People and relatives said they could contact the management team at any time and they would listen and support them. One person told us, "It could be that it's something to do with scheduling. It's mostly to do with rosters and holidays and working around those issues. The system that we have at the moment is that we speak weekly before issues become a problem." Another person told us, "I have never had an issue with them. It's been an absolute jolly with Cura Care!"

People and their relative told us complaints were dealt with effectively and they were confident to raise any concerns. We saw complaints had been investigated and action taken in a timely way. One person said, "Well I've never had to make a formal complaint but if I have an issue then I speak to Adrian, the manager. We have a list of people who we know who deal with specific issues. So if I have an issue then I like to be able to get on the phone or email one of them. If I had to take up a formal complaint I would make sure I'm clear on how to do that."

The service maintained a record of complaints. In the past 12 months they received six complaints, mainly to do with a request to change members of care staff, to which the service responded in a positive way. In the same period the service received 32 compliments which described good quality care, having a "personal touch", being responsive, and providing service at short notice.

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

People said the service was well managed and provided them with the support they needed. They said the management team were approachable and took action when they needed to. Relatives were happy with the support their family member received and said the service was managed effectively. One relative told us, "It is very well managed. I get the impression that the manager runs a very tight ship. He knows us and he knows the family. He was very helpful when we had a challenge with one of our live in carers and he was able to give me feedback from one of his own carers."

Another relative said, "I think the company has moved from a smaller number of clients to larger. I was so pleased to see the manager was prepared and was very good as a carer himself. And that has continued as the company has grown. It's always been professional and as they get more clients they have had to increase the number of staff. But I still find it reassuring that I can pick up the phone and speak to the owners."

People said they were sent questionnaires to help them give further feedback about the service. We saw the responses were positive and people overall were happy with the support they received.

The service demonstrated good management and leadership in the way it supported and communicated with staff and through its policies and procedures. Staff felt happy to work for the service and felt that the culture was open and inclusive. Team meetings took place and other forms of communication through email, supervision and spot checks enabled close contact between staff and management.

In both the staff survey and the service user survey of 2016 the service achieved positive results, with ratings for most questions either being "satisfied" or "extremely satisfied".

The provider had complied with all regulatory responsibilities and had notified the Care Quality Commission appropriately regarding notifications of safeguarding or other incidents.

Records and other information were stored securely and confidentially.