

Cura Care Limited

# Cura Care Limited

## 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



### Overall summary

We carried out an inspection of Cura Care Limited on 21 July 2015. This was an announced inspection where we gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to speak with us.

Cura Care Ltd provides a range of services to people in their own home including personal care, companionship and shopping in Twickenham and the surrounding areas. At the time of inspection there were 19 people receiving personal care.

A registered manager was in place. 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.

# Summary of findings

People who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

There were sufficient staff employed to provide consistent and safe care to people, with people receiving care from the same small team of staff.

People received their medicines in a safe way and staff had received training in the types of medicines people received. Staff recorded medicines taken by people in an appropriate medicines record sheet.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. They also received other training to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been cooked by staff.

Staff knew people's care and support needs. Care plans were in place detailing how people wished to be

supported and people were involved in making decisions about their care. There were regular visits and spot checks carried out by the service to monitor the quality of service and the care practice carried out by staff.

People told us that staff were kind, caring and efficient.

People who received care remained independent and in control of their decision making and choices. People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

A complaints procedure was available and people we spoke with said they knew how to complain, although most people said they had not needed to. Where complaints had been received they had been satisfactorily resolved. The service maintained records of compliments and complaints and recorded how these were resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

# Summary of findings

## 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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The agency employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines were safely administered by staff and accurately recorded.

Good



### Is the service effective?

The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. People received assessments and were consulted before care was provided.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Good



### Is the service caring?

The service was caring.

Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

The complaints procedure was accessible to people and the service maintained records of compliments, feedback and complaints.

Where necessary, the provider worked well with other agencies to make sure people received their care in a coordinated way.

Staff were aware of people's important contacts and GPs, and supported people to make contact with them where required.

The service was flexible in response to people's needs and preferences.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There were several quality assurance systems in place that enabled the registered manager to monitor the quality of the service, identify and address short falls and improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff were supported by a comprehensive range of policies and procedures This ensured that staff supported people in a consistent way.

Good



# Cura Care Limited

## 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 21 July 2015 and was announced. We gave 48 hours' notice to the provider to make sure that the people we needed to speak to were available. The inspection team consisted of two inspectors.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with five people who used the service and two relatives. We spoke with three care staff, the manager, one care supervisor and the client services manager to gather their views about the service provided.

We reviewed a range of documents and records including; three care records for people who used the service, two records of staff employed by the agency, complaints records, accidents and incident records. We also looked at policies and procedures kept by the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe when receiving care. Comments from people included, “I got a feel for the manager. I really liked his approach. I was not bullied into anything and he had a very caring attitude.” Another person told us that they felt safe with carers who had helped them increase their confidence after a series of falls.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider’s whistle blowing procedure and knew how to report any worries they had. Staff records confirmed that training had been provided to staff with regard to safeguarding and the service had appropriate policies and procedures in place.

We saw that the service had alerted the local authority on the two occasions they had had a safeguarding concern and that they had followed the agreed safeguarding procedures. At the time of the inspection there were no safeguarding concerns.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and details of nutritional needs of people.

They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring whilst at the same time supporting people to maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. Incidents and accidents were logged at the office and action was taken by the manager as required to help protect people. Details of how incidents were acted upon and resolved were also recorded. Resolutions were in the form of reviewing the situation with staff, amending routines, where appropriate and carrying out spot checks in people’s homes to ensure that the care plan was being delivered safely and in accordance with the person’s wishes.

People were happy with the way the service took risks into account when assessing and providing care, and told us this gave them a sense of safety. One person told us that their relative had a high risk of falling and described how the care staff regularly checked the electronic sensor which monitored the person’s movement. They said “I really trust the carers, it’s so important that I have that trust in them.”

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from people were positive. Everyone we spoke with had found it easy to contact the office at any time which increased their feeling of safety.

We discussed how the service recruits staff and looked at staff records. The manager and other office based staff were able to describe the recruitment process in a clear and consistent manner.

Staff records demonstrated that a robust recruitment process was in place and that the recruitment process was designed to ensure that successful staff had a good balance of skill, knowledge, experience and personal qualities that suited them to the profession of caring.

We saw relevant references and results from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories.

New staff underwent a thorough induction process which included training related to the Care Certificate, an induction programme which covers 15 standards that health and social care workers need to complete during their induction period.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and had also received training in understanding what the medicines were that were being administered. Most people managed their own medicines and suitable checks and support were in place to ensure the safety of people who managed their own medicines.

# Is the service effective?

## Our findings

People told us they were happy and confident with the skills and competency of the care staff. One person told us, “They are marvellous, 110%, very well trained.” A relative described how they had been fully involved in their care plan and that the care staff were able to interpret the person’s needs as they cared for him day to day and were able to maintain an awareness of any changes, such as a urine infection as they would be aware he may be behaving differently.

Staff told us they were happy with the training they received and that they felt positive about the opportunities for training. Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff.

The staff training records showed staff were kept up-to-date with safe working practices. The registered provider told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people’s needs and this included a range of courses such as dementia care, moving and handling, medicine administration and other mandatory training in line with Skill for Care’s Care Certificate.

Staff confirmed that they received supervision and support from managers and records confirmed this. We saw that in addition to informal day-to-day supervision and contact there were formal supervision sessions with staff and a probationary review followed by six monthly reviews of performance.

The care supervisor carried out spot checks in people’s homes which included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people’s dignity was maintained, competence in the tasks undertaken and competence with any equipment used, such as hoists.

People confirmed that spot checks and visits were carried out and that this reassured them that care staff were adequately skilled and knowledgeable because they were being properly supervised and managed. One person told

us, “The agency office make contact to see how things are going and do spot checks when my carers are there to make sure they are at the house and doing what they are supposed to be doing.”

People confirmed that staff always asked them for consent before carrying out tasks. One person told us that the care staff were particularly sensitive to her needs, as they respected her desire to do things for herself however difficult it may be and however slow. Staff policies and procedures, together with induction training included sections on respect and consent.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA as part of induction and the manager had undergone more in-depth training.

Staff were able to give a clear description of what was meant by “lacking capacity” and having to do things for people in their “best interests”. The manager confirmed that at the time of inspection there was no one subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

We checked how the staff met people’s nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. One relative said, “They make sure they leave food and drinks, will always see if anything needs doing before they leave and often make an extra cup of tea just before they go.”

Staff also told us they would support people to make their own meals and snacks in order to promote their independence.

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of people’s GPs and any other health professional such as pharmacist or chiropodist. People’s care records showed that staff liaised with GPs where requested, although this was mostly managed by people themselves or their relatives.

# Is the service caring?

## Our findings

People were supported by staff who were warm, kind, caring, considerate and respectful. People we spoke with were appreciative and spoke well of the care provided by staff. One person told us, “The carers, I cannot speak highly enough of them.” A relative told us that care staff held their relative’s hand and sat and talked, demonstrating great sensitivity and kindness.

All people we spoke with told us they had received information about the care they were to receive and how the service operated. They also confirmed that the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People also spoke highly of the way care staff took time to understand people’s needs and preferences as individuals which indicated a person-centred approach to the care that was provided. One person told us, “My carers are very kind and respectful; they ask what I want done. I like to do things my way and the carers respect that.”

Interviews with staff and staff roster records we looked at demonstrated that the care was co-ordinated in such a way that ensured the same care staff would be scheduled to work with people, in order that relationships could develop and staff could understand people’s needs and wishes better. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well.

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and

that their views were listened to and respected. Decisions about people’s care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

A person told us, “They are more than kind, would do anything for me. For example, if they see me struggling trying to pick something up they say “Leave that I’ll do it”. Nothing is too much trouble for them.”

Another person said that care staff were “very chatty, always interested in what I have been doing, talking about family, how their day is going, traffic, weather etc.” Care staff enabled the person to do things independently and helped where they could not, such as removing lids from hot pots from the cooking stove.

Care records confirmed that people had been assessed and involved in decision making and had consented to their care.

People’s privacy and dignity was respected. Staff asked people’s permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Care staff who held a key to people’s homes always made sure they called out to people when they had let themselves in. One person told us that this was important as sometimes the person would be up but at other times not. We were also told that the service provided staff of the appropriate gender to assist with personal care. One person was complimentary about the way care staff always ensured that modesty was protected when providing assistance with tasks like bathing.



# Is the service responsive?

## Our findings

Everyone we spoke with was confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing individualised care service to people. People's care records and service policies and procedures focussed on ensuring that care packages were decided on only after an assessment had been carried out and people consulted about their views on how it should be delivered.

One person described how they had been fully involved in developing their care plan and that it was very accurate and reflective of their needs. People described staff as knowing them well, being able to support them in making choices about clothing, about concerns about falling, and deciding what to do with their day.

A relative told us how they had been involved in their partner's care plan. The partner's dementia had deteriorated but care staff worked hard to make sure they used key words which they and the person understood in order that the person could still express their views and care staff could identify any changes in condition or needs. The relative told us they were always consulted if staff were unsure about anything.

One person told us how the care agency acted flexibly and responsively when the person wished to attend a wedding. The manager arranged for one of the care staff to meet them at the hotel and bring her home and see her into her house after the reception. This enabled the person to enjoy the wedding and her family could stay late without worrying about anything.

Other people provided positive examples of person-centred and responsive. One person described how they had had a fall once and care staff called an ambulance and waited until they came. Another told us how care staff knew what they liked for breakfast but would still ask and check in case they had changed their mind, indicating that staff did not presume or make assumptions about people.

One person told us, "Emotionally and physically they have helped a great deal. I give them 10/10, I cannot think of any complaints, they ask me and do not just do things. It's commendable they are very sensitive to my needs."

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were in place that reflected the current care and support needs of people. Care plans provided some detail for staff to give care and support to people in the way they preferred.

People told us they felt the service listened to them and learned from their experiences, concerns and complaints. They confirmed that spot checks took place which was reassuring to them. One person told us how "I knew from my first meeting with the manager that he was different, very nice, worked hard to get carers which matched to my relative's concerns."

Everyone confirmed that they received regular contact from the agency, had their care plans reviewed and were consulted about changes. People knew who to complain to if they had any issues.

Two people told us of occasions where the care staff did not gel with the person and that when they raised this with the manager the manager acted in a flexible and responsive manner by providing care staff who were more of a "fit" with the individuals.

No one had any complaints about the service. Everyone confirmed that they had no issues in being able to communicate with the manager or other staff. Everyone told us that if ever a care worker was going to be late the office telephoned to explain why and that delays were infrequent and not for long.

One person told us, "It usually only happens during sporting events or concerts and you have to expect that in Twickenham".

The manager and other senior staff described how they met weekly to discuss any issues that had arisen or to plan for the week ahead. We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to.

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Staff policies and procedures, induction and training all emphasised the involvement of the individual in decisions about their care and had systems in place to monitor how well that was working.

Everyone we spoke to confirmed they had been provided with useful information about the agency in the form of leaflets and a folder with their care plan and other guidance about the service. Everyone was able to give examples of the agency contacting them, either by phone or in person to check that they were happy with their care and to check that staff were carrying out the care plans as agreed.

Everyone agreed that there was a culture of openness where the agency was interested in the experience of people. One person said, “The manager is regularly in touch with us. They offer a professional and personal service. I would be in hell without them; we cannot live without the support they give.”

One person told us how the agency empowered her whilst at the same time ensuring that regular communication was maintained in case they needed more help. “The carers have a good balance in that they do not just do things for me, they ask.” They said that they still felt in control of their own care package and what they would allow carers to do, which enabled them to still feel independent.

The service demonstrated good management and leadership. There was a manager who was registered with the Care Quality Commission (CQC) who in turn was supported by a team of staff who co-ordinated care and managed the business of the service. They were able to describe a shared vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives.

We saw that systems were in place to enable supervision of staff, communication with people who used the service and to enable the staff team to discuss the quality of the service. One person told us, “The manager and his team are wonderful. The manager is a diamond; he rings a lot to check if I am ok.”

The manager and his team met regularly and care staff received regular supervision. In addition the manager maintained good links with social services, provider forums and organisations related to the field of domiciliary care, dementia and professional development, such as Skills for Care and local provider forums.

The manager and his team provided a strong visible presence for staff and people through good communication and regular personal visits.

The service delivered high quality care through having systems and processes which were designed to monitor the quality of the care provided and to ensure that people's experiences and views were used to help improve the service.

People told us that they received requests for feedback through regular phone contact and through questionnaires. We saw the results of the latest survey which asked people their views on their experiences of joining the agency, the delivery of care and support, the management and administration of the service and overall opinion of the agency. All of the responses were in the 95% - 100% scoring.

In addition to annual surveys, the service carried out regular reviews every six months with people regarding their care and took note of any compliments and comments to gauge what people considered the most important aspects of the service for them.

The manager and his team described the agency's approach to quality as one of developing slowly and maintaining a balance between taking on new clients and ensuring there was a sufficient pool of care staff with the right qualities to provide the care.

The manager was able to show how they used external consultancy services to audit the quality of service in order that it was able to meet the CQC standards and the professional development of its staff.

We saw that records were kept securely and confidentially and these included electronic and paper records.