

Cura-Care Yorkshire Limited

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Inspection report

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Ratings

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|---------------------------------|--------------|
| Overall rating for this service | Inadequate ● |
| Is the service safe? | Inadequate ● |
| Is the service well-led? | Inadequate ● |

Summary of findings

Overall summary

About the service

Cure-Care Yorkshire is a domiciliary care agency providing personal care to adults and children living in their own homes. 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. At the time of the inspection, the service was supporting around 65 people.

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

We were not assured people were being cared for safely. The provider had shown little regard to the risks presented by COVID-19. Risk assessments had not been undertaken, there was no staff testing programme in place, staff training in relation to infection control was lacking and the provider had not incorporated government guidance into their working practices. Following the inspection the provider told CQC they had implemented work to address these areas.

We found improvements were required in the way medicines were managed, and in staff use of personal protective equipment (PPE)

Governance arrangements within the service were not sufficiently robust to ensure people received safe care. Audits had failed to identify areas that needed to be improved, putting people at risk of harm.

Staff told us they understood their responsibilities in relation to safeguarding, and people using the service and their relatives told us they felt safe when receiving care. The provider had a comprehensive monitoring system for any safeguarding incidents, however, they had failed to notify CQC of a number of incidents which they were legally required to notify us about.

The majority of staff and people using the service told us they found the management team to be accessible and supportive.

Recruitment was undertaken safely, with appropriate background checks before staff started work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published August 2018)

Why we inspected

The inspection was prompted due to concerns received about how the provider was ensuring care was delivered safely in a way that met people's needs, and about the provider's governance arrangements. A decision was made for us to inspect and examine those risks. As this was a focussed inspection, we reviewed the key questions of safe and well led only. Ratings from previous comprehensive inspections for other key questions were used in calculating the overall rating at this inspection. The overall rating for the service is now inadequate.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety and infection control, and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate ●

Cura-Care Yorkshire Ltd

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.

Inspection team

This inspection was conducted 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 adults and children living in their own houses. 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 short notice of the inspection. This was because we needed to be sure the inspection could be inspected safely during the ongoing COVID-19 pandemic.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We also looked at concerns people using the service or their representatives had raised with CQC prior to the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Inspection activity commenced on 2 March 2021 and finished on 10 March 2021. We visited the service on 3 March 2021.

We spoke with three people using the service and seven people's relatives. We also gathered information from six members of staff including care workers and the registered manager.

We looked at care records for seven people using the service We looked at training and recruitment records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- We were not assured that the provider's arrangements for preventing and controlling infection were adequate.
- The provider's training records indicated not all staff had received training in infection prevention and control. Some staff we spoke with told us they couldn't remember if they had received this training.
- The registered manager told us they had not completed an infection control audit in the office area, and said they had "never been asked to." They provided us with a cleaning schedule of the office area. This showed that some high contact areas, such as the kitchenette, were not cleaned daily. Following the inspection the provider confirmed these areas were not cleaned daily and said this was because they did not use them every day.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful. However, the registered manager told us they did not feel they could require staff to use PPE when in the office area, and said its use was "staff's choice."
- Records we checked showed staff had asked one person if they would like them to wear a face mask, and because the person replied they would prefer to see the care worker's face, no mask was worn. The registered manager confirmed face masks were used when providing care in people's homes only if the person wanted staff to do so. This was in contravention of government guidelines.
- One staff member told us they didn't feel infection control practices were managed safely within the office, although others contradicted this.
- There was a generic risk assessment for COVID-19 covering the risks to all staff and people using the service. However, it lacked detail and contained some inaccuracies. It was not fit for its intended purpose.
- Staff told us they accessed COVID-19 testing independently as the provider had not arranged this for them. This meant there was a risk the provider may not know if a staff member tested positive, potentially putting people using the service at risk of harm. One staff member alleged the management team told staff not to use the NHS track and trace app, and it was not in use at the office premises when we inspected. The registered manager told us they were not aware they could provide testing to their staff, and questioned whether CQC could require them to do so as it was not a legal requirement. Following the inspection the registered manager provided CQC with confirmation they had subsequently registered for staff tests.

Using medicines safely

- Very few people using the service had support from staff with their medicines, but we identified concerns regarding one person whose medication management we looked at.
- The person's medication administration chart (MAR chart) had been handwritten by staff but there was no record of who had completed it. Details of the medication had been obscured by corrector fluid and

overwritten; the registered manager told us they found this to be acceptable but said staff should have signed it.

- Daily records showed staff were administering medicines that weren't on the person's MAR chart. Where the person had taken their medicines without staff support, or before staff arrived, there was no record of this on the MAR chart and instead it was left blank.
- The provider's training records showed very few staff had received training in medicines administration.

Assessing risk, safety monitoring and management

- Risks, such as those relating to people's behaviour, including behaviour that may challenge others, or moving and handling, were identified during the initial assessment of a person's needs, and the risk assessments we checked were detailed. However, none of the care files we checked showed individual risk assessments had been carried out in relation to the COVID-19 pandemic and the impact of this on people using the service. The registered manager told us they had verbal discussions with people using the service or their relatives about PPE use relating to COVID-19 but this was not documented. They did not describe any other areas related to the risk of COVID-19 being discussed, such as the health of people who live with the person using the service, or behaviours which may increase the risk of infection.

Risks were not effectively identified, assessed or monitored within the service, and medicines were not safely managed, putting people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from this provider, and said they had no concerns. One person described themselves as "100 percent safe" and another said "very safe."
- The provider had a comprehensive log of safeguarding incidents, showing action they had taken. However, they had failed to notify CQC of some of these incidents, which they are legally required to do.
- Staff told us they had received training in safeguarding, and the provider's training records reflected this. Most staff said they would feel confident to raise concerns, although one staff member told us they felt raising concerns would not be welcomed; this was an isolated view.

Learning lessons when things go wrong

- Where the provider had received complaints or incidents had occurred, they kept a clear record of lessons learned. There were examples of changes to practice following such incidents, and people told us the management team were open to suggestion. All people who spoke about managers within the service described them as approachable and responding promptly to issues.
- People we spoke with were confident any issues would be addressed and lessons would be learned. One person's relative said: "I've never had to make a complaint, I'm very confident they would sort it. ...there was one worker who was just not on [my relative's] level, I contacted them and they instantly removed them [the care worker]. Just not a good match, without their help over the last two or three months I wouldn't have got through this"

Staffing and recruitment

- Staff were safely recruited.
- We looked at four staff files and found appropriate background checks had been undertaken. This included Disclosure and Barring Service (DBS) checks.
- Where staff had previously worked with vulnerable adults their reason for leaving had been identified.
- Staff told us they received a suitable induction although two of the four staff files we checked did not have evidence of an induction being completed.

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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance arrangements within the service had failed to address shortfalls in the quality of care delivery and regulatory compliance.

- We looked at records of incidents the provider was managing. Some of these represented allegations of abuse and one involved a referral to the police. However, the provider had failed to recognise this and had therefore not submitted notifications to CQC, which they are legally required to do. We asked the registered manager about why they hadn't notified CQC when the police attended their office following an allegation of COVID-19 breaches, and they replied they "didn't think to" do so.

The provider had failed to make legally required notifications to CQC. This was a breach of regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2009

- Some of the documentation we asked to see was not available because staff had taken it home. This included people's confidential personal information. We asked the registered manager what steps were taken to ensure this information was stored securely in staff homes and they told us it was "on trust" and no checks had been carried out. It was unclear why staff needed to take this documentation home.

- There were a range of audits in place, which managers used to monitor the quality and safety of the service provided. However, they had failed to identify and address significant shortfalls in delivery as identified in this inspection report. This meant the audit system was not sufficient to ensure care was delivered in a safe and effective manner.

Governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People we spoke with told us their care met their needs and said they were enabled to achieve the outcomes they wanted. One person's relative said: "They [staff] originally came to encourage [my relative] to go out, they won't go out, so they are now encouraging independence, give them goals, get them to do things, for example give tasks for the next day...they have helped with hospital appointments and when [the person] was in A&E they stayed with them the whole time"

- Staff were predominantly positive about their experience of working for the provider; they described

management as supportive and said they would recommend the provider as both an employer and a care provider. One staff member did not hold this view, and told us they felt they couldn't raise concerns and didn't feel listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had various systems in place to obtain feedback from people using the service, their relatives, and care staff, but they did not produce an overall summary to identify trends or themes.
- The provider's self assessment considered their commitment to equality and diversity, and stated they employed people from diverse backgrounds.
- Most staff told us they felt very supported by the management team, with one saying: "They are very approachable and always there for you." .
- Records showed the provider worked in conjunction with other agencies when providing care and support, making referrals as required and liaising with external professionals