

Cura Care Limited

Cura Care East Sheen

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cura Care East Sheen is a domiciliary care agency providing care and support to people in their own homes and flats.

The Care Quality Commission (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 34 people using the service were receiving personal care.

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

People received a service safely and there were enough appropriately recruited staff employed to meet people's needs. This meant people were supported to enjoy their lives and live safely. Any risks to people were assessed, monitored and recorded by the registered manager and staff who updated records as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Trained staff safely administered medicines to people and prompted them to take their medicines, if required. Infection control procedures were followed.

The provider had a culture that was open, responsive, positive and there was a clearly identified management structure. The provider's vision and values were clearly established, staff understood and followed them and were aware of their responsibilities and accountability. Staff were happy to raise concerns they may have with the provider and take responsibility for their own conduct. The quality of the service provided was regularly reviewed, and any required changes made to improve the care and support people received. This was in a way that best suited people. The provider had established effective professional working relationships that promoted the needs of people outside its remit. Registration requirements were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was Good (published 25 December 2019).

Why we inspected

We undertook this inspection to check whether the provider was continuing to provide a good rated service to people.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cura Care East Sheen on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cura Care East Sheen

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats. This includes older people, people with dementia, and younger adults.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. The service was given 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 January 2022 and ended on 20 January 2023. We visited the provider's office on 6 January 2023.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used all this information to plan our inspection. The provider completed a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers 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.

During the inspection

We spoke in person with the registered manager. We contacted 8 people using the service or their relatives, 10 staff and 3 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. This included 4 people's care and medicine records. We looked at 4 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included special initiatives unique to the provider, training matrix and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes safeguarded people from the risk of abuse.
- People using the service and their relatives said that the service was provided safely. A person said, "A very good service, I feel safe and am well looked after." A relative told us, "[person using the service] is happy and safe in their hands." A staff member commented, "The service provided is indeed safe for people to use as the initial training each carer receives is adequate for the delivery of a safe service for both carer and client."
- Healthcare professionals felt the service provided was safe.
- Staff received training that enabled them to identify possible abuse towards people and the action to take, if required. They knew how and when to raise a safeguarding alert. Staff had access to safeguarding and prevention and protection of people from abuse policies and procedures.
- Staff encouraged and supported people to keep safe and it was explained to their relatives how to keep them safe. Any specific concerns about people's safety were recorded in their care plans.
- The provider supplied staff with health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people by following their risk assessments and care plans. This meant people could take acceptable risks and enjoy their lives safely. A staff member told us, "I think we provide a safe service."
- People's risk assessments were integrated within their care plans and covered areas important to them such as health, activities and daily living. The risk assessments were regularly reviewed and updated as people's needs changed. Staff knew people's routines, preferences, identified situations in which they may be at risk and acted to minimise those risks.
- The provider's policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- The provider's recruitment procedure was thorough. After shortlisting the interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps

employers make safer recruitment decisions. There was a 3 months probationary period with reviews and an introduction to people using the service prior to commencing work.

- Staff files showed that the recruitment process, probationary period and training were completed. Staff were given information that explained the provider's expectations of them and their responsibilities.
- The provider facilitated discussions with staff to identify best outcomes for each person, including things that didn't work well.
- Staff records showed that staff received 3 monthly supervision and annual appraisals. Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a culture that was open, inclusive and positive. People and their relatives told us they thought the registered manager and staff were approachable, attentive, they were listened to and everyone did their best to meet people's needs. A person said, "A good service, they [staff] always turn up on time and are polite and kind." A relative commented, "A very good service, they responded quickly when we needed extra help, even over Christmas." A member of staff told us, "The registered manager and the organisation are very supportive towards carers and clients." Another staff member said, "Generally good, although I feel there could be improvement in this area."
- People and their relatives had the available services provided, explained to them so that they understood what they could and could not expect from the provider, registered manager and staff. This was reiterated in the statement of purpose and information about the service that set out the organisation's vision and values.
- Staff had the vision and values explained to them at induction training and revisited during mandatory training. Staff understood them, and relatives said they were reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- Staff said the registered manager and office staff supported them and they supported each other, as a team. A staff member said, "The registered manager is very accessible during and after office hours."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider knew their responsibilities regarding duty of candour.
- There was a transparent management reporting structure, and the registered manager, and office team made themselves available to support people using the service, relatives and staff.

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

- The registered manager and staff were clear about their roles and its importance. A relative told us, "The [registered] manager is good at communicating, even out of hours and the staff are a delight." A staff member said, "We know what is expected of us and what we have to do."

- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had an electronic system that stored people's details, appointment schedules, and if tasks, daily logs and care plans were completed on time. Data collected was collated and used to update and improve the service provided.
- Staff were regularly contacted by the registered manager to provide support and this enabled staff to give people and their relatives the service that they needed. Staff welfare checks were carried out as part of supervision and there were regular staff meetings, where issues that arose and other information was discussed. A staff member said, "In the last few weeks yes I have felt supported."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily notes, communication and visits, care plans, risk assessments, medicine administration records, complaints and staff files. Staff files and the data base contained a recruitment checklist, training, performance and development information.
- The provider worked with people, their relatives and healthcare professionals to identify areas that required improvement, progress the quality of services people received, and better meet needs and priorities. Feedback from other organisations and healthcare professionals was integrated and used to ensure the support provided was what people wanted and needed. This was with people's consent.

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

- Where possible, the provider enabled people, their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to people and their relatives, and observational spot checks.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people, their relatives and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with service commissioners, GPs and other health care professionals.
- Healthcare professionals told us they thought the service was well run and managed.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The provider supported people using the service and their relatives to contact organisations who provided services outside their remit, to improve their care and enhance their quality of life.
- People's relatives and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- Any performance shortfalls, that required attention were identified in the provider audits and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and

improve the service.

- People's relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.
- Staff meetings were partly used as lessons learnt sessions and procedures identified for discussion.