

Miss Heidi Louise Morgan

# Curae Home Care

## Inspection report

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Date of inspection visit:  
07 September 2018  
10 September 2018

Date of publication:  
23 October 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 07 and 10 September 2018. This was the first inspection of the service since registration with the Care Quality Commission in November 2017.

Curae Home Care is a domiciliary service providing personal care and support to people in their own homes. The office is situated on the outskirts of Bodmin and is accessible for people using the service and staff. The service was providing support for people living with dementia, learning disabilities or autistic spectrum disorder, mental health, people who misuse drugs and alcohol, physical disability and sensory impairment. At the time of our inspection 30 people were receiving support from the service.

There was a registered manager in place at the time of our inspection. 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.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book. There were systems in place to learn from incidents and to mitigate the risks of them occurring again.

The service provided safe care to people. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. People's care plans contained risk assessments which included risks associated with people's care. There were sufficient staff deployed to meet people's needs.

The service used assistive technology to record people's care needs. The care planning system provided staff with direction and guidance about how to meet people's individual needs and wishes. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Risk assessments gave staff the information they needed and guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People told us they were involved in decisions about their care and were aware of their care plans.

People received effective care from staff who had the skills and knowledge to support them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health.

Staff had a good understanding of protecting and respecting people's human rights. Staff spoke well about confidentiality, privacy and dignity and this came through when speaking with people.

People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately.

There was a complaints procedure which was made available to people and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, survey and staff meetings to seek their views about the service provided.

## 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. Staff were trained to recognise any abuse and they knew how to report any concerns.

Safe recruitment procedures were followed. There were enough staff available to provide people with consistent and flexible support.

Risks to people's wellbeing and safety were being assessed and managed.

People's medicines were managed safely and staff who administered medicines had received appropriate training.

### Is the service effective?

Good ●

The service was effective. People were supported by staff that were trained and supervised in their work.

Staff and management understood the Mental Capacity Act [MCA 2005] legislation. They supported people to express their views and make decisions about how their care and support was managed.

People were supported to have sufficient to eat and drink in line with their care plan.

### Is the service caring?

Good ●

The service was caring. People told us staff were very kind and caring.

People told us staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be independent.

People could make choices and were involved in decisions about their care. Staff had developed good relationships with people.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before

they received support from the agency. People told us their care and support needs were discussed with them and they received personalised care which reflected their needs and their preferences.

People's needs were reviewed regularly and staff were kept up to date with any changes in people's needs or any risks to their health, safety and wellbeing.

People had no complaints about the service they received. They felt able to raise concerns with the staff or the provider.

**Is the service well-led?**

**Good** ●

The service was well led. The quality of the service was monitored through regular audits were effective in highlighting areas requiring further improvement.

People's and relative's views about the service were sought and acted on.

# Curae Home Care

## 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 checked 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 7 and 10 September 2018 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 to help us gain access to the information we required.

The inspection was completed by one adult social care inspector.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with four people that used the service and one relative. We received comments from thirteen staff members and one professionals involved with the service.

We looked at a range of records including three care plans, records about the operation of the medicines system, three staff personnel files, and other records about the management of the service.

# Is the service safe?

## Our findings

People told us there were sufficient staff to provide safe care and support for people. People told us they felt safe using the services of Curae Home Care. Comments included, "They [staff] use the hoist and I feel confident in them. New staff learn with the more experienced staff." and "They generally arrive on time and stay for the allotted time. I never feel rushed by them."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "We are always being reminded of what we should do if we suspect abuse. Through meetings, supervision and training. It's such an important area and we need to make sure clients are safe."

Staff were aware of the reporting process for any accidents or incidents. The service reinforced its policy to all staff by instructing them to immediately report all accidents or incidents. Where incidents had occurred, the service had used these to make improvements and any lessons learned had been shared with staff. For example, where a person had recurrent chest infections staff were now aware to alert family or engage with health professionals at an early stage to try and avoid hospital admission. A staff member told us the use of the assistive technology in care planning and recording was very good by keeping information 'live' in order to support staff.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's care and support. Where risks were identified plans were in place to identify how they would be managed. For example, one person was at risk of skin damage. The person's care record included specific advice and guidance for staff to be vigilant in the identified pressure areas and to report any changes immediately." Staff were aware of this guidance and told us they followed it.

The service used assistive technology for call monitoring which was a 'live' system meaning office staff could see the movement of staff from visit to visit. This enabled them to identify any gaps there may be and to take immediate action. There had been no missed calls due to staff being able to monitor the movement of staff. The service maintained records of call times and visits so any gaps could be identified. The service used an on-call system outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff did not commence work with the agency until references and disclosure and barring service checks (DBS) had been received. A staff member confirmed this. They told us, "I did not start work until all the checks were back and the manager thought they were OK."

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed on the electronic care system. The manager told us this was more effective and reduced the risk of missing medicines. There were back up systems if the electronic system were to fail for any reason.

The service had Infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices. We observed staff using appropriate protective gloves and aprons during a home visit. One staff member arrived at the office to collect additional protective equipment. The manager told us there were always protective equipment available to staff.

The service ensured staff were protected when working in the community and people's homes by ensuring equipment was safe and maintained to a satisfactory standard. Any access issues were recorded and staff had been alerted to a worn carpet in a person's home.

In order to respond to emergencies, the service had a contingency plan in place. This identified a range of actions to take to respond effectively to an emergency. There was an out of hour's telephone contact service available to people so they could contact staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event. People told us they had never had a problem in reaching the on-call staff member if they had needed to.

There was equality and diversity policy in place and staff received training on equality and diversity and inclusion. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff could tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.



# Is the service effective?

## Our findings

The service focused on ensuring they were providing effective care to people. The service had appropriate systems in place to assess people's care needs. Information provided by commissioners was reviewed as part of the assessments process and combined with details from hospital discharge teams to ensure the service had a good understanding of the person's needs and preferences before agreeing to provide support. Assessment visits were arranged where senior staff met with the person and/or a relative or advocate to review their specific needs to ensure they could be met. Initial care plans were developed by combining information gathered during the assessment visit with information provided by commissioners and where possible health professionals.

People's health and care needs were reported on the services electronic care system. The system was 'live' and ensured all information was current with any changes being uploaded as they occurred. Care plans were written in a person-centred way which demonstrated people were at the forefront of the information and was more meaningful.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. Staff reiterated this to us. One staff member told us, "We have equality and diversity training and it helps us understand how to respect people whatever their needs or situation is."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff told us they received regular supervision (supervision is a one to one meeting with a manager) and felt very supported. Staff comments included, "We have supervision's every month where we can discuss with the management about any training or things we're unhappy with and targets. Which is great as it gives you something to aim at. Curae home care is good in enrolling us on training courses and making sure we're all up to date," "Since I joined I have had lots of training to keep me up to date with the laws and policies and procedures that surround being a care assistant. The managers are extremely helpful, and approachable. I spoke to them about issues I was having about my hours and home life, and it was quickly sorted with a solution that meant I could stay within the company" and "Between the management team and the other care staff, I feel we all support each other massively and have a smoothly run team of people to provide the best care that we can".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of

the MCA. Staff were knowledgeable about how the legislation could affect the people in their care and had received training in this area.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People confirmed staff asked for their agreement before they provided any care or support. One person said, "They [staff] are very courteous. I might be having a bad day and they pick up on that and give me more time." Care records showed that people signed to give their consent to the care and support provided. The services consent form was in line to meet current legislation contained within the General Data Protection Regulation [GDPR].

People receiving care and support made positive comments about the staff who visited them. They said, "I have confidence in all the staff," "They [staff] stay with me for as long as they should," "Yes, they use the hoists. They all seem confident. New staff learn by working with experienced staff" and "They [staff] give that little bit extra if it's needed."

Care records showed people were supported to manage their food and fluid intake. Care plans included information about people's dietary preferences. Some people required support at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices.

People told us communication with the office was good and that people knew the numbers and how to call when the office was closed. We observed contact details were on the front of people's records in their home so it was very clear for them. Staff told us if they needed to speak with a senior support worker out of office hours they had never had any trouble.

# Is the service caring?

## Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Curae staff on the caring and compassionate way they provided support. People's comments included; "Absolutely lovely and patient. All of them [staff]" and "I don't know where I would be without them [staff]. They have been a lifeline to me." A staff member told us, "I have recently been experiencing problems with my knee and [staff name] has gone above and beyond to minimise my hours out caring in the community and my role has been mainly office based whilst I undergo physio which I have really appreciated".

A health professional told us, "I have been very impressed with the provision of care / organisation of the agency." The manager told us they felt it was very important that the focus of the service was person centred care because it was involving the person as much as possible. Encouraging them and making sure information is accessible and centred around them. They felt it was about understanding people's capacity to make a decision and involving family and friends where required.

People told us staff were polite, caring and considerate. They told us they were satisfied with the support provided to them. "They [staff] are very kind, patient and give me the time I need" and "I am happy with the service and staff take time for me. We have a good laugh. It brightens my day."

The service informed people of the reasons they collected and stored information about them. For example, "To provide the right care and support to meet your individual needs and preferences and to respond to any changes." They tell the person how the information will be stored securely. Who will have the legal right to access this information. For example, the person themselves and the statutory regulator for health and social care [Care Quality Commission].

Care plans included information about what was important to people. For example, family and important relationships, how I like to live my life, religious and cultural preferences and interests and hobbies. This information was provided to help staff who did not know the person well to recognise how the person's background could impact on their current needs while providing useful prompts to identify topics of conversation the person might enjoy.

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. We observed staff visiting people in their own homes. They were asking people for their consent to support them transferring from a wheelchair to a lounge chair using a track hoist. They were frequently asking if the person felt comfortable and safe. In another instance we observed staff asking a person their choice for a lunchtime meal.

Staff demonstrated an understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. A staff member told us, "It is important clients feel comfortable with us [staff]. We try and do this by having chats with them and getting

to know them, because everybody is different and we respect that."

As part of staff induction and ongoing training they had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meet data protection legislation. The electronic care system could only be accessed by individual passwords to ensure information was protected. All care records were stored securely in the registered office to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People told us staff were responsive to their care needs and stayed the allocated time. They said staff had the time to carry out their care and support and people did not feel rushed. They told us care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided. One person told us, "They [manager] came to see me and go through what I needed and how that was going to work." A relative told us, "The managers or senior staff come to see [relative] to make sure the care is right. We do feel involved in the reviews and then are spot checks to make sure staff are doing what they should."

Care plans were personalised to the person and recorded details about each person's specific needs and how they liked to be supported. For example, where people had several visits in one day, the care plan reflected what tasks and routines were required for each visit. They specified, not only what caring interventions were needed, but if household tasks were also needed to be completed and by who. People's retention of independence was important to them. Their care plan said, "I like to put the straps from my sling onto the hoist myself. I like to do this as much for myself as possible to remain independent." This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

People's care plans had been regularly reviewed and updated where significant changes in needs were identified. People told us they had been involved in both the development and review of their care records and that these documents accurately reflected their support needs.

Staff completed entries for the care provided into the electronic care system at the end of each visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Managers had access to all records. A manager told us that as the information was 'live' it was easier to review and to identify any changes early so they could be responded to.

Staff could respond to people's identified needs because a record of the tasks to be covered was in people's care plans. This was of importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing. This information was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Staff told us they felt the information was very clear and gave some advice around how to approach people. One staff member said, "The information we get is very good and clear. It's always being updated so I know what it is telling me to do is right for that client."

Although Curae is not a specialised end of life care provider the service was able to help people stay at home at the end of life if this is their wish. The service worked with other health professionals and palliative care nurses to support people to remain at home for as long as possible or through to end of life. Some staff had received end of life training and in such instances that the service supported people staff with the knowledge and skills were allocated. A health professional told us, "I use Curae Care to support patients

and their families at home at EOL. I have found that the agency staff have been very efficient, as managers assess each client in a timely manner. The carers have been reliable and I have had no complaints about them. They responded extremely well when they were involved in dealing with a complex family dynamic at EOL recently. I would say that they were good at what they do".

We looked at what arrangements the service had made to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans confirmed the services assessment procedures and identified information about whether the person had communication needs and how they should be met. For example, staff made sure items were not a hazard in a person's home if they had sight loss and that where necessary hearing aids were working and batteries were in place.

The service had a complaints procedure. People told us if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

## Is the service well-led?

### Our findings

People were complimentary about the care and support they received. They told us staff and managers were approachable, easy to contact and they were very satisfied with the service they or their relative received. Comments included, "If I need to speak with anybody at the office there is never a problem. Always on the end of the phone" and "I feel the manager and staff are very good at what they do. It's a well-run service and yes I feel listened to."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also the registered provider and worked daily to lead the service. They alongside senior staff co-ordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff. They also worked closely with other professionals who were supporting some of the people using the service. All managers had achieved a qualification in social care, in order for them to be competent in the leadership, governance and culture of the service. This enabled them to drive and improve high quality person centred care.

The service used a number of methods to monitor people's satisfaction with the quality of the service. This included regular meetings with senior staff to look at operational issues. A senior staff member told us, "My direct line manager [registered manager] is very approachable and very easy to talk to. Whilst working here I have completed my level 5 diploma in Health and Social Care and was offered support throughout by [registered manager]. I have also completed my IOSHH qualification (Institute of Occupational Safety and Health). I have access to my own E-learning account where I can log on and complete training courses in my own time when convenient, and I have my own log-in for QCS where I get alerted of any new policies. I can also request specific training courses which I would like to undertake and they will be added to my E-learning account for completion". Other staff told us the registered manager was very committed in encouraging staff at all levels to gain qualifications as part of their professional development. This demonstrated the service was committed to provide people with staff who had the necessary skills to deliver care and support.

The service gained the views of people every six months. The most recent survey took account of people's views and was positive. Most people were very pleased with all areas of care and support. The results of surveys were calculated and any themes or trends could be identified. There were no specific trends which came out of the latest survey. People's comments about the service were positive and included, "The carers are very good and look after me very well," "They [staff] give me all choices in all aspects of my life" and "The agency is very well run. We know who the managers are."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals including general practitioners. A professional told us, "The involvement I have had with Curae care is around two specific individuals and the input / recording and feedback from Curae has been very good. Communication is fluid and responsive and intervention is timely".

Regular audits had been completed, and their findings actioned and communicated to staff. These included reviewing the services medication procedures and care plans. Spot checks were also carried out to ensure that staff were turning up on time and following correct processes. Where any issues were found, such as not signing a record were responded to by alerting the staff member in order to remind them of their responsibility.

This was the first inspection of the service since registration in 2017 therefore there was no display in the registered office of a CQC rating. This has been a legal requirement since 1 April 2015. The service's website provided an overview of the services available to people. Contact details and the areas it provided services to people.