

Cura-Care Yorkshire Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Cura-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 37 people.

People's experience of using this service:

People were safe using this service. Staff were trained to safeguard people from abuse and knew how to minimise identified risks to people's safety. They followed current practice when providing personal care and in regard to infection control. There were enough staff available to meet people's needs. The provider carried out recruitment checks to make sure staff were suitable and fit to support people. Staff received relevant training to help them meet people's needs. The registered manager supported them to review and improve their working practices so that people experienced high quality care and support.

People received care and support that had been planned and agreed with them. People's care preferences were respected and staff delivered care in line with people's wishes. Staff knew people well and understood how their needs should be met. The provider checked with people at regular intervals the care and support provided was meeting their needs.

People's written feedback and relatives told us staff were kind and caring. They supported people in a dignified, respectful way which maintained their privacy and independence. The provider made sure wherever possible, this was from the same staff to maintain a consistent approach. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood people's healthcare needs and how they should be supported in a timely and appropriate way. Staff worked well with other healthcare professionals involved in people's care.

People and their relatives had no concerns about the care and support provided. They knew how to make a complaint if they needed to. The registered manager monitored and reviewed the quality of service that people experienced. They undertook regular checks on care staff to make sure they were carrying out their duties appropriately and to a high standard. The provider sought people's views about how the service could improve.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome.

The manager was clear about the responsibilities of their role. They were open and honest and had regular communication with people, their families and other stakeholders.

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

Rating at last inspection

This service has been in Special Measures since 12 April 2021. At our last inspection we identified risks were not effectively identified or assessed and medicines were not safely managed. We also found governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. These were breaches of regulation 12 (Safe Care and Treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also 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

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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 one inspector.

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:

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We used all of this information to plan our inspection.

During the inspection

The inspection took place on 18 November 2021.

We were unable to speak with people directly but read their written views from five surveys taken within the last six months. We spoke with two relatives. We also gathered information from six members of staff including care staff, the registered manager and a director. We looked at care records for three 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 including training data and quality assurance records.

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 Inadequate. At this inspection this key question has been rated Good. This meant people were safe and protected from avoidable harm.

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and measures were put in place to keep people safe.
- Risk assessments provided details to guide staff in how to support people safely, including the risks around Covid-19. These were updated by the provider every 12 months or when there were changes and contained the correct information, such as up to date family, medical and other agencies details as well as changes in needs.
- People's relatives told us staff personalised their approach to managing risks around behaviour that could be challenging by having a good understanding of the people they support. One relative said, "The staff really know [person] well, when she changes her mind they really try to engage her."

Using medicines safely

- Staff had been trained to administer medicines. They had access to information about people and their prescribed medicines and understood how people should be supported with these.
- People's support needs for medicines had been assessed and people's feedback said they were encouraged to continue managing their own medicines where it was safe for them to do so.
- Staff recorded the medicines people were given and when, on medicines administration records (MARs). Our checks of MARs indicated people received their prescribed medicines when they needed these.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely. Relatives and people's feedback said staff wore PPE at all times.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date including records of all staff had vaccinated against Covid19.

Systems and processes to safeguard people from the risk of abuse;

- The provider had systems designed to safeguard people from abuse. Staff had relevant training and were able to demonstrate their knowledge about how to recognise and report abuse. There was information available for staff and this was also discussed in team and individual staff meetings.
- The provider worked closely with the local safeguarding authority following any allegations of abuse to help protect people from harm and investigate these allegations.
- People's feedback said they felt safe at the service. One relative said, "Absolutely 100% safe."

Staffing and recruitment

- People's feedback and the staff we spoke with told us there were enough staff to meet people's day-to-day care needs and cover for planned and unplanned staff absences. Staff confirmed the willingness of the management team to help provide care and support where needed. A relative told us, "They always have enough staff. When they need extra staff for additional appointments, they never fail to get them."
- The provider followed safe recruitment measures. They carried out pre-employment checks on staff, including proof of identification and the right to work in the UK. The provider carried out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had systems to learn when things went wrong. Accidents, incidents, complaints and other adverse events were recorded, investigated and there were improvements as a result of these. The registered manager was able to describe the outcome of a number of events and what they had put in place to improve the service.
- There were improvements in the way information was shared with staff to help them learn together and improve practice. On the day of our inspection staff were attending additional training as a result of an incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support, people and their relatives confirmed this. One relative told us, "The transition from enquiry to assessment to care being delivered was brilliant."
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs, and were supported to develop further skills. These included the completion of nationally recognised qualifications in care.
- Staff also undertook training on specialist subjects including various health conditions.
- Staff praised the support provided to them, including meaningful supervision. One staff member told us, "I didn't come from a care background yet the training, shadowing of more experienced colleagues and the managerial support was great. If I ask for additional help, I get it."

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs in relation to eating and drinking had been assessed. The information available to staff included people's likes and dislikes. Where people were supported with meals, they felt staff did it well.
- Staff had completed food hygiene training ensuring food preparation was carried out safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare support and services as needed. Where this had been affected by the pandemic staff had made calls to relevant health and social care professionals to get advice over the phone. The service had supported with seeking medical advice.
- The electronic care planning system had the person's vital details listed such as allergies and medical conditions. This information was available to staff if they needed to contact the GP or the emergency services during their visit.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff understood the principles and their responsibilities in relation to the MCA. Staff received annual training in the MCA.
- Staff knew how to implement the MCA and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- Staff told us how they supported people to make decisions about their care and support. Where possible, people signed their care records to show that they had consented to the care and support they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's written feedback and their relatives told us staff were kind and caring. Some of the comments we received were: "This is the best care [person] has had in 16 years", "They are all very nice", "Cura Care has visited me daily, giving me human interaction."
- People's cultural and spiritual needs were respected. People were asked about their specific beliefs and practices during their assessment. These were recorded in their care plans where people wished to discuss them.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People had their communication needs understood. This meant staff were able to support people to be involved in decisions about their care. One relative told us, "Staff will always listen to [person's] requests and wishes."
- Records showed us people had been involved in decisions such as whether they would prefer male or female care staff and this had been respected.
- If people needed independent support with making decisions staff were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions. People's feedback indicated and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- One member of staff said, "I always respect people's privacy and dignity, from leaving the room if they are on the phone to covering people as much as possible during personal care." Another member of staff told us, "It is all about respect, asking for their consent and making sure they feel safe and confident with me."
- Care and support plans reflected people's preferences and choices and encouraged people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative told us, "[Person] will speak their mind, if they wanted something changed they would speak to staff or the manager."
- People received the care they needed. People's care was planned to meet their needs and daily notes recorded how staff had delivered this. Care plans were regularly reviewed and also updated as people's needs had changed.
- There was evidence of care responding to people's needs. People's visits could vary based on preference and extra time could be made available when required, such as for appointments. The provider contacted the local authority and requested changes to people's care when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and details of any needs were recorded. People using the service at the time of the inspection did not have any specific additional communication needs; however, the registered manager said they considered each person individually and would provide any support they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Within the limits of the pandemic, people were supported to maintain social contact and activities important to them.
- One person's written feedback said, "I smile all day when I know [staff] is coming." A relative told us, "I live 150 miles away and Cura Care staff are vital in ensuring daily contact."

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints.
- People's feedback and their relatives told us they would feel confident in raising complaints with the management team. They said staff were approachable and listened to them. One relative said, "We have no issues in raising concerns and working with the management team who are extremely helpful. I raised a minor concern with the manager at the very beginning. The manager wanted me to make an official

complaint. They are determined to learn and get better."

- We saw there had been two complaints raised in the previous year. Both were fully investigated and reached a good outcome where people were happy with the results.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, where possible information was included in people's care plans and staff had received training about how to support people who were at the end of their life.

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 as Inadequate. At this inspection this key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection 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.

The provider had also 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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 18.

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

- The service had a range of quality monitoring arrangements in place, and we saw these were effective. The registered manager was able to show us how audits were completed, with issues that needed attention identified and actioned.
- The managers and staff understood their roles and responsibilities.
- There was a good communication maintained between the registered manager and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, " We have regular team meetings, and everyone has an opportunity to make recommendations or voice concerns."
- The registered manager understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required.

Continuous learning and improving care

- The registered manager had clear procedures in place which were followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with promptly. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.

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

- Most relatives and staff expressed confidence in the management team. One relative told us, "The

registered manager is always very approachable. They are always available to chat and discuss how things are going." Another relative said, "The care staff are faultless but sometimes I can't get through to the office or the managers don't phone back."

- Staff told us they were well supported by managers. One staff member said, "I think it's such a happy and supportive environment."

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 registered manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

- The service was open and honest if things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for their views of the service on a regular basis. Informal feedback was requested throughout the year, and a more detailed survey was carried out annually. The feedback we saw from people and their relatives was positive.

- Staff were asked for their views, feedback and suggestions regularly. This included in surveys and team meetings, but staff also told us they were able to make comments or present ideas to the registered manager at any time.

Working in partnership with others

- The management and staff team worked in partnership with other professionals and agencies such as GP, district nurses and the local authority to ensure people received joined up care.

- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.