

Blossom Healthcare Ltd

Curant Care Kent

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

Curant Care Kent is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 24 people using the service. 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 this inspection the agency was providing support with personal care to 22 people with a range of needs such as older people and physically disabilities.

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

Feedback we received on the service and its management was positive. People felt safe with staff and they demonstrated knowledge of different types of abuse and what actions to take when they felt people were at risk of harm.

People were supported by staff who had been recruited safely. There were enough staff to meet people's needs and people told us staff arrived on time and stayed the duration needed. Risks to people had been assessed and guidance was in place for staff to minimise these. Risks were reviewed regularly, and changes made to people's care plans as necessary.

Care plans, which detailed people's needs, were detailed, person centred and contained the relevant and important information staff needed to support people in the way they wished.

Medicines people required support with were managed safely and records kept by the registered manager were reviewed and audited regularly to ensure any errors could be identified and rectified promptly.

Staff supported people to stay as safe as possible and minimise the risk of infections. Staff had access to Personal Protective Equipment and had completed infection control training.

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. Policies and systems in the service were written with this in mind.

People were treated with respect; dignity was maintained, and independence was encouraged. Staff told us they were able to get to know who they were supporting as a person. Feedback from people and their relatives told us people were supported in a person-centred way.

The registered manager worked closely with the staff teams and staff told us they could always contact the office team when they needed support.

Appropriate and effective checks and audits of the service were completed to ensure people were receiving good care and support. The registered manager had appropriate policies and procedures which provided

guidance to staff and people using the service.

Staff told us they felt valued and supported by the registered manager and were happy working for the service.

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 was registered with us on 8 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 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

Curant Care Kent

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors 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 people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 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 28 July 2022 and ended on 2 August 2022. We visited the location's office on 28th July 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We requested feedback from Healthwatch also. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and their relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior carers and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe with staff from Curant Care Kent. One person we spoke with told us, "We know all the carers and we don't have any concerns at all."
- Staff recognised the different types of abuse people may be at risk of and knew how to report these within the service to keep people safe.
- There were appropriate policies and procedures in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority safeguarding teams correctly and the registered manager knew what actions were needed to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had individual risk assessments detailing the individual risks to them such as if they were a person who smoked or were cared for in bed.
- Risk assessments were regularly reviewed and updated by the quality assurance lead. This ensured staff had the most up to date information to minimise potential risks to people's health and wellbeing.
- People's care plans and risk assessments included in depth step by step guidance specific needs such as caring for someone with a urinary catheter or applying creams to protect people's skin, so staff could reduce the risk of harm.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment history was checked and any gaps in this were discussed and recorded.
- References from previous employers and character references were recorded. This helped the recruitment teams and registered manager to ensure applicants were suitable to work with people using the service.
- All new staff had Disclosure and Barring Service (DBS) checks. The 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 were enough staff to meet people's needs. People and their relatives we spoke with told us they receive support from regular care staff who arrive on time and had built good relationships with them.

Using medicines safely

- People received their prescribed medicines on time and in a safe way. Policies and procedures were in place and staff demonstrated knowledge of individual needs relating to medicine support.
- People's care plans contained detailed information and guidance for staff to support with 'as and when

medicines' such as paracetamol. The guidance included an explanation of what the medicine looks like, the dosage and what it is used for. Staff were also advised of the maximum doses in a 24-hour period so these could be managed safely.

- People had been assessed on their ability to self-administer their own medicines and this was recorded to inform staff. Some people had support with these from their relatives and this was documented also.
- Medicines administration records are used to record whether people have taken or refused their prescribed medicines, and these were audited monthly to ensure that records were accurate and that there were no medicines errors or omissions.
- Some people required medicines which have to be taken before/after eating or at a specific time and staff supported with these. One person told us, "I sometimes ask, 'Why are my tablets not on the table?' Staff tell me they are not ready yet because they are due at 10am and we didn't want you to take them before that time."

Preventing and controlling infection

- Staff had completed Infection Prevention and Control (IPC) training and were able to tell us what good practice relating to IPC was and how they managed the risk of infection to people.
- Staff completed regular testing for COVID-19 to ensure they were safe to support people in their own homes. The results of these tests were recorded and monitored by the registered manager and staff followed government guidance if they received a positive result.
- People told us staff use appropriate personal protective equipment (PPE) such as gloves, aprons and face covering when they are supported. PPE was available to staff to collect from the main office and from senior care workers in the field.
- The registered manager had an up to date IPC policy in place which had been shared with staff, so they understood the expectations and their personal responsibilities. This policy had been updated to contain the latest government guidance relating to COVID-19.

Learning lessons when things go wrong

- Incidents where things had gone wrong, were reported by staff and correctly recorded and investigated.
- We reviewed records of accident and incidents which had occurred. These had been reported correctly and investigations into what happened and what could be done to minimise the risk of them happening again.
- Staff told us they felt comfortable with speaking with the registered manager or the senior care workers to let them know when things had not gone well. They all told us they were confident things would be taken 'onboard and things would be done about them.'

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager reviewed people's needs before they started with the service. Referrals were received from NHS and social work teams and these were reviewed to ensure the service could meet the assessed care needs of the person. The registered manager and senior carers completed a full care needs assessment and relevant risk assessments to ensure people's needs were delivered in line with standards.
- Care plans followed a service wide template but were completed in an individual way. They contained information relating to people's life histories, medical history, current needs, interests/hobbies and cultural needs. Care plans covered all protected characteristics under the Equalities Act 2010
- People told us, "When the service started [registered manager] came out so see us in person. This was to discuss [my needs]. Mine and my family's input was taken seriously."

Staff support: induction, training, skills and experience

- People were supported by trained staff who knew them well. One person we spoke with told us, "The staff [that come to me] all have training. New carers shadow [experienced workers] for the first two weeks. It was a full two weeks for some, slightly less for experienced staff." And, "Carers all do train, I know they do, they know what they are doing but always check with me if I would like something done differently."
- Staff completed a company induction and completed mandatory training modules which were based around the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff we spoke with were complimentary on the induction and training they had received. Staff told us, "I think my induction covered everything I needed to look after people. A lot of it you learn on the job, but the training was a great foundation." And, "My inhouse classroom-based training was brilliant! [The trainer] was very in-depth and knowledgeable."
- Staff felt supported by the registered manager and the senior care workers. They told us they had no issues asking for help or further training on people's needs which they may not have dealt with before. "I feel 100% supported in my role. Even though I am new to caring for people, I can always ask if I'm unsure or need some help and I get it."

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

- People were supported to eat and drink enough to remain well and in accordance with people's care plans.
- Not all people receiving care and support required meals to be prepared by staff as they could complete this by themselves or they had loved ones to support with this, however there were records of people being offered snacks and drinks outside of meals to promote their health and wellbeing.

- People told us they were offered choices by staff when preparing meals and drinks and they had access to these when the staff left. One person told us, "They make sure I have cans opened before they go, and things like bottle tops are loose so I can have them when I want."
- Where people had medical needs relating to food and diet there was clear guidance for staff to follow and ensure they were supporting the person to remain healthy. For example, we reviewed records of a person who lived with diet-controlled diabetes. Staff guidance included what foods were safe to eat, what symptoms to look out for if the person became unwell due to high/low blood sugars and how staff were to support them safely.

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

- People's care plans contained details of healthcare professionals involved in their care such as their GP or consultants and people were supported, where required, to contact them by staff.
- The registered manager had clear systems and processes in place for referring people to external services such as request for reviews by their social worker, to dieticians and speech and language therapists to ensure any changes of need were identified quickly and action taken.
- The registered manager sent an email to commissioning service departments every two days to inform teams of when and where they would have availability to support with more people's packages of care. This was to assist people coming home from hospital or who required respite care and support the systems as a whole to ensure there was available support in the area.
- The registered manager had ensured people being supported had an 'Emergency Grab Sheet' at the front of their care plan to take with them if they were admitted to hospital. This was a one-page document with all important information such as medical history, next of kin details, medicines people were taking and any communication issues, so healthcare professionals could care for people the way they wished to be supported.
- A person's relative we spoke with told us, "The staff call me if [person] is unwell. They let us know. This has happened twice now and then we can visit and assist with making a decision about what we need to do."
- All people's care records we reviewed contained detailed oral health assessments to identify support that may be required. Assessments included whether anyone required support with registering with a dentist, had any issues with their teeth or any medication which may have side effects affecting people's oral health.

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 MCA 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.

- People's ability to make decisions about their own care and support had been assessed and staff had consulted with professionals and loved one where necessary.
- Details of relatives who could support people with decision making or advocate on their behalf were contained in people's care records.
- Staff were able to explain the principles of the MCA and told us they always offer people choice and respect their decisions. Care records contained guidance for staff when assessing people's ability to make

decisions.

- Care records we reviewed had clear documentation of people consenting to care from Curant Care Kent. This document asked the person if they consent to a needs and risk assessments, care plan reviews and receiving support with their personal care. This document had been signed by people we reviewed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives told us staff were caring and supported them in a personal way, respecting people's choices and staff treated them with kindness. This was reflected in the feedback we received.
- People and their relatives we spoke with told us, "The [staff] seem to have time for you. I am not rushed. They try to put me at ease. They always respect me when I'm showering. They do what I like done and they do it the way I want it. They're just a lovely bunch." And, "I'm really happy with my [staff] I have some brilliant ones. They are all good girls."
- Staff knew people well and told us this was due to seeing people regularly. This helped staff get to know people and support them the way they wanted to be supported.
- One person told us that although their loved one who lived with them does not receive support from the service, when the staff are there supporting them, they also help their spouse by putting them at ease also and help them with washing up and monitoring if they are ok.

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

- People were involved in making decisions about their care. The registered manager and senior care workers completed telephone reviews every three months, which helped the team identify any quality issues quickly take action to put them right.
- People told us staff took the time to get to know them and involved their relatives in day to day care and support. One relative told us, "They always tell me if there's something amiss or if they are concerned. I really appreciate this."
- People and their relatives were able to tell us who they would go to if they wished to make changes to their planned care or if they would like to increase/decrease the level of support. One person told us, "I would talk to [registered manager] or maybe social services, but I would prefer to deal with it with [registered manager] as I know things would be done."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain and increase their independence with aspects of their care and support. Feedback we received from a person we spoke with was, "They always listen, if they do something, I'm not comfortable with I say 'Hang on a moment, Just a minute. I like to do that myself.' I have to try first and they respect that."
- A relative told us, "The [staff] always arrive with a lovely smile and ask how my [loved one] is. They always ask what my [loved one] needs. They encourage them to be independent by supporting them to do things themselves, safely. They are so good with them. They are kind and caring."
- People told us staff treat people with dignity. One person told us, "The [staff] help me to get to the toilet."

They stay outside and I call them when I am finished. They ensure I have managed well and then help me to wash."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People, their relatives and external professionals were involved in creating care plans when starting with the service. This ensured people were supported the way they wished to be.
- Staff told us they respect people as individuals. Staff described person centred care as, "We treat everyone as individuals. No two people are the same so should not be treated as such. We help people with what they need doing and how they like it as a person."
- People's care plans and risk assessment were continually reviewed and updated whenever there were changes in needs or at scheduled reviews. This ensured staff had access to the most up to date information needed to provide care and support.
- A relative we spoke with was telling us about the point their loved ones care from Social Services was coming to an end and they chose to remain with Curant Kent. "Two people from the office came around. They met with my loved one with me and my spouse so we could be involved. We asked for hand washes and wet shaves instead of full baths and within 24 hours this was changed and updated. The people in the office listen, nothing is too much trouble."
- Individual guidance was in place, dependant on people's needs, to ensure staff were able to deliver individual care and respond to any changes to people's needs in a prompt and effective way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs of people had been assessed. This helped staff to understand if any aids or specific guidance was needed to support people to make their preferences known.
- One relative told us, "The [staff] are so good with my [loved one] they have developed a special way of speaking with them that they can understand. There's no aggression or impatience, they are all such professionals."
- People's care records, risk assessment and important policies and procedures were in an accessible format and the registered manager told us the service has translated these into different languages before for people's who first language was not English. There was also plans for spoken care plans and braille if people required this in the future.

Improving care quality in response to complaints or concerns

- The registered manager informed us that complaints and concerns were taken seriously and were investigated in an open and honest way. We reviewed the registered managers records of complaints which supported this.
- People and relatives, we spoke with told us they knew how to complain but had not felt the need to. They had raised concerns or suggestions, and these were listened to and acted upon.
- One person told us, "When I first started with the agency everything was slightly different then I thought, but after talking with them it was all changed for the better." And, "Once the staff were late, I phoned the office and had such a good response. They explained what had happened and it was outside of their control and I was satisfied with this."

End of life care and support

- The service was not supporting anyone with end of life care at the time of inspection.
- The registered manager showed us a full end of life care plan and told us this is used when people are deemed to be at the end of their lives. These were not routinely completed on initial assessment.
- There was an up to date end of life policy in place and staff were able to tell us how they would support people at the end of their lives. "You have to have empathy and make sure people are comfortable. Treat them like human beings. I think we should also make sure the person they may be leaving behind is ok."

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.

This is the first inspection for this newly registered service. 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.

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

- Feedback we received about the service was positive. People and their relatives felt the service was well led and staff were reliable and consistent. Feedback included, "The [registered manager] was here just a few days ago. I get on really well with them." And, "the [registered manager] is always cheerful. I would recommend the service straight away and although they must be under pressure, they never show it. I can't fault them on anything."
- Staff feedback on the management of the service was equally positive. One told us, "[registered manager] is the best manager I have ever had. They work with us and we all get on very well. The registered manager even offered to help me with personal appointments I had; like taking me."
- People were supported with goals they wished to achieve and actions to take to achieve these were regularly reviewed.
- The registered manager had various lines of communication with the staff teams. They would go and support staff out in the community when needed, sent updates to teams in weekly emails and there were messaging groups between teams to ensure staff were supported and could raise things quickly.

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

- The registered manager understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately.
- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and/or registered manager should follow when things go wrong and to be open and transparent.
- Staff were actively encouraged to report concerns, accidents and incidents and be honest with what had gone wrong.
- The registered manager and quality assurance lead had completed regular effective checks and audits such as, care plan audits, spot checks, and reviews to monitor the quality and safety of the service.
- There were clear job roles and responsibilities in place and staff understood these. Office staff including the registered manager were trained in providing good care and support, so they were available to assist in the community when needed. Staff felt supported by this and felt it reduced any potential for a disconnect between office staff and staff supporting people.

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

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff supported them the way they wished to be supported and also adapted the support when required.
- The registered manager sent out quality surveys to people using the service twice a year. This enabled people to provide feedback on what was going well and what could be improved. The results of these were analysed and the registered contacted people who indicated they were not happy to put things right.
- Staff were put forward for 'champions' of certain aspects of care who were available to provide guidance to care staff. At the time of inspection there was a dementia, infection control, safeguarding and medicines champion and staff were awarded star badges to recognise their commitment to the service and people being supported.
- The registered manager was committed to providing smaller more personal touches to people who used the service and the staff who worked there. The registered manager sent birthday and sympathy cards, arranged for a fish and chip supper to be delivered to a person who had mentioned they 'fancied' one and in the recent hot weather, cold drinks were delivered to staff in the community.
- The provider told us the registered manager would sometimes arrange meals for staff in recognition of their hard work.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals to provide effective and joined up care and support. Staff had also arranged for clothing, heating, food and other necessities to support people who had recently returned to their home.
- Audits had been implemented by the registered manager and office staff which ensured the service was working in accordance with policies and procedures and identified any improvement needed. Audits had been effective in identifying people's care plans which needed reviewing, further training for some staff where there were gaps in knowledge and call times which were inconsistent. Action had been taken to address these.
- The registered manager had kept up to date with changes in legislation and best practice. They had developed relationships with the local authority and the local community medical teams.