

South Eastern Solutions Limited

Curant Care Maidstone

Inspection report

11 Mill Street
Maidstone
Kent
ME15 6XW

Tel: 01622322999

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Curant Care Maidstone is a domiciliary care service providing personal care to younger adults with physical disabilities and adults aged 65 and over in the Maidstone area. At the time of our inspection there were 30 people receiving a 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.

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

Risk assessments were in place to provide guidance to staff on how to support people. However, risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. Medicines management was not always safe. The provider could not be assured that people had received their medicines as prescribed.

The service was not always well-led. The provider had failed to identify issues relating to risk assessments, medicines management and mental capacity. Their quality monitoring processes had not identified issues with records that we found on inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Prior to people receiving a service their needs were thoroughly assessed. However, some assessments were not robust enough to identify the complete picture of people's needs. Oral health and medicines had not always been included in the assessment.

People and relatives had mainly positive views about the service. Comments included, "The care that my loved receives from the carers is very good"; "They are really good carers, in fact they are very good"; "They listen to what you say and will adapt to suit our needs" and "I am very happy with my care and I recommend the company."

The provider had an up-to-date infection prevention and control (IPC) policy. Staff had completed IPC training. Staff had access to enough PPE and wore this to keep themselves and people safe.

Enough staff were deployed to keep people safe. People were supported by regular staff who they knew well. Staff were well supported by the management team. Most staff had received training relevant to their roles, however some staff required additional training in catheter care, safeguarding and diabetes to make sure they could meet people's needs effectively.

Care plans were in place which provided a list of tasks for staff to complete. These were person centred and detailed to show new staff what all the tasks were. People and their relatives told us staff knew their needs and preferences well. They told us they had been involved with the care planning process.

People and relatives knew how to complain. The provider engaged with staff, people and their relatives. People had been contacted by the management team in regular telephone monitoring calls and via feedback surveys.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been rated requires improvement for the last 2 consecutive inspections.

At this inspection we found some improvements had been made. However, the provider remained in breach of some regulations.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines management, mental capacity and quality monitoring at this inspection. We have made a recommendation about training for staff.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Curant Care Maidstone

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

The inspection was carried out by 2 inspectors and 2 Experts 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 April 2023 and ended on 27 April 2023. We visited the location's office on 18 and 20 April 2023. We carried out phone calls with people, relatives and staff between 19 April 2023 and 27 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last 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 used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 5 people's relatives. We spoke with 14 members of staff, including care staff, senior care staff, the care coordinator, the deputy manager and the registered manager.

We reviewed a range of records. This included 8 people's care records and multiple medicines records. We looked at 4 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to manage individual risks relating to the health, safety and welfare of people and staff. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments had not always been completed in a person-centred way. Assessments were not detailed enough to provide staff with clear ways of working to reduce the risks and information was missing. For example, the provider's general risk assessment had not always included information about medicines risks, including risks associated with flammable creams and emollients.
- Risk assessments relating to moving and handling did not provide clear guidance on safe ways of working for staff and had not incorporated the very detailed instructions from occupational therapists who had assessed people's moving and handling needs. This put people at risk of harm.
- Staff did not have access to risk assessments through the electronic system. After the inspection, the registered manager updated us to state that all risk assessments had now been uploaded to the electronic system to ensure staff had all the information they needed to provide safe care.

The provider had failed to robustly assess risks relating to the health, safety and welfare of people and staff. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the last inspection, the provider had failed to take appropriate actions to ensure medicines were managed in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always well managed. At this inspection, people who required support with their

medicines had MARs in place on the electronic application staff used. Some staff raised this caused confusion as relatives and community nurses who also gave medicines could not see the MAR. People's medicines records did not always include all medicines prescribed. Prescribed creams and topical medicines were not always listed. Daily records showed staff were administering these.

- Medicines that should not be given with food or other medicines were administered incorrectly. For example, a person's MAR showed that staff were administering the thyroid medicine at the same time as other medicines. This meant the thyroid medicine might not have worked as it should do.
- Where staff were not responsible for administering medicines, it was not always clear what medicines people were prescribed as these are not always listed on their care records. Staff did not have information about the possible side effects or contraindications of medicines they needed to be aware of, which could put people at risk.

The provider had failed to take appropriate action to ensure medicines were managed in a safe way which was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Some people were supported to be independent with their medicines. They did not need physical support with managing their medicines as they were able to do this themselves or with support from relatives. Some people needed a prompt to make sure they had taken their medicine. A person told us, "I have blister packs for my medication that I take myself, but the girls always check to make sure I have taken it."
- Staff had received medicines administration training and had their competency to administer medicines checked following training. The registered manager told us staff then received competency checks on an annual basis.

Staffing and recruitment

At the last inspection, the provider had failed to take a robust approach to recruitment to make sure only suitable staff were employed to provide care or deploy staff sufficiently. This was a breach of regulation 18 and 19 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 18 or 19. However, we did find further improvements were required regarding staff deployment.

- Staff had been recruited safely to ensure they were suitable to work with people and were mostly deployed at the right times to meet people's needs. At this inspection, the provider had carried out sufficient checks to explore staff members' employment history.
- At this inspection, improvements had been made and people received care and support they needed. Staff were mostly deployed at the right time to meet people's needs. However, staffing rotas showed staff had been allocated travel time between care calls, this travel time was not always enough time for staff to travel from one side of Maidstone to the other in peak times. This sometimes impacted on people's call times. Most staff told us they had travel time allocated between their community care calls. This is an area for improvement.
- The provider continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- People and their relatives told us they had consistent staff support them. People and relatives gave us mixed feedback about the times of their care calls, they felt communication could be better when the rota changed or staff were running late. Comments included, "The carers always arrive on time and stay for the

full time"; "My regular carer is always on time, but the relief carers can be late as they are supposed to arrive between 9.30am and 10am, sometimes they don't arrive until 11am, which is irritating" and "The carers are not always on time and can run late, but they do stay for the time that has been allocated."

Preventing and controlling infection

At the last inspection, the provider had failed to have a robust COVID-19 testing regime. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff followed safe infection prevention and control (IPC) practices. The provider had an up to date IPC policy. Staff had completed IPC training. There was no longer a requirement for staff to routinely be tested for COVID-19. The provider had a stock of tests which were used routinely to check when staff had potentially been exposed to COVID-19 or had symptoms.
- Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of PPE kept in the office.
- People and relatives confirmed that staff used PPE. A person told us, "The carers wear their masks and gloves."

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective safeguarding systems in place to protect people from the risk of abuse. The safeguarding policy for the service gave staff incorrect information about which local authority to address concerns to. Despite the policy providing staff the wrong information, the management team had reported safeguarding concerns to the correct local authority. The management team updated their policy after the inspection.
- Not all staff understood safeguarding and what to do if they suspected abuse, despite having received training in this area. We reported this as a concern to the management team, who arranged for additional training and competency testing to take place with an interpreter if English was not the staff member's first language.
- Some staff told us they would be able to identify abuse and they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously and appropriate action was taken. Some staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.
- People told us they felt safe. A relative told us, "I feel my loved one is very safe; in fact she is 100% safe with the carers. She sees two carers each day."

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well and learned from these to improve the quality of care provided. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt. A staff member said, "We discuss accidents and incidents as a management team."
- It was clear from the records what actions had been taken to address the incidents. Newsletters and communications to staff from the management team showed that staff received reminders about accident and incident reporting.

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 our last inspection of this domain in November 2018 we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

We checked whether the service was working within the principles of the MCA.

- People's care plans contained conflicting and confusing information about their mental capacity. People's care plans included mental capacity assessments which had been undertaken. It was not clear when a person lacked capacity, and when a best interest's decision had been made, who had been involved in the decision-making process. The best interest part of the assessment had not been recorded or completed. Some MCA assessments were not specific to a particular decision.
- Staff told us that a person was locked in their house by staff when staff were not there. We were concerned that this person was being unlawfully restricted. We advised the registered manager to take action which included liaising with the person's care manager to make an application to the court of protection.

The failure to ensure people's rights were upheld within the principles of the Mental Capacity Act 2005 is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People who had capacity to make their own decisions had signed consent forms consenting to care and support. A person told us, "They always ask me if it is ok before they do something, so they do ask for consent."
- Care records evidenced choices people made. For example, people choosing to have a wash instead of a shower, or people not wanting support with their teeth or cancelling their support visit because of appointments.

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

- People had their needs assessed prior to receiving care. These assessments were used to develop care plans and included all aspects of people's care needs. However, some assessments were not robust enough to identify the complete picture of people's needs. Oral health and medicines had not always been included in the assessment.
- Information obtained from local authority care plans which had been sent to the service as part of the referral had not been included in the care plan available for staff. This meant the provider's care plan did not always include information about people's skills and abilities and what tasks they were able to do themselves. Some staff said that care plans could be clearer. This is an area for improvement.
- Assessments included people's protected characteristics under the Equality Act (2010). For example, their religion, culture, health needs and their abilities. People's life history and hobbies and interests were also explored.
- Records showed that people and their relatives were involved with assessment processes. A person told us, "When I first had care from Curant I was involved with the discussion of my care plan, which was very comprehensive and covered my history, likes and dislikes."

Staff support: induction, training, skills and experience

- Staff received regular training and support. New staff received an induction. Staff had completed all mandatory training to effectively support people. However, there was mixed feedback from people and relatives about the effectiveness of the training. Comments included, "The carers who visit us are well trained and know what they are doing" and "My husband has a catheter and I change the bags as some of the carers are not trained properly in managing catheter bags. They have forgotten to turn the valve on the bag to stop urine spillage. Some of them need extra training."
- Some staff lacked knowledge around training in topics such as catheter care, safeguarding and diabetes. Some staff carrying out risk assessments and mental capacity assessments had not received training to support them with their roles. Some staff told us refresher training which took place over a few hours was not fully meeting their needs. We reported this to the registered manager, they said that staff are asked for feedback after their training and had not raised this with the management team. The registered manager confirmed after the inspection the training was being reviewed.

We recommend the provider considers current good practice guidance on training for staff and takes action to update their practice accordingly.

- Staff were observed by the management team while carrying out care in people's homes. Regular spot checks and planned observations were undertaken by the senior staff. Staff had the opportunity to meet face to face or by phone with a senior staff member on a regular basis to discuss their personal development and highlight any areas of concern or good practice.
- New staff received an induction which included shadowing more experienced staff for a period of time, until they were confident. Initial training was completed to make sure they had the basic skills to support people. Induction included completing 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutrition and hydration needs were met. People and relatives said they were happy with the support they received. A person said, "They will make me breakfast and a drink and always ask what I would like to eat and drink, but they know what I like."

- Those people who did need staff assistance chose what food they wanted from their own store of food.

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

- The service worked with others to ensure people were appropriately supported. There was clear and regular communication between the service, other health care professionals, social workers and commissioners to keep relevant people informed of changes and concerns.
- Where people needed support to access healthcare this was in place. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. Staff were clear about the action they would take when a person presents as unwell. There were clear records when actions had been taken, referrals had been made on to healthcare specialists when required.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A person told us, "When the district nurse visits, she has complimented the carers on how well they have looked after the skin condition on my legs."

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 our last inspection of this domain in November 2018, we rated this key question good. At this inspection the rating has remained 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 were treated well and respected. People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People and relatives told us they found staff to be kind, friendly and caring. A person said, "Despite my condition everybody treats me as a human being, a whole person."
- Staff members showed warmth and respect when talking about the people they supported. A person commented, "The girls always treat me with great respect."
- Staff referred to people by their preferred names. Care records reflected this. Staff knew people well, there was positive interaction between staff and people when calls were made into the office. A relative told us, "I must say, at the moment we have a pretty good bunch of carers who are kind and respectful."

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

- Staff supported people to make decision about their care. A staff member told us, "I support [person] and prompt with breakfast. If she says no, I go and do other tasks and then ask again in a little while. I support people to choose clothes. I try and give many options. I show people options."
- People told us their views were listened to and acted upon by the service. A person said, "I have been using the service for over a year and a long time ago there was a carer that I didn't like very much, my regular carer was informed and she told the office, so that person [staff member] was taken off my calls."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible and had their privacy and dignity respected. Staff encouraged people to self-care and lead their care and support. A person said, "The care I get is excellent. The carers have given me mobility and independence."
- Staff treated people with dignity and their privacy was respected. A relative told us, "They do treat [person] with dignity and respect and will close the bathroom door and keep the bathroom tidy if they have time after [person] is washed and dressed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection, the provider had failed to design care and treatment to ensure people's preferences and needs are met is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were in place which met people's assessed needs. Staff had clear guidance about what they needed to do if a person became unwell. At the last inspection, people did not have care plans in place in relation to their assessed needs. For example, around catheter care needs. At this inspection we found all care plans were in place.
- Care plans were in place which provided a list of tasks for staff to complete. These were person-centred and showed new staff what all the tasks were. Relatives were able to access their loved one's care plans and daily records. Some relatives utilised this facility to help them monitor their loved one's care.
- People told us staff knew their needs and preferences well. They told us they had been involved with the care planning process. Care plans promoted independence. A person said, "The girls really understand what makes me tick. I think they have really got to know me."

Improving care quality in response to complaints or concerns

At the last inspection, the provider had failed to acknowledge, investigate and take action in response to complaints is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person told us, "I have no complaints now. There were a few little hiccups at the start of the package. The manager took on what we said and everything is running smoothly."
- The service treated all concerns and complaints seriously, investigated them and learnt lessons from the results, sharing the learning with the whole team and the wider service. Where people and relatives had

made formal complaints, these had been logged and investigated in line with the provider's policy. Letters of apologies had been sent when required.

- During the inspection, a relative complained about the service, they shared their concerns with the registered manager and with CQC. The complaint was formally logged and verbal apologies given over the telephone. The registered manager commenced an investigation into what had gone wrong.

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.

- Information in the service was available in a variety of formats to meet people's communication needs. The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats, such as in a larger font, different languages and easy read.
- Each person's communication needs had been assessed and recorded in their care records, to ensure methods of communication were clear.

End of life care and support

- The service was providing end of life care at the time of the inspection.
- The management team knew how and when to seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives. All staff had completed end of life care training.
- Some discussions had taken place with people and relatives to look at end of life wishes. Some people had consented to DNACPR (do not attempt cardiopulmonary resuscitation) with their GP or consultants. Care records were clear when these were in place so that staff were fully informed about people's DNACPR status.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to effectively monitor and improve the service and to assess, monitor and mitigate risks and maintaining an accurate complete record of care. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection, the systems to review and check the quality of the service were not always robust. At this inspection we found that the systems in place to audit the quality of the service continued not to be robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up shortfalls in practices in relation to risk assessment, medicines management and mental capacity.

The failure to effectively monitor and improve the service was a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had policies and procedures in place to manage and operate the service. The registered manager explained all staff had access to these as they were available to them in the office, policies and procedures were also reviewed in the induction process.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed in the office, as well as being displayed on their website.

At the last inspection the provider had failed to notify CQC in a timely manner about incidents that had occurred is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

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

At the last inspection, the provider had failed to act on feedback from people and their relatives to continually evaluate and improve the service. This was a breach of regulation 17 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 17 regarding engaging and involving people using the service.

- The provider engaged with staff, people and their relatives, and involved them. Office based staff told us regular staff meetings took place. Staff gained support and information via group chat. The registered manager also sent frequent newsletters to inform staff of important information and reminders. Staff told us they had access to a member of the management team outside of office hours through the on-call service.
- People had been contacted by the management team in regular telephone monitoring calls and via feedback surveys. A person said, "The office does contact me from time to time to do a telephone survey and what we think of care."
- Most staff gave us good feedback about communication. A staff member told us, "Communications are via weekly emails."

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

- There was a positive staff culture at the service. People and relatives were complimentary about the culture and transparency of the service. A person said, "I think the service is well managed and focussed on the clients."
- People and relatives had made compliments to the service. A compliment said, 'The care which I received from this company is hundred per cent the office, staff are always there to resolve any problems if any arise. The carers who come out to me, are kind and very professional at the job. I don't think the carers get enough gratitude for the work they do, they need to be praised more for all the hours they are working. Overall, I am very happy with the care I receive from Curant Care.'
- Staff told us there was a positive culture. A staff member said, "I think everybody is approachable, we all get on really well. Things are 100% much better than they were."

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 understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. There had been no duty of candour incidents at the service.

Working in partnership with others

- The provider and registered manager had worked closely with health care professionals such as community nurses and people's GPs, as well as people's social workers and NHS continuing healthcare teams. The management team had worked consistently in partnership with people and their relatives to ensure people had the best outcomes.

- The provider and the registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to improve the experience of people using the service. The registered manager had attended forums and events hosted by the local authority and Skills for Care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider has failed to ensure people's rights were upheld within the basic principles of the Mental Capacity Act 2005. Regulation 11 (1)(3)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to the health, safety and welfare of people and staff had not been robustly assessed. The provider had failed to take appropriate actions to ensure medicines were managed in a safe way. Regulation 12 (1)(2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to effectively monitor and improve the service. Regulation 17 (1)(2)</p>