Cure Healthcare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Cure Healthcare Service Ltd is a domiciliary care agency. It provides personal care to older people; people living with dementia; people who misuse drugs and alcohol; people with physical disabilities; learning disabilities and sensory impairment who live in their own homes. Its service covers the counties of Buckinghamshire and Berkshire. At the time of our visit the service provided personal care to 25 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This is our first inspection of the service since the provider registered with us on 13 February 2017.

People and their relatives spoke positively about the caring nature of staff. A person commented, "I have observed the carer is such a caring person. She is patient, kind and keen to please." This was observed during our home visits.

People received care and support from staff that had a good understanding of their care and support needs. Staff protected their privacy when personal care was carried out and their dignity was also respected. We found staff were respectful of people's cultural and spiritual needs. People were able to express their views and be actively involved in making decisions about their care.

The service had recruitment processes in place but these were not always robust. We made a recommendation about checking job application forms. People said they felt safe when receiving care and support from staff. Staff knew how to keep people safe from abuse and had attended the relevant training. Medicines were administered by staff whose competencies were assessed and people were kept safe from infection.

People were supported to have maximum choice and control of their lives. However, the service was not always compliant with Mental Capacity Act 2005 and its codes of practice. We made a recommendation about this.

Staff were not always appropriately supervised. We made a recommendation for the service to seek current guidance on staff supervisions and appraisals. Staff worked within the principles of the Equality Act 2010 to make sure people were not discriminated against. People's nutritional and healthcare needs were met.

Most of people's initial assessments made sure plans of care were personalised and based on what people said they wanted. In some instances the service failed to discuss people's preferences for end of life care. We made a recommendation for the service to review best practice in recording end of life preferences and wishes.

People knew how to raise concerns. We found the service responded to complaints appropriately. We have made a recommendation for the service to ensure its complaint's policy is available to all people. The service made sure information was given to people with disabilities or sensory impairments in a format that met their communication needs.

People and their relatives felt the service was well-led and staff spoke positively about the support they received from management. People were given the opportunity to express their opinions about different aspects of the service.

Quality assurance systems and processes in place were not regularly monitored for their effectiveness. Therefore, the service was not always able to identify where quality and safety was compromised and the risks to people.

We found a breach in the regulations as a result of this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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.

Safe recruitment processes were in place but were not always robust.

People said they felt safe and staff knew how to keep them safe.

Safe medicines administered was in place and people were kept safe from infection.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not always compliant with the Mental Capacity Act 2005 and its codes of practice.

Staff received appropriate induction and training but were not always supervised.

Staff worked within the principles of the Equality Act 2010 to make sure people were not discriminated against.

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the caring nature of staff.

Staff that had a good understanding of their care and support needs and protected their privacy and dignity.

People's cultural and spiritual needs were respected they were actively involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's preferences for end of life care were not always captured.

People received person-centred care.

People knew how to raise concerns and complaints were responded to appropriately.

The communication needs of people with disabilities or sensory impairments were met.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems and processes in place were not regularly monitored for their effectiveness.

People and their relatives felt the service was well-led.

People were given the opportunity to express their opinions about different aspects of the service.

Cure Healthcare Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which was carried out by an adult social care inspector and took place on 7, 8 and 9 March 2018. The provider was given 48 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

We used information the provider sent us in the Provider Information Return. Providers are requested to complete a provider information return (PIR) form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During our inspection we visited two people and one relative in their homes; spoke with two care workers; the care co-ordinator; the deputy manager; registered manager and the company director. We reviewed three care records, three staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Recruitment practices were in place. Checks were made to ensure staff were of good character and suitable for their job roles. However; where there were gaps in employment these were not always explained.

We recommend the service seek current guidance on checking job application forms.

People and their relatives felt they were kept safe from harm. Comments included, "I feel safe with the carer, she's good. If I had any worries I would get hold of the agency straight away" and "I am comfortably safe and will speak to our daughter to sort out any concerns."

Staff had a good understanding of abuse and knew what to do to make sure people were kept safe. They described the different types of abuse people could experience and explained what they would do in the event there were allegations. The registered manager told us staff were given the service's safeguarding policy and whistleblowing policy (this gave clear guidance on what staff should do if they wanted to report poor work practices). This was confirmed by a staff member who commented, "We've got a safeguarding policy which tells us how to keep people safe from abuse." We noted the safeguarding policy was updated and reflected current legislation. A view of staff files showed they had attended the relevant safeguarding training.

People were involved in managing risks and risk assessments were person centred and proportionate. For example, people talked to us about how risks to their health and welfare were assessed by the service. They confirmed they had actively taken part in this process and agreed with the plans put in place to manage those risks. Care records viewed accurately reflected what people had told us.

People and their relatives said they had regular care workers. Comments included, "Yes, they (staff) are regular and they come on time" and "I have had the same carer from the beginning." This was supported by comments from staff which included, "We have enough staff, I need more hours" and "We have no problems with staffing."

We viewed the service's rota scheduling system with the care co-ordinator. We noted constant monitoring of the system was undertaken to ensure all calls were covered. The care co-ordinator showed us an example of the action taken when people cancelled their calls. We saw effective communication systems were place to ensure the service could respond promptly when calls were cancelled or when staff were unable to attend. This meant people's health and welfare needs were met by sufficient numbers of appropriate staff.

People we spoke with did not receive support with their medicines however; systems were in place to ensure people received medicines safely. Staff were aware of their responsibilities in relation to supporting people with their medicines. Comments included, "I prompt some clients to take their medicines and administer medicines to others. We have to check that labels have the correct names and addresses and have not expired. We make a record of what we have given on the medicine administration record" and "We have to ensure medicines are up to date; in stock and report any concerns to the manager." The service's medicine

policy was accessible to staff and up to date. Training records confirmed staff had attended the relevant training and their competency to administer medicines was regularly checked.

People and their relatives told us what staff did to protect them from infection. Comments included, "[Name of carer] wears all the gear, gloves and aprons" and "They (staff) wear uniforms and gloves." We observed there were sufficient supplies of gloves for staff in the homes we visited. This was followed up in our discussions with staff. Comments received included, "I wash my hands before and after care tasks and wear gloves and aprons" and "I always use gloves and aprons when carrying personal care." We found appropriate arrangements were in place to ensure people were protected from infections.

Requires Improvement

Is the service effective?

Our findings

Staff told us they were appropriately supported. Comments included, "We have one to one meetings. They (management) ask me if I am okay with the job and if I have any concerns with clients" and "We do have a really good team within the company. If I'm not sure, they are always there to help." The registered manager told us supervisions were carried out every three months through spot checks and observations. However; this was not reflected in the staff files viewed. One staff member had a partially completed spot check whilst there were no records of spot checks in the other staff files we viewed. Six monthly performance reviews did take place but these were not carried out on a consistent basis. Therefore, we could not see how supervisions were used to develop and motivate staff, review their practice or behaviours and focus on their development.

We recommend that the service seeks current guidance on the supervision and appraisal of staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty. At the time of our visit, the service had no one whose liberty was legally restricted.

People said their permission was sought before care was carried out. A person commented, "Carers always explain what they're doing and get permission." Staff gave examples of when this happened and care records confirmed consent was obtained. However; staff did not consistently work in line with the principles of the MCA. For example, a person's care record stated they lacked capacity to make decisions. It was not clear what specific areas the person lacked capacity in. However; the person had signed to give consent for medicines to be administered. There were no records to show how the person lacked capacity to make decisions in regards to their medicines or whether their medicines were being administered in the least restrictive way. We brought this to the attention of the registered manager who acknowledged our feedback and showed us other examples where the MCA was followed. We noted the service asked if people's family members' had legal powers to act on their behalf. However; where this had been confirmed care records did not show what those powers related to.

We recommend that the service reviews the requirements of the Mental Capacity Act 2005 and its associated codes of practice.

People and their relatives felt staff were skilled and experienced to provide care and support. For instance one person commented, "They (staff) cook the food to our standard and provide good care."

Staff spoke positively about their induction experience and felt supported. Comments included, "It helped me to improve and think about what I have to do such as monitor clients and their health and safety" and "My induction helped me to brush up on my skills, for example the importance of using aprons when carrying out personal care." We saw staff completed inductions based on Skills the Care's Care Certificate. This is a set of 15 national standards that new health and social care workers have to complete. We noted staff competencies were checked during this process.

Training and development needs were centred on the learning needs of staff and the care and support needs of people who used the service. The registered manager told us they made sure staff had the right skills; qualifications and experience to meet people's support needs. For example, where people had specific medical conditions; only staff who had undertaken the training relevant to those conditions could support them. This meant people received care from staff who had the right knowledge, experience, qualifications and skills.

Staff said they followed procedures to make sure people were protected from discrimination. For example a staff member commented, "I listen to what people have to say and show them respect regardless of their sex, age, or race. I have attended equality and diversity training." This meant people's human rights were respected.

People were supported to eat and drink enough to maintain a balance diet. People said they were able to exercise choice in regards to the foods they ate. A person commented, "I can tell them (staff) what I like to eat and what foods should not be eaten." Staff discussed how they supported meals and what action they would take if they had concerns. Comments included, "We monitor how much food they eat. If I believed people were losing weight I would report it" and "When (name of person) was not eating well, I encouraged her to eat and try different foods, which she did." Care records detailed people's food preferences and how their nutrition and hydration should be met.

The service worked with other health professionals to ensure people health needs were met. Care records documented which health professionals were involved in people's care. Staff worked with other health professionals to meet people's health needs. This was demonstrated in the feedback given by an occupational therapist (OT). When referring to a care worker the OT stated, "(The care worker) was absolutely brilliant and able to a build movement correction I was showing her in the morning care call, without disrupting what she (and another care worker) were doing."

Good

Is the service caring?

Our findings

People spoke positively about the caring attitude of staff. One person was very complimentary about a care worker and spoke about them with affection. They commented, "She (care worker) kisses me on my forehead and makes sure I am fine. We often have a laugh together. I don't want anyone else (to care for me)." Another person commented, "They (staff) are always helpful and respectful." Another relative, who the service obtained feedback from as part of their quality monitoring commented, "I have observed the carer is such a caring person, she is patient, kind and keen to please." This type of care was observed during our home visits.

Staff had a good understanding of people's care needs and knew who and what was important to them. This was demonstrated in our conversations with staff and care records which gave brief details of people's family histories.

People said staff listened to what they had to say. A person commented, "They (staff) do listen and moreover, when my daughter brings food to the house they listen to her instructions about what to do with the food."

Relatives spoke about how confident they were with the care provided. One relative commented, "When I told (name of care worker) about my mum's care needs, she understood right away. I had to stay in hospital for three weeks and knew my mum would be looked after." The registered manager told us "No carer will go into a client's house without having read information about them." This was supported by a staff member who told us, "I make sure I read the care plan, which tells me how they (people) like care to be given." This meant people received care and support from staff who had a good understanding of their care and support needs.

People and their relatives told us staff were respectful of their cultural and spiritual needs. This was supported by our discussions with staff and information contained in care records about people's preferences and wishes. Translators were offered for people who did not have English as a first language. Where possible, the service matched people with staff who met their language and cultural needs. This showed the service had taken appropriate steps to meet people's cultural needs.

People were able to express their views and be actively involved in making decisions about their care. This was confirmed in our discussions with people and supported by examples given to us by staff. Care records summarised conversations held with people in relation to the care and support they said they wanted. This meant people's needs and preferences were placed at the centre of the assessment; planning and delivery of care and support.

People said their privacy and dignity were respected. They told us staff ensured their dignity was preserved when personal care was being delivered. Staff supported what people had told us. Comments included, "I ask (name of person) if they are ready for a wash and make sure all the doors are closed" and "When I am carrying out personal care I make sure (name of person) is covered and tell her what I am going to do. I ask

her how she is doing whilst I am providing care." Staff told us they would not remain in rooms when people were having discussions with their family members, to protect their privacy.

Good

Is the service responsive?

Our findings

People felt they received care and support that was specific to their needs. Comments included, "Yes, I like the way (name of care worker) cares for me" and "Yes, they (staff) meet my needs."

People had their needs assessed before they joined the service. Information was sought from the person, their relatives and other professionals involved in their care. Information from the assessment informed the plan of care. People felt involved in this process for instance one person commented, "They (staff) came and asked me questions. I felt involved."

Staff demonstrated a good understanding of how to provide care that was centred on people's care needs. Care plans were focused on people's family histories; medical histories; recreational activities; cultural and religious beliefs and preferences. The service captured people's preferences such as how they liked to be addressed and if they had any preferences for male or female care workers. When referring to a person they cared for a staff member commented, "She (the person) does not like to have men in her house." We noted the person's care records confirmed what we were told. This ensured the service could be responsive to their care and support needs.

Where people required support with their personal care they told us they were able to make choices and this was supported by staff we spoke with. For instance a staff member commented, "I communicate to get to know their (people's) choices."

People's needs and identified risks were reviewed. The registered manager told us six-monthly reviews were undertaken however; care documents did not support this. The registered manager acknowledged this in our feedback and told us they this would be addressed.

The service acted in accordance with the accessible information standard and their legal responsibility to meet it. The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care records documented how staff should support people to understand information and what methods should be used to achieve this. This meant the service promoted the rights of people with disabilities or sensory impairments.

People and their relatives said they knew how to raise concerns but did not have the need to do this. Comments included, "No (had never had to complain). I am happy with the service" and "We have no concerns. We've not had to call (to make a complaint). Information was available to people and their relatives with the service's contact numbers. However; out of the two homes visited we found only one person had the complaints procedure in their care records. We brought this to the attention of the registered manager. The service had a complaints policy and procedure in place which outlined how to raise a complaint and the actions the service would take in response. We viewed the service's complaints register and noted all complaints received were dealt with in line with the complaint's policy.

We recommend the service make sure its complaints policy is available to all people.

People's preferences and choices for the end of life were not always recorded, communicated and kept under review. For instance, a person who we visited was very keen to talk to us about their end of life preferences and wishes. We noted, the question in regards to their end of life care wishes and preferences was left blank by staff. The person told us staff had not asked them questions in relation to this. We brought this to the attention of the registered manager who acknowledged our feedback.

We recommend that the service reviews best practice in end of life care preferences.

Requires Improvement

Is the service well-led?

Our findings

Governance and performance management systems were in place but further improvements were required for their effectiveness. This was because records relating to the management of the service were either partially completed or not completed at all and not fit for purpose. We noted this when viewing spot check records, staff supervision records and six monthly performance reviews. The service had a staff training matrix but this was not updated to reflect training staff had attended. Records relating to people's care were not always kept securely. For instance when visiting the home of a person, we found personal information relating to another person who used the service, in the person's care plan. We brought this to the attention of the registered manager who advised us this would be addressed immediately. This meant the service did not always keep personalised records secure and confidential.

There were no systems in place to ensure people's care needs were reviewed every six months. Monthly audits of daily logs and medicine administration records did not happen. Where audits did take place, there were no records of who was responsible to address the issues found and timescales for completion. This meant people could not be confident identified shortfalls and action would be taken to reduce risks. Before the end of our inspection the registered manager showed us an updated audit form that would be used by the service in response to the feedback we had given. This meant systems and processes in place were not always able to help the service identify where quality and safety was being compromised.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives felt the service was reasonably well-led and based upon the care and support received from staff.

Staff spoke to us about the visions and value of the service. For instance a staff member commented, "It's about providing the best service to the customer. We're not here just to make money." Staff spoke to us passionately about their work and felt supported by management. A staff member commented, "This company is good. Management are easily accessible." They went on to tell us they had no reservations reporting poor work practices or talking to management about any challenges they may face.

Staff were aware of their roles; responsibilities and were updated of changes via social media; electronic mail or face to face when they visited the office. This was supported by the management team.

The service did have a statement of purpose (SOP). This described what the service did; where they did it and who they did it for.

People and those important to them had opportunities to feedback their views about the service and quality of the service they received. For instance, quality monitoring telephone calls were made to people and their relatives to gauge their views on the service provided. This covered whether care workers arrived at the expected time; stayed for the planned length of time; whether care tasks were carried out satisfactorily and

whether people were notified if there was a change in care worker or a visit time. We saw the service received positive responses in relation to these questions from people and their relatives. This meant people were given the opportunity to express their opinions about different aspects of the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Care records were partially complete; not completed and not fit for purpose. Information relating to people's personal information was not always kept securely. Systems and processes in place were not able to help the service identify where quality and safety was being compromised. Reg. 17 (2) (a), (c)