Cura Domi - Care at Home Limited

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Inspection report

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Tel: 01483420052

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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

Cura Domi – Care At Home Ltd is a domiciliary care agency providing people in their own homes. They provide live-in care to people. At the time of our inspection the agency was providing support to 17 people.

This inspection took place on 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to assist us during the inspection. This was a comprehensive inspection.

There was no registered manager at the service. The current manager was in the process of going through our registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records did not demonstrate full compliance with the Mental Capacity Act 2005. Where people could not consent to care, relatives had signed their consent forms. There were no mental capacity assessments or best interests decisions documented. We recommended that records be updated with this information.

Staff understood their responsibilities under the Mental Capacity Act and demonstrated a good understanding of how to offer people choice.

The provider followed safe recruitment processes and there were sufficient numbers of staff to meet people's needs.

Risks to people were assessed and reviewed regularly to ensure people's individual needs were being met safely. People's medicines were administered by trained staff and records were up to date to ensure medicines were administered safely.

People and relatives told us they felt their family members were safe and were confident in the staff that supported them. A contingency plan was in place to ensure that people's care could be provided safely in the event of staff being late or unavailable.

People told us that staff were competent and skilled in carrying out their role. The provider had effective arrangements in place to train, supervise and provide induction to staff. Staff told us they felt supported by the provider and could call for assistance at any time.

Assessments were completed prior to people receiving a service to ensure their needs could be met. Detailed care plans were in place and records were updated following reviews or changes in people's needs. People were supported to access support from healthcare professionals where required.

People told us they were confident to raise any issues about their care. There was a complaints policy in place and there was evidence that complaints had been recorded, investigated and responded to.

The service had systems in place to monitor and improve the quality of the service provided through seeking people's feedback and carrying out audits. People told us they had seen improvements in their care and responsiveness of the manager. The manager had a vision for the future of the service and was taking steps to overcome identified challenges.

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

Risks to people safety were assessed and monitored with appropriate measures in place to minimise them.

Accidents and incidents were recorded to identify patterns and actions taken were documented.

Medicines were administered by trained staff and recorded properly.

There were sufficient staff in place to meet people's needs. A contingency plan was in place in the event of an emergency, or if staff were delayed.

Is the service effective?

Good

The service was effective.

Records did not demonstrate compliance with the Mental Capacity Act, but staff demonstrated good understanding of how it worked in practice.

Staff received appropriate induction and training for their role.

People were supported to have a meal of their choice. People's dietary requirements were followed.

People had access to health care professionals and relevant services

Is the service caring?

Good

The service was caring

Staff knew the people they supported well and processes ensured people and staff were a good match.

People told us they were treated with respect and dignity by staff living and providing care in their homes.

People were consulted on their care and staff respected people's religious and cultural needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to them receiving care.

Care plans were detailed reflected individual preferences. They were reviewed and updated as people's needs changed.

There was a complaints policy in place and complaints were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The provider had quality assurance systems in place and regularly asked for feedback from people and relatives.

Staff felt well supported and the manager sought their views in order to improve the service.

The manager had a vision for the future of the service and was taking steps to overcome identified challenges.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to assist us during the inspection. The inspection was carried out by one inspector due to the size of the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at four care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

Following the inspection we spoke to two people and one relative to gain their views of the service. We spoke to the manager, one senior staff member and one care staff member.

This last inspection was in February 2014 and we found no concerns.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with the staff who provided care and support. One person told us, "Yes I feel safe." Another person said, "They help me alright and use a hoist and allsorts." A relative told us, "It is safe."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person was at high risk of pressure sores. The risk assessment identified that staff must work alongside healthcare professionals and encourage the person to move on a regular basis to alleviate pressure on specific areas. A recent review document by a healthcare professional acknowledged that the plan to minimise this risk was working. Another person's records stated that they could get anxious about money. The risk was assessed and identified that staff should show this person money in their purse and reassure them that their relative will call them in order to reduce their anxiety. Another person's records indicated that staff had noted they had no smoke detectors. A risk assessment was carried out and as a result the fire and rescue service were contacted to come and visit to provide free smoke detectors and to assess the property.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us, "Even if I wasn't definite it was abuse I would call my manager. I can also call the number for safeguarding." Another staff member said, "I'd talk to them carefully and speak to my manager. I'd call police, CQC and social workers." Staff had completed training in safeguarding and the agency had their own safeguarding policy which was up to date with current practice. Care records and statutory notifications received by the Care Quality Commission (CQC) demonstrated that safeguarding concerns were being reported.

Accidents and incidents were documented and measures were introduced to support people to remain as safe as possible. In their PIR, the manager told us they, "…monitor and review all accidents and incidents to identify any trends and potential corrective action, and review actions taken for effect." We saw evidence to confirm this was happening. For example, one person had left their property during the night and had become lost. Following this, the risk assessment was updated to include more monitoring of the person at night time. Staff were working with social care professionals to identify ways the person could be encouraged not to leave the property at night using assistive technology. For example, a door sensor or sensor mat to alert staff when the person got up. Where people had suffered falls, healthcare professionals were informed immediately and we saw evidence in records of staff working alongside them to keep people safe.

People told us that staff were deployed in a way that ensured they received the support they required safely. One person told us, "The carers always arrive on time." A relative told us, "There was an issue once where a carer was late due to the trains. Apart from that they've always been spot on." A contingency policy was in place that identified what would happen in the event of an emergency, or if staff were delayed. There were clear channels of communication between the manager and staff. A staff member told us, "If there's an issue

we stay there, but I've never had any problems." Staff rotas showed that the right numbers of staff were being deployed by the manager to provide the correct amount of support to people.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at with people. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us that staff administered their medicines safely. One person told us, "They remember when I need my tablets." There were safe medicine administration systems in place and people received their medicines when required. Medicines were stored and administered safely to people. Medicine Administration Records (MAR) were up to date with no gaps, signatures on the sheets were clear to identify which staff had administered medicines.

All staff had completed medicines training and were signed off as competent before administering medicines to people. Staff were aware of the medicines policy and would report medicines errors to the manager and complete an incident form. There had been no recent medicines errors at the time of our inspection.

Good

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were not protected because the staff had not acted in accordance with the Mental Capacity Act 2005. Two people's care records contained consent forms signed by relatives on their behalf. One person's consent form stated, "We believe (person) does not understand the contents of this care plan" above their relatives signature. There was no evidence that a mental capacity assessment had been carried out to try to determine if the person was able to understand their own care plan prior to this decision.

We recommend that records be updated to include mental capacity assessments and best interest decisions where people cannot consent to their care.

People told us that staff always asked for their consent and staff demonstrated a good understanding of the principals of the MCA. In their PIR, the manager told us they, "…train all staff to meet the requirements of the Mental Capacity Act 2005 and its main codes of practice." Staff had all received training on the MCA. One staff member told us, "We always assume people have capacity unless an assessment says otherwise."

People's needs were met by trained and competent staff. One person told us, "Yeah, they seem well trained." Another person said, "They certainly know what they're doing." Staff received an induction and training included safeguarding, health and safety and moving and handling. A staff member told us, "I got good induction training before I started." Staff records showed that staff had all completed the mandatory training as specified by the provider.

Staff received training specific to the needs of the people that they supported. One staff member told us, "A few days ago I did dementia training. Now I know it is important when working with people with dementia to make eye contact and to be clear and be aware of facial expressions." One staff member was having problems completing e-learning due to the working pattern of live-in care. The manager sourced a laptop and a dongle for the staff member so that they could complete e-learning courses in between supporting the person in their own home. This demonstrated that the manager identified the importance of staff accessing training relevant to carry out their responsibilities. .

Staff received regular supervision and appraisals to support them in their roles. Staff told us that they felt comfortable in discussing issues which arose when they were supporting people. Supervision records showed that staff could discuss training and development needs and were able to access training when they needed. The manager told us that unannounced spot checks were completed to monitor the quality of individual staff member's performance. We saw that records were kept of spot checks visits and that staff were given feedback on the quality of their work to enable them to develop their skills.

People were supported to have a meal of their choice by organised and attentive staff. One person told us, "I choose my own food and they make it well." A relative said, "They make whatever (person) wants." Care plans contained details of people's preferences to enable staff to prepare people's meals that they enjoyed. For example, one person's care records stated that they enjoyed a brioche in the morning and sometimes had a roast on Sundays. Daily notes confirmed that this was being followed by staff.

Where people had specific dietary requirements, records contained guidance from healthcare professionals. For example, one person had been losing weight and a healthcare professional had requested food and fluid charts were completed. Care plans were updated to remind staff to encourage the person to eat regularly and to record what the person had eaten. Charts were completed as directed and the last review stated that healthcare professionals were happy that the person was gaining weight. Another person had diabetes and their care records made clear what types of foods they should be eating. Daily notes confirmed that staff had been following this guidance.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Staff attended people's health reviews, so they could ensure the person was receiving the appropriate support as well as monitoring their well-being. For example, one person came out of hospital with pressure sores. A healthcare professional had requested that the person be repositioned regularly and had provided equipment for staff to use when supporting the person to move from their bed. The healthcare professional trained staff in how to use the equipment and staff attended reviews to ensure they received important information. In the last review document, the healthcare professional stated, "Happy with the care provided. Pressure areas remain intact."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "They're certainly kind and thoughtful." Another person said, "I get on well with them." A relative told us, "They are caring, almost too much."

The manager told us that they tried to provide live-in staff who were a good match for the people that they would support. Initial assessments explored people's wishes and preferences. A relative told us, "They always try to find somebody in the same age range and they need to like dogs, as (person) has a dog." The manager told us that they took steps to find a good match. Once people's ages and preferences had been considered, the staff member would speak to the person and their relatives before an initial visit is made to decide if they were suitable.

People told us that they received care from the same staff team. This consistency meant people could build positive working relationships with staff and helped staff to get to know the people that they supported. People's care records contained details of their hobbies and interests and preferences. Staff rotas showed that the same members of staff were being deployed to the same people in order to ensure consistency.

People told us they were consulted and involved in all aspects of their care. People told us that they were involved in writing their care plans and people's files contained records of reviews. Staff told us they asked for the views of people so that the support was focussed on their individual needs. The office telephoned people regularly and the outcome of these discussions were recorded in people's files. This meant that people developed a rapport with office staff which would enable them to feel comfortable speaking to them if they had any concerns.

People told us that staff respected their privacy and dignity. In their PIR, the manager told us they, "…train staff to support Service Users' privacy and dignity at all times, and supervise their performance. Share policies and procedures regarding privacy, dignity, compassion, respect, individuality and human rights with all staff." People told us that staff treated them with dignity and respect when coming into their own homes. One person told us, "She (staff) always checks before coming in." Staff demonstrated good understanding of how to support people in a way which maintained their dignity and privacy. One staff member told us, "I make sure curtains are closed and they are comfortable. I show them different clothes to choose what to wear." People's personal information was stored securely at the main office and staff received training in confidentiality. This demonstrated to us that people's privacy was taken seriously.

People's religious and cultural needs were taken seriously by staff. Initial assessments included questions on people's religion and culture so that staff could support the person in a personalised way. For example, one person attended church every Sunday and one morning each week. Their care plan contained information on what support staff needed to give to help this person continue to practice their religion. Daily notes confirmed that this person was attending church on the days stated in their plan.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example, one person had always fed the birds in their garden but was now less mobile. This task was included in their care plan as something staff could continue to do so that the person could watch the birds out of the window. This information was clearly recorded with other important information about this person's care. Another person had a very close bond with their cat. Staff supported this person to feed their cat, the care plan also identified the cat as something that would help calm this person if they became anxious.

Information about people's lifestyle and interests was gathered at people's assessment prior to receiving a service. Care plans contained information on what was important to people and staff would look for ways for people to pursue their own hobbies and interests. For example, one person enjoyed doing jigsaws. This information was picked up in their initial assessment and formed part of their ongoing care plan. Assessments allowed people the chance to tell staff about their routines, preferences and spiritual and cultural needs. This information then went into people's care plans to ensure that people received personalised care.

People told us that the live-in carers were flexible and staff worked around their individual routines. Care plans took into account people's preferences and how they wished to be supported on certain days. For example, one person's care plan stated, "(Person) likes to get up at 7am and will have a wash before breakfast. At weekends (Person) gets up after 9am." Daily notes confirmed that this person was being supported at the times that they had requested.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. An example of this was one review that stated, "(Person) is out of hospital and settling well. Happy with the care provided. OT (Occupational Therapist) will visit tomorrow." Another person's review contained information about their weight, which healthcare professionals were monitoring and staff had been recording. It stated, "Weight being put on, food intake good. No concerns." Reviews looked at whether people were getting on well with the staff allocated to them. One review read, "No concerns. (Person) is very happy with (Staff member)."

People told us that they knew how to make a complaint and that staff dealt with complaints efficiently. A relative told us, "We had an issue once with one of the staff but they dealt with it very quickly." One person told us, "I haven't had to (complain) but if I did I'd just ring them up." The manager kept a log of complaints and recorded actions taken. For example, a relative had made a complaint about the handover between staff not being thorough enough, The manager introduced a new handover sheet that was more thorough than the one previously used. The relative was sent a written response telling them the actions taken.

The manager took a proactive approach to feedback and routinely asked people about the service that they were receiving during monthly spot checks. Any feedback received was documented and where needed acted upon. Staff told us that they were confident that if they had to raise a concern or pass on a complaint

from a person, that the manager would respond appropriately.

Good

Is the service well-led?

Our findings

People told us that the manager sought their feedback about the care and support provided. One person said, "They ring me up once a week." Another person said, "They call me all the time to check things are ok." A relative told us, "(Person) would worry to bring things up but whenever we've had to raise anything it's been properly dealt with."

The manager had put in place systems that enabled them to assess the quality and safety of the service and make improvements. In their PIR, they told us they, "Visit the Service Users a minimum of 3-monthly when conducting staff supervisions and spot checks. Use these opportunities to check Service User satisfaction and act on any concerns." People received at least one telephone call a week in which the manager spoke with both the person and staff member to identify any concerns. These were documented on a monitoring sheet with any actions taken recorded. For example, one person had added different weekly outings and appointments to their routine. This was updated on their file in the office to ensure any new care staff would have that information in the future.

Systems and processes were audited regularly by the provider. In their PIR, they told us, "(the) company is internally audited by Berkeley Home Health to ensure compliance with legislation
and promotion of best practice." Records of audits were kept and any actions taken were recorded. The manager sent out yearly feedback forms to people and relatives in order to get feedback on the care that they were receiving. This demonstrated a commitment to ensuring people were receiving care that was of a quality that they were happy with.

The manager kept a record of compliments to ensure positive aspects of care were consistent and to recognise staff's good work. There were a number of compliments documented. One read, "Thank you for providing a very high quality of service and care for (Person)." Another read, "At the time of my father's death, (Staff member) has been very sensitive towards my mother and has been a source of strength to her."

Staff were able to raise issues with management in a variety of ways. Monthly team meetings were an opportunity for staff to bring forward ideas and raise concerns. Due to the nature of live-in care, not all staff could attend team meetings. The manager told us that this meant supervisions and monitoring calls had added importance as an opportunity for staff to raise concerns. Supervision records showed that staff were doing this. For example, one staff member had asked for an update of their dementia training as they were supporting a new person living with dementia. The manager had arranged this. Weekly monitoring calls were also documented, with feedback taken from staff. The manager had carried out a Carer Satisfaction Survey and had written a response to common themes that arose. For example, some staff had said that they felt there was not career progression. In response the manager had stated that all staff were to have appraisals and personal development folders. These had been updated and contained record of training and development needs that staff had expressed.

Staff told us that they felt supported in their roles. One staff member told us, "I always have the support when I need it." Another staff member said, "I really enjoy it. We all communicate well and support each

other. It's the best place I've worked in." The manager told us that staff's wellbeing was more of a focus in supervision. Records showed that staff were asked if they were having regular breaks. In one example, a staff member was finding it hard to have breaks as the person they were supporting had high needs. In response to this the manager organised relief from another care agency to ensure this staff member got the breaks that they were entitled to. This ensured the member of staff's wellbeing was promoted whilst also making sure the person was looked after safely.

The manager had a vision for the future of the service and recognised the key challenges. They told us, "We want to continue to offer a traditional service but to keep up to date with modern requirements. Some of our documentation is dated." The manager showed us improvements being made to documentation. For example, the introduction of a new handover sheet and updated initial assessments that looked at people's preferences in more detail. The manager was also reducing the duration between full face to face reviews and reassessments from every year to every six months to ensure people got regular face to face contact with management and to make sure records were up to date.