CAS Care Solutions Ltd

CAS Care Solutions

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
CAS Care Solutions is a domiciliary care agency providing personal care and support to people in their own homes. At the time of our inspection there were 30 people using the service and all were receiving personal care. This is help with tasks related to personal hygiene and eating.

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

We have made a recommendation about record keeping and audit systems.

The provider was promoting a positive culture within the service and achieving good outcomes for people. We received positive feedback overall from people's relatives, staff and external health professionals. A relative said, "It has been very good, very organised from the beginning…very supportive." A health professional told us, "I can only stress how impressed I have been with this company's care, compassion and professionalism." Staff told us they felt valued and respected.

There was a clear management structure and staff were aware of the provider's values, aims and objectives. Staff were encouraged to express their opinions about how the service could develop. They told us the provider supported staff development and career progression as well as work-life balance. The provider carried out surveys to gather feedback from people who used the service, staff and external professionals.

Feedback from relatives confirmed they felt people received safe care. Staff understood the procedures for keeping people safe and knew how to recognise signs of potential harm or abuse. Staff were confident appropriate action would be taken if they raised any concerns. Risk assessments were undertaken and provided guidance for staff about steps to take to minimise any risk when providing care.

Care plans contained information about people's medicines and the support they required to take them. The provider was going to review some aspects of the medication system to ensure any changes or procedures were clear. There were appropriate policies and procedures in place to control the spread of infection.

Staff were deployed in sufficient numbers and were provided with an induction, training and ongoing support to meet people's needs. Relatives confirmed care workers turned up when people were expecting them to. Staff told us the service "Get the right mix regarding staff and clients." The provider told us that staff recruitment was a challenge currently and so they had not been taking on new clients to ensure the service was not overstretched.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider completed detailed assessments before confirming that they could meet people's needs. People were involved in planning their care to meet their needs and preferences. People's care plans focused on them as individuals. Staff spoke respectfully about people and in the way they described supporting people to maintain dignity and independence.

Records showed concerns and complaints were investigated and responded to by the provider in line with their policy and timescales.

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

Rating at last inspection
This service was registered with us on 17 November 2020 and this is the first inspection.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
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**

CAS Care Solutions

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by two inspectors.

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 it is a domiciliary care agency and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 September 2022 and ended on 28 October 2022. We visited the location's office on 6 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 9 August 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection
We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed. We spoke over the telephone with five relatives of people who used the service and with four staff including a care coordinator and three care workers. We received feedback from two health professionals who had regular contact with the service.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Following our direct monitoring activity (DMA), we were not assured that staff understood safeguarding procedures. At this inspection, the nominated individual explained the registered manager was on leave at the time of the DMA and the nominated individual had not had enough time to get a good handover and there were more things in place that they had not been aware of. They were able to demonstrate this during the inspection.
- Following the DMA, the nominated individual had asked all staff to complete refresher training, displayed safeguarding information in the office and added it to the staff induction pack. They had also spoken with office staff and emphasised the need to ensure staff were confident about safeguarding.
- Staff we spoke with understood the procedures for keeping people safe and knew how to recognise signs of potential harm or abuse. Staff were confident appropriate action would be taken if they raised any concerns.
- Records showed induction training for staff included safeguarding procedures and case studies. This was followed by safeguarding refresher training and updates.
- Feedback from relatives confirmed they felt people received safe care.
- The provider was aware of their safeguarding responsibilities and alerted the local authority safeguarding team about any concerns, for example when a person receiving care was thought to be at risk through self-neglect.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments along with guidance for staff about steps to take to minimise any risk when providing care. For example, when supporting people to mobilise or have a bath.
- Staff told us care plans contained accurate information about people's needs and care related risks. Any changes to people's care plans were communicated to staff via regular emails.
- The provider ensured that any equipment needed to support staff to deliver safe care was available. A relative told us, "When (nominated individual) first visited, she advised us to get a stair lift and how it would work, what things we needed, the care staff have told us what he needs and help us get that if they can. They have been very proactive in saying what they feel is best in my dad's best interests."
- Staff were aware of how to report and record any accidents or incidents and these were monitored by the provider.

Staffing and recruitment

- Staff were deployed in sufficient numbers and had the qualities and skills to meet people's needs.
- Feedback from relatives confirmed care workers turned up when people were expecting them to. A

relative told us, "As far as I know, they have an app you can download and tells you what is happening, from that it seems like they do; if a changeover takes place when we are visiting it is always on time and there is always a handover." Another relative said, "We have a list at the beginning of the week telling us who is coming in and what time. They do tell us in advance."

● Relatives also commented, "To start with, they did warn us there might be some staff changes and there have been a few days of a number of different staff but has settled down now and the same three or four people come."

● The provider told us the service had often recruited care workers for a particular client and this was confirmed by staff we spoke with.

● A member of staff told us the service "Get the right mix regarding staff and clients." They said they were always able to provide the required and agreed care time and that travel time between clients was taken into account.

● The provider told us that staff recruitment was a challenge currently. The service had not been taking on new clients since May 2022 to ensure the service was not overstretched.

● Staff recruitment records were mostly complete, although there were some gaps in the employment histories for two staff. The provider was reviewing these records.

● Pre-employment checks included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Care plans contained information about people's medicines and the support they required to take them. This included 'as required' (PRN) medicines.

● There was a lack of clarity in some care plans we viewed about the level of assistance people were assessed to need with their medicines, such as were staff to prompt or administer. For one person, staff were recording that the medicine was administered, but the guidance referred to preparing medicines for later rather than administering.

● The provider agreed to review some aspects of the medication system to ensure any changes or procedures were clear. For example, removing a medication no longer required for one person.

● Records showed staff received training in the safe management of medicines and competency checks following the training. Staff we spoke with were aware of people's medicines and related support requirements and knew how to report any concerns. For example, when a person had a reaction to a prescribed medicine, staff called the office who contacted a health professional for advice and to carry out a visit.

● There was a system of medicines audits that took place by selecting a random sample of people on a monthly basis.

Preventing and controlling infection

● Staff had received IPC training and were confident about their role in reducing the risk of infection.

● Staff confirmed they had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

● There were appropriate policies and procedures in place to control the spread of infection. The provider undertook spot checks and assessments of staff competence, including appropriate use of PPE, and any learning needs were addressed with staff.

Learning lessons when things go wrong

● Following the DMA, the nominated individual was concerned that a member of staff had reported a concern to us without first talking with the provider. The nominated individual said they wanted the service

to be a safe space for staff, and so had introduced a confidential email address for staff to use if they wanted to raise any concerns anonymously.

● Following an incident, where a change in a person's prescribed medicines while they were in hospital was not communicated to or identified by the service, the provider had put further checks in place.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team or senior staff completed detailed assessments before confirming that they could meet people's needs. These included information about the support people required, as well as their preferred routines and any likes or dislikes.
- The nominated individual said, "We do an assessment first. My rule is that office staff do the first couple of shifts to make sure that care plans are detailed…This gives us eyes and ears in the community, they will know things like where people's medicines are kept."
- People's relatives told us they were involved in care assessments and reviews. For example, a relative said, "Care plans and reviews and that, they are good at and involve us. We have a really great relationship with them."

Staff support: induction, training, skills and experience

- Following our DMA, we were not assured staff had received relevant training to meet all the needs of people receiving a service. At this inspection, we found staff were provided with appropriate induction, training and support.
- The staff training record showed most staff were up to date with the provider's mandatory training including safe management of medicines, moving and handling people, first aid, food hygiene, infection control, fire safety theory, and health and safety. Any delays in training recorded for individual staff were explained and details given of action taken to support the individual to complete the training.
- The provider was aware of the new requirement for staff to have training in working with people with a learning disability and autistic people. They confirmed they provided a service to one person with a learning disability and staff who worked with the person had the training.
- The provider used both online training and face to face training. The nominated individual had completed a train the trainer qualification that enabled them also to deliver training. One of the office staff was completing a similar qualification to train people in moving and handling.
- Staff told us they felt well supported by the provider and confirmed they received training appropriate to their role, which supported them in delivering person centred care. For example, a member of staff told us the dementia training was relevant to the person they supported and building trust and confidence in their relationship. Staff also told us they could ask for any additional training they felt they needed.
- The training record showed staff received other non-mandatory training to increase their knowledge and understanding. Records were not always clear to show who was providing this training to staff. Staff told us the provider also offered to pay for them to undertake national vocational qualifications (NVQ) in health and social care.
- Relatives felt staff had the training and skills they needed to support people. A relative said, "They seem to

have the training they need." Another relative said, "Staff, yes absolutely, and anything I think they need I let them know and they do it."

● A health professional told us, "Staff (carers) are professional and have current and relevant training to provide our clients with the correct level of care and to give emotional support when needed."

● Staff received supervision, which included being asked if they thought any further training was required in relation to meeting people's needs and for personal development.

● Staff told us they shadowed senior and experienced staff as part of their induction. Staff who were new to the care sector completed 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 care plans included detailed information about their dietary needs, such as if they required a specialist diet. People's routines, likes and dislikes were also documented.

● Some people required specialist equipment in order to eat and drink, for example via percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall. Staff received appropriate guidance and support to support people using such equipment.

● Where concerns were identified, staff liaised with people and their representatives to access required healthcare support such as from a Speech and Language Therapist.

● People told us, "We have young ladies coming into us, they'll cook a meal for us. Get on very well with them, very nice, very kind, will do anything we'd like them to do."

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

● The provider told us the service worked closely with other health professionals, including occupational therapists and physiotherapists. This was further confirmed by records and feedback from external health professionals.

● A health professional told us, "Our service has been using CAS Care services over the past three years and have always found them a very professional and reliable company." They also commented on "Clear channels of communication between the clients and their families and also (us)."

● A relative told us, "They have supported us really well. They will phone the GP if there is a problem and then they'll update us on the outcome. They are really good at that."

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.

● The provider was aware of the principles of the MCA and their responsibilities under the MCA. They had previously raised issues about a person's mental capacity with the person's GP.
● Staff demonstrated awareness of the principles of the MCA and told us this was covered as part of the safeguarding training they received.
● Care plans contained information relating to people's capacity to make decisions and details of their legal guardians, where appropriate.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from relatives was positive. For example, relatives told us, "(Nominated individual) is very proactive. I feel like they are very open and you can have normal conversations with them and they will take on board what you say, feel like they are trying to do what they can to help you, very empathetic."
- A health professional told us, "Direct feedback from clients/carers to myself regarding their care and support, have been overwhelmingly positive."
- People's care plans focused on them as individuals, with sections on their likes, dislikes, interests, hobbies and aspirations, and cultural and religious requirements. This provided care workers with the information to support them in providing personalised care.

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

- Relatives told us, "They get in touch with us quite regularly. Get a call or email every 2 days or so…the carers will speak to you as well about what would be good. Feels like they are trying to work together in my parent's best interests"; "We're very happy with it, she gets on very well with the carers, they try to arrange the carers she gets on well with" and, "They get (person's name) and her humour and she enjoys them coming to work with her, they get her and listen to her."
- Staff were clear about encouraging people to express their views and to be involved in their care. A member of staff spoke about respecting people's preferences and choices regarding the gender of staff supporting them.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully about people and in the way they described supporting people to maintain dignity and independence. A care worker said, "They need to feel comfortable with anyone who is looking after them" and "We all want the best for our clients and want to go the extra mile to make sure they are happy."
- People's care plans were written in a way that promoted people's privacy, dignity and independence. For example, taking into account people's preferred daily routines, communication styles, and abilities as well as support needs.
- People's confidential information, including access arrangements, was held securely.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Relatives told us, "Care plans and reviews and that, they are good at and involve us. We have a really great relationship with them" and "They will phone up and go through everything with me. They do keep us informed. When we first started (nominated individual) came around and…me and mum were involved in both meetings. They'll phone up my mum if there is a change in carer. It is a complex situation as mum struggles to accept they need the help and they are really good at involving her."
- Care plans contained detailed, personalised information. For example, when and how people preferred to be supported with their daily routines, programmes people liked to watch on television, activities they enjoyed or details of their previous employment. This information helped staff build a rapport with people and showed people that they mattered as individuals.
- The provider often recruited care workers to support a particular client, which promoted continuity and personalised care. A care worker said, "I can sit and talk, have a chat with (person's name). I've really bonded with them."

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.

- The nominated individual understood the regulatory framework and their responsibility to follow the Accessible Information Standard. Care plans included people's communication preferences, and this was corroborated by positive feedback from relatives and staff.

Improving care quality in response to complaints or concerns

- Relatives knew who to speak to if they were not happy about the care their relative received, or about the service. A relative said, "I speak to the managers…What I found is if I send an email it is answered promptly or (they) answer the phone promptly. They seem to work long hours, equally they speak to us as well if they feel there is a problem. Whenever I call, even in the evening I get a response."
- A health professional told us, "No complaints raised by clients concerning CAS cares service."
- Records showed any concerns and complaints raised were investigated and responded to by the provider in line with their policy and timescales. Responses included an apology and explanation where appropriate as well as changes made to improve the service.

End of life care and support

● There was no-one receiving end of life care and support at the time of this inspection. The service would liaise with the relevant health care professionals to ensure appropriate support was in place.

Requires Improvement

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- There were areas for improvement in some of the provider's record keeping.
- The provider had commissioned an external consultant to carry out a quality assurance audit in January 2022. The key findings of this audit highlighted the 'sense of professionalism, good organisation, (and) positive outcomes' for people using the service. The report recommended that the provider completed an audit of all staff files. We saw this had been done and had highlighted a number of issues. At our inspection we continued to find some gaps in staff and other records.
- Staff signed to show they had completed the induction. However, the induction record did not demonstrate what staff had covered and whether the provider had checked staff knowledge following completion. There was no clear process to show what staff were assessed for or the feedback when shadowing shifts.
- Staff training records were not always clear to show who was providing training to staff. The provider was not always recording the actions they were taking to monitor the service to demonstrate what had taken place, for example, spot checks.
- We found some medication records needed improvement. One person had seizures which may require emergency medication. However, the procedures for administering this were not clear. A relative subsequently told us there was no emergency protocol in their relative's care plan for care staff to follow. Another person's care plan was not clear on all aspects of their percutaneous endoscopic gastrostomy (PEG tube), particularly around the plan for administering medication via the PEG tube. However, there was some reference to this in another record.
- Although the provider had an audit system including one for medication, this was not always effective in identifying gaps in records or ensuring areas identified were acted upon. Care workers use an app to complete records of care given and communicate changes. This will generate an alert when a task is missed. We found for one person an alert was not acted upon when they did not receive their tablet. The provider acknowledged the alert system was not really being monitored.

We recommend the provider reviews their audit systems, action plans and record keeping to ensure accurate, up to date and effective records are in place.

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

- We received positive feedback overall from people's relatives, staff and external health professionals.
- A relative told us, "It has been very good, very organised from the beginning, feel they are both good

managers, very supportive" and "They are very good at communicating with us." Another relative told us, "The staff I have are fantastic and I wouldn't change them for the world."

● Staff told us, "The door is always open, and you can approach the managers anytime for a one-to-one discussion." They told us there was also a 24/7 contact number, "Someone always at the end of the line, that's good to know, and they respond straight away." Staff also said, "I feel valued and I am happy with my job." Staff commented that the provider was "Very family orientated" and flexible about shifts and that they felt respected as a care worker and listened to.

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

● There was a clear management structure with managers being supported by care coordinators who oversaw spot checks, shadowing and scheduling care visits.

● Staff told us that as part of their induction the provider shared with them their vision of what they wanted the service to achieve; "So we know where we're coming from and where we're heading."

● The nominated individual demonstrated they were aware of when to notify CQC of specific incidents affecting the health, safety and welfare of people using the service.

● The nominated individual was aware of their responsibility under the Duty of Candour and demonstrated their understanding.

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

● Minutes were kept of staff meetings and these showed staff were given opportunities to raise any matters they felt were important. A member of staff said, "Managers emphasise staff opinions are important in developing the service." Staff also told us they were encouraged to express their opinions in their individual supervision meetings with managers.

● A member of staff told us the provider "Went out of their way" to find a placement that met the member of staff's individual work-life requirements. Staff also told us the provider supported staff development and career progression, including moving on to other employment if they wished.

● The provider had carried out surveys to gather feedback from people who used the service, staff and external professionals. Feedback from an external professional was all positive. There was positive feedback also from clients and staff, along with some negative comments. There was no action plan in place at the time of the inspection to indicate what the provider's response had been or would be.

Working in partnership with others

● A health professional told us, "Management is knowledgeable about their clients and always available to support with any concerns raised."

● Another health professional told us, "I can only stress how impressed I have been with this company's care, compassion and professionalism. The directors and office staff are a joy to communicate with, responding quickly and efficiently by phone or email to address any issues, concerns or queries raised by myself or clients/carers."