CASA Care Limited

Casa Care Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Casa Care Limited, Leamington Spa, is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service offers daytime and night-time care and support. The service is registered to provide support to older and younger people, people living with dementia, people with mental health support needs, people with a learning disability, a physical disability, and people with a sensory impairment.

At the time of our inspection, the service was supporting 53 people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The provider had quality check systems in place to monitor the services provided. However, these had not always been effective.

An IT issue during August 2022 had presented some challenges to the provider and had led to a lack of timeliness with care calls. Prior to our inspection we had received concerns about a missed care call and the timeliness of care calls. At this inspection, lateness of care calls continued to be an area in need of improvement. The provider had, during December 2022, implemented a new care call monitoring system.

The provider's systems and processes had not identified potential risks to people. Staff were unable to refer to detailed person specific risk management plans. Whilst staff had been trained in generic risk management, they did not have written guidance to refer to about people's individual or specific health condition and how risks related to those should be managed.

People felt safe with staff. Staff were recruited in a safe way and received an induction and training. However, spot checks that took place to ensure staff had the skills they needed were not consistently effective in relation to new staff.

Some improvement was needed in communication from office staff and managers to people, relatives and care staff. Whilst the provider had a complaints policy and written complaints had been investigated and addressed, where informal issues had been raised not everyone felt these had been fully resolved.

People had plans of care which contained instructions to staff about the tasks they needed to complete. People described care staff as kind and caring toward them. People received their medicines as prescribed and support with meal preparation when this was a part of their agreed care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most

people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence

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

Right Care: Care was person-centred and did promote people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did ensure people using services led confident, inclusive and empowered lives.

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

Rating at last inspection
The last rating for this service was good (published July 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service. This included some concerns shared with us about people not receiving care at the required time or for right duration of time. We decided to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can read the report from our last inspection by selecting the 'all reports' link for the Casa Care on our website at www.cqc.org.uk

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Casa Care Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection was completed by 2 inspectors and an Expert by Experience. One inspector visited the provider's office. The second inspector and Expert by Experience spoke with people, relatives and staff to gain feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. This person was also the registered provider.

Notice of inspection
This inspection was announced.

We gave short notice of our inspection on 13 January 2023 to the registered provider. This was to ensure they would be available to support the inspection process. Inspection activity started on 13 January 2023 and ended on 27 January 2023.

What we did before the inspection
We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During our visit to the provider's office we spoke with 1 field supervisor, 2 human resource and recruitment staff, the operations manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used technology including telephone calls to enable us to engage with people, their relatives and staff. We spoke with 18 people and their relatives and 5 care staff.

We reviewed a range of records. This included 4 people's care plans and medication administering records, risk and health management records and daily notes. We reviewed further risk management plans related to specific identified risks. We reviewed 3 staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not consistently safe or protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risk assessments were not detailed in instructing staff how they should mitigate the risks to people's health conditions. For example, risks related to choking, diabetes and catheter care. This approach meant staff did not have specific information to refer to, about people they gave care and support to, because risk management was not personalised to the individual.
- One staff member told us about a person they supported who had a risk of choking. This staff member knew how to keep the person safe from potential harm, however the person's nutrition and hydration care plan did not direct staff on actions to take if the person choked. The provider told us this person had the ability to communicate with staff and direct their own care.
- We discussed risk management with the provider who told us they took a generic approach and instructed staff during staff training on how to manage and mitigate risks to people.
- Inconsistency in care plan information posed potential risks of harm. For example, one person's care plan directed staff to prepare 'mashed' food but later referred to 'pureed food' being required. Where a person has an identified risk of choking, the incorrect consistency of food, if given, may increase the risk of choking. We shared our concern with the provider who took action to ensure information was made clear and reflected speech and language therapist guidance.
- Staff told us care call rounds were sometimes changed and people and relatives told us they did not always have consistency in care staff. This meant staff did not always know people well or have important information to refer to if needed. Whilst there was no evidence of people having been harmed, it remains important for staff to be able to refer to personalised information in people's risk management plans to reduce risks of potential harm.
- Overall, staff spoken with were able to tell us how they managed risks to people, such as keeping walking aids close to people. One person told us, "The staff make sure I am safe and don't fall over."

Staffing and recruitment

- Prior to our inspection we had received concerns about the timeliness of people's care calls. Some people and relatives told us they had not had their care calls at what they believed to be the agreed times. One relative told us, "We believed we had a morning time slot of between 9.00am and 9.30am, but this doesn't happen, and they come whenever they want, it can be anytime."
- The provider told us they had enough trained and suitable staff to meet people's scheduled care calls and safely meet their needs. They explained the challenges they faced because they believed commissioners had suggested call times with the person, without consultation or agreement with the provider when packages of care were being arranged. This impacted on the service because people were often disappointed by the actual call times the service could offer them when their package started.
- There had been missed and late care calls. Most people spoken with felt further improvement was needed

to the timeliness of their care calls. People shared examples of how it impacted them. For example, one person told us, "The carers should arrive for 7.00am so I then have time to get to my hospital appointment, but often they arrive at 7.45am which is too late."

● Some people reported a recent improvement in timeliness of care calls, which coincided with the provider's new electronic care call monitoring system implemented in December 2022. Checks of the system demonstrated care calls were completed on or around the times people's calls were scheduled.

● The provider had policies to ensure staff were recruited safely and were suitable for their roles by conducting relevant pre-employment checks and gaining references from previous employers. Safe recruitment checks included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● People felt safe when staff were supporting them in their home.

● Staff received safeguarding training and overall knew how and what to do, if poor practice became known to them. However, one staff spoken with was unable to recall knowledge from their safeguarding training or what they should do if they suspected abuse.

● The provider understood their responsibilities for reporting potential safeguarding concerns to the local authority and to CQC.

Using medicines safely

● People were supported by trained staff to take their medicines, where this was an agreed part of their care and support.

● The provider had a system to monitor whether people received their prescribed medicines during their scheduled care calls. Staff completed an electronic record of when people were given their medicines. The electronic system alerted office staff if medicines were not given during scheduled care calls, so they could identify if anyone had missed taking their medicines.

Preventing and controlling infection

● Staff had access to personal protective equipment (PPE) when needed and people and relatives told us this was worn by staff on care call visits. One person told us, "Staff continue to wear face masks and we are grateful for this."

Learning lessons when things go wrong

● The provider had a system to monitor accidents and incidents so analysis could take place and lessons learned, where needed, to reduce risks of reoccurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this, the information available to staff about people was effective.

Staff support: induction, training, skills and experience

- People and relatives felt experienced care staff had the skills and knowledge to support them and shared positive feedback with us. However, feedback reflected that new staff may benefit from more training before they supported people alone. One person told us, "We get so many different carers, generally they have the skills they need, but not the new ones. When they come to shadow more experienced staff, all they do is stand and look, so when they come alone it is difficult." Another person told us, "New staff need me to help them with what to do." This is further reported on in our well-led section of this report.
- Staff received training that was relevant to their role. A few staff, however, felt they would benefit from some further training and refresher updates. The provider kept an up to date staff training matrix showing staff had regular refresher training and development updates.
- An induction process was in place for new staff members, this included shadowing more experienced staff, a probationary period where their competency was assessed, and training in 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.

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

- People's gender, culture and religion were considered as part of the assessment process, to ensure their needs could be met.
- People's physical, mental, social and health needs were also assessed and considered. Basic plans were in place identifying the support people needed, which helped staff to provide effective care. These plans described the tasks people required support with and provided instructions to care staff.
- Records showed people and those important to them were involved in planning their care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access general healthcare services when they needed it. The provider told us they would refer people to other healthcare professionals for support when this was needed.

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

- People were supported with their hydration and nutritional needs when this was a part of the care and support agreed.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider and staff had received training in this area and were able to demonstrate a verbal understanding of the requirements of the Act.
- There was no one currently using the service who lacked the capacity to consent to their care or treatment, therefore, applications to deprive a person of their liberty had not been required.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were always supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;
- People and their relatives felt the care staff had a caring approach. One person told us, "The care staff are brilliant." Another person told us, "I like the way the care staff treat me." A further person said, "The care staff work very hard and do their best."
- People gave us examples of being treated with compassion. One person told us, "The care staff will do anything for me." Another person said, "The care staff are lovely with me."

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to express their views and be involved in decisions about their day to day care.
- Staff told us they provided choices to people when offering support.

Respecting and promoting people's privacy, dignity and independence
- Staff promoted people's privacy and dignity when supporting them with personal care. Staff told us they closed doors and curtains and covered people with a towel, when supporting them with washing.
- Staff understood their supportive role and encouraged people to maintain their independence. One person told us, "I do little things for myself and they (staff) encourage me."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were consistently met through good organisation and delivery.

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

- Initial assessments took place so that care was personalised. This took account of people's preferences, likes and dislikes.
- Where possible, the provider made efforts to ensure people had consistency of care staff. One person had a live-in carer which gave them stability and consistency. Another person had the same staff member for several years. Where consistency in staff had been achieved by the provider, feedback from people was positive about this.

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 carer's, 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 Accessible Information Standard was considered. The provider informed us that people's communication needs had been considered and assessed, but specific communication plans were not needed because people they supported had capacity and could communicate verbally.
- Staff understood the importance of effective communication. One staff member told us, "I support a person who has (a healthcare condition) which makes their speech hard to understand. I am patient with them, because otherwise they can become upset and frustrated if they can't be understood."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff made efforts to get to know people well and what they liked to do and talk about. Some staff had consistently supported the same people for some time. One relative told us, "We have had the same staff member for some years' and they have a very good relationship with [Name]." Another person told us, "The staff chat with me and they are kind."
- People were supported with hobbies and interests when this was a part of their agreed care. One relative told us, "[Name] has a very good relationship with their staff member. They support them with all their hobbies and trips out."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and when written complaints were received, these had been

recorded, investigated and actions taken to resolve issues.

● The nominated individual told us where verbal concerns were raised, these were addressed immediately. However, not everyone felt their concerns had been satisfactorily resolved. For example, one person had complained about a care staff member. Despite office staff giving them assurances that the staff member would not be sent to them again, the staff member was.

End of life care and support

● End of life and palliative care was not currently being provided by the service. We have therefore not made a judgement on this during this inspection.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service was not consistently well managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- The provider had systems and processes in place to assess and monitor the safety and quality of the service. However, some processes were not always effective.
- Care call monitoring systems had not always been effective. The provider told us they had experienced an IT system failure on their electronic call monitoring during August 2022. They explained efforts had been made to address their IT issues. As a result of these challenges, the provider acknowledged there had been issues with timeliness of care calls. The provider had recently taken action to implement a new monitoring system. At the time of our inspection the new system had been in place for 4 weeks.
- Office staff monitored the new system for 'live alerts' informing them if care calls were behind schedule, so actions could be taken. However, one person told us, "Last week my carer had not arrived, they were an hour late, so I phoned the office. The carer then later arrived but I hadn't been on their rota. It's not the first time." The provider planned to develop their new call monitoring system in February 2023, to produce regular reports on whether staff were arriving and leaving scheduled calls at the planned time. The system needed time to embed and for improvements to be sustained, whilst the provider assessed the effectiveness of the new system.
- The provider's systems and processes had not identified potential risks of harm to people where staff were not able to refer to detailed person specific risk management plans. We acknowledged the provider's training covered general risk management; it was important for staff to have individual specific risk management plans to refer to.
- Spot checks on staff's skills took place. However, some improvement was needed to ensure new staff consistently had the skills they needed before they undertook unsupervised care calls to people. One person told us, "New staff don't always have the skills they need." Another person told us, "Some staff are unsure about the hoist, so I help them with it." A staff member commented to us, "New staff don't always know how to use the hoist or a slide sheet, so I show them."
- Some improvements in communication were needed. We received some negative feedback about communication from office staff and managers towards people, relatives and staff. Some people and relatives did not always feel listened to by office staff and managers. One person told us, "It is no good complaining to office staff as you don't get anywhere." Another person told us they had complained about a missed care call, saying "They (staff) wouldn't accept their error." A further person told us, "Whilst the care staff communicate well with us, the office staff do not." And, another person told us, "The office staff and management are awful." A staff member told us, "More communication from the managers to staff would be better, especially about rota changes."

● The provider had recognised the need to improve communication to people and their relatives. However, their focus had been on care staff rather than office staff and management. For example, during 2022 the provider had informed staff of a financial contribution toward their personal mobile phone use so they could use this for work communication purposes. In January 2023, the operations manager had reminded staff of the importance of not changing the order they undertook care calls, due to confusion this caused to people, relatives and office staff. Actions for improvement in communication to people had not included other staff.

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

● We received mixed feedback from people and their relatives. Overall, people were happy with the hands-on care and support they received. However, people and relatives were frustrated by the management of the agency; namely the lateness of care calls and how this impacted upon them. One relative told us how staff arrived late when another pre-arranged healthcare appointment was taking place in their home. Another relative told us their loved one required staff to arrive at a certain time to prepare breakfast, so a healthcare professional could give the person medication for a healthcare condition. Late care calls meant a relative needed to be available to do this task.

● Staff felt positive about their caring role. Staff told us they enjoyed their role and supporting people. Some staff felt further training would be beneficial in specific healthcare conditions such as multiple sclerosis.

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

● People did not always have consistency in the care staff carrying out their care call. The provider's Statement of Purpose, a document that informs people and their relatives of what they can expect, stated that if a person's regular staff member could not attend for any reason, they would be advised of who would be covering. People and relatives shared examples with us of this not happening.

● One relative told us, "Our experience of other staff covering shifts has not been very good, plus we are not told who it will be." Another relative told us, "A regular staff member just disappeared from our care calls, they were great. We were not told why we had someone else, they just turned up." A staff member told us, "Our care call rounds just get changed sometimes, we are not told why, it's a shame as many clients prefer the same staff."

● The provider gave opportunities for people and their relatives to share feedback on the service. A survey had been sent out during June 2022 and analysis showed some improvement was needed in short notice communication, such as when staff were running late for a care call. Improvement was planned for, with the aim being for staff to phone ahead to inform people of any delay. Some people told us they received a call from care staff, but others had not.

● The provider's policies embedded protected equality characteristics, such as people living with disabilities and protected characteristics. Staff could refer to these policies when needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider was aware of their legal responsibilities under the duty of candour. Statutory notifications were sent to us as required telling us about specific incidents.

Continuous learning and improving care; Working in partnership with others

● The provider worked in partnership with other healthcare professionals. This included district nurses and GPs and following guidance given.

● The provider received regular updates from local authority and commissioning teams such as the monthly

adult social care provider bulletin, to keep in touch with developments in the care sector and new innovations that could improve practice.