

Knowsley Home Care Associates Limited

CASA Liverpool

Inspection report

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21 November 2019
22 November 2019

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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

About the service:

CASA Liverpool is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of our inspection the service was supporting 147 people.

People's experience of using this service:

People told us they felt safe being supported by staff and there were systems in place to safeguard people from the risk of abuse. People and their relatives said staff were usually on time and always stayed for as long as they were needed. Comments included, "[The staff] are usually spot on, only very occasionally are they late but they're polite and let me know."

People and their relatives told us they were involved in the assessment process and staff effectively met their needs. One person said, "I can't fault them, they know what help I need." People and their relatives also felt staff were well-trained. One relative told us staff had undertaken some additional training to better support the specific needs of their relative.

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

People, relatives and staff had developed good and caring relationships. When asked if staff were caring people commented, "Very much so, it's like having friends call in to see I'm ok." People and their relatives said the staff supported them to live as independently as possible at home. One person said, "[The staff] think of doing extras for me, they're very supportive. They've noticed things I'm struggling with and helped."

Care plans contained the basic information staff needed to support people safely and effectively. Care plans were regularly reviewed and people and their relatives were involved in this process. Complaints were appropriately recorded, responded to and, where necessary, acted upon. People and their relatives also told us they felt comfortable raising concerns with staff if needed.

The service had made improvements to its governance structure, along with more robust and effective quality assurance systems to monitor the quality and safety of the service. Significant improvements had also been made to the call scheduling system used at the service, ensuring that staff were able to provide people with the care they needed at the planned times.

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

Rating at last inspection and update:

At the last inspection the service was rated requires improvement (report published 1 December 2018) and we found a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

CASA Liverpool

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

CASA Liverpool is a domiciliary care service providing care and support to people in their own homes.

The service did not have a manager registered with the Care Quality Commission. However, there was a manager in post who was due to start the registration application process following our inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of our inspection. This is because we needed to be sure the manager and other senior staff would be available to assist us with our inspection.

Inspection activity started on 21 November 2019 and ended on 22 November 2019. We visited the office location on 21 November 2019.

What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We visited the service's office on 21 November 2019. We reviewed a range of documentation including five people's care records, medication records, five staff files, audits and records relating to the quality checks undertaken by staff and other management records. On 22 November 2019 we spoke over the telephone with five people supported, five of their relatives. During the inspection we spoke with 10 staff spoken with including the manager, the quality, training and recruitment manager, other senior managers and care workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and as prescribed from appropriately trained staff, who underwent regular checks to assess their competency.
- People were happy with the support they received from staff with their medicines.
- The service had introduced effective quality assurance processes to ensure people received their medicines correctly. This also meant potential issues with the medicines administration records (MARs) were promptly identified and appropriately addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the staff. One person said, "I feel 100% safe and trust [the staff]."
- The service had systems in place to safeguard people from the risk of abuse.
- Staff had received training on this topic and were aware of their role and responsibility regarding safeguarding.
- Records showed that appropriate action was taken when any such concerns were raised and the service had notified CQC of these concerns as required.

Staffing and recruitment

- People and their relatives told us that staff usually arrived on time and always stayed for as long as they were needed. Comments included, "[The staff] are usually spot on, only very occasionally are they late but they're polite and let me know", "I'm very happy, I need an early call as I'm diabetic and I've never had any issues with late calls" and "[The staff] stay as long as I need them, sometimes over if needed, they're very good."
- New staff were safely recruited by the service ensuring only people who were suitable to work with vulnerable people were employed.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to guide staff and help them to meet people's needs safely and effectively.
- Staff had access to further advice and guidance from senior staff at all times through an on-call system.

Preventing and controlling infection

- Staff had received training on infection prevention and control and they used personal protective equipment (PPE) when needed to help minimise the spread of infection.

Learning lessons when things go wrong

- The service managed accidents and incidents appropriately.
- There were policies and procedures in place to guide staff on how to deal with these situations.
- There was a clear system in place to record accidents and incidents which allowed the manager and other senior staff to closely monitor this information and share any learning across the team.

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 the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Staff assessed people's needs and preferences before they were supported by the service. This information contributed to people's care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment process and included within their care plans. Such as age, disability and religion.
- People and their relatives told us they were involved in the assessment process and staff effectively met their needs. Comments included, "I can't fault them, they know what help I need."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well-trained. One relative told us staff had also undertaken some additional training to better support the specific needs of their relative.
- There was a clear system in place to monitor and manage staff training. Most staff were up-to-date with their training and those who required refresher training were already booked onto the next available session in the coming months.
- Staff told us they felt well-supported by senior staff at the service and they received regular support through supervisions and annual appraisals.
- New staff were appropriately inducted into their role at the service, undergoing both office-based training and completing shadow shifts.

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

- People were appropriately supported to eat and drink in line with their needs, preferences and choices. One person said, "They help me with my meals and drinks, they know how I like things."
- Staff had received relevant training on this topic and staff were knowledgeable about the specific support the people they supported required.

Staff providing consistent, effective, timely care and supporting people to live healthier lives and access to healthcare services and support.

- The service worked effectively with other healthcare professionals to ensure people's health and wellbeing needs were met.
- When necessary, staff advised and supported people to access other healthcare services.

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 Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

- None of the people supported by the service were subject to a Court of Protection order. However, systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive ways possible.
- Staff had received MCA training and understood its principles and recognised the importance of seeking a person's consent prior to undertaking and care or support.

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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us the staff were caring and reliable. Comments included, "The carers are always cheerful when they come" and "It's a good service, [the staff] can be relied on."
- People, relatives and staff had developed good and caring relationships. One person told us the staff were caring and commented, "Very much so, it's like having friends call in to see I'm ok."
- People's equality and diversity needs were considered and met by staff.
- Staff had supported one person to watch their relative's wedding via a video messaging service as they were unable to attend in person. Staff arranged a small party at the person's home and helped them to get dressed up for the occasion.
- People said they were supported by regular carers who they knew them well. Comments included, "We've got a small group of carers who we've got to know well and they know us" and "We have regular carers, which is good and gives us peace of mind about who is coming."
- Staff had good knowledge about the people they supported and what was important to them and the ways in which they liked to be supported.

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

- The service involved people and their relatives in making decisions about their care.
- Staff supported people to access advocacy services where this was needed.
- People and their relatives said staff gave them time, were patient and listened to them. One relative said, "The carers are very caring and they support me too. For example, they make time to have a good chat and cup of tea with us."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect. One relative commented, "The staff are respectful and ask for consent. They respect [relative] and his choices."
- People and their relatives said the staff supported them to live as independently as possible at home. One person said, "[The staff] think of doing extras for me, they're very supportive. They've noticed things I'm struggling with and helped."
- Staff knew how to maintain people's privacy and dignity and could give examples of how they did this. One relative told us on one occasion staff asked district nurses to wait until they had finished getting their relative washed and dressed before seeing them.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained the basic information staff needed to support people safely and effectively. This included relevant information about the individual, such as their background, communication methods, health, emotional, physical health, religious and cultural needs.
- We explained to the manager that people's care plans could be developed to capture more detailed information about the people being supported. For example, their life, work and social history which would help staff to get to know people better. The manager agreed to make these improvements as soon as possible following our inspection.
- The information in people's care plans was regularly reviewed and people and their relatives were involved in this process. One person said, "Yes I've been involved [with the care plan] and listened to, if anything changes it's easy to update."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's individual communication needs.
- None of the people supported by the service at the time of our inspection had any particularly complex communication needs. However, we found the service was able to provide information in alternative ways if needed, such as braille and easy-read.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, responded to and, where necessary, acted upon.
- People and their relatives understood how to make a complaint and told us they felt comfortable doing so if needed. One person said, "Any issues we've mentioned have been listened to and rectified."

End of life care and support

- The service did not usually support people with end of life care. However, people's wishes on their end of life had been discussed and documented, such as their views on resuscitation, to ensure that their preferences were met.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

At our last inspection the service had failed to adequately monitor, assess and improve the quality and safety of the service provided. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- More robust and effective quality assurance systems had been introduced since our last inspection to monitor the quality and safety of the service and make improvements.
- Regular spot checks and care plan reviews were carried out by senior staff to assess staff performance and gather people's feedback regarding the quality of their care.
- Regular meetings were held with staff at the service to share learning and guidance. Senior staff also regularly met with staff from other services operated by the registered provider to share learning and ideas about best practice.

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

- The service did not have a manager registered with the Care Quality Commission. However, there was a manager in post who was due to start the registration application process following our inspection.
- The service had a range of regularly reviewed policies and procedures to help guide staff.
- The service had notified the CQC of all significant events which had occurred and it was displaying the ratings from its last CQC inspection, in line with their legal obligations.
- The service had made improvements to its governance structure, introducing a wider team of senior management staff which gave more robust oversight of the quality and safety of care being provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- Significant improvements had been made to call scheduling at the service, ensuring that staff were able to provide people with the care they needed at the planned times.
- Senior staff understood their responsibility regarding the duty of candour and there was an open and caring culture at the service.
- People and relatives told us they thought the service was well-led. Comments included, "All contact with

the office has been good, there's good communication and they get things sorted", "[The service] is very good, I'm very happy" and "I'd highly recommend the company."

- The service had a clear focus on providing good continuity of care and people gave us positive feedback about receiving support from regular carers who they knew and vice versa.
- Staff told us they felt valued and well-supported by senior staff at the service and they were always approachable if they needed advice.

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

- People were able to share their views about their care in a variety of ways, such as during care plan reviews and the completion of an annual survey.
- The service received positive feedback from its most recent survey. One person wrote, 'My carers are [staff member] and [staff member], they are outstanding, they are very caring and I look forward to them coming. They listen to me and make my day.'
- The service considered and met people's equality and diversity needs as part of the care planning process to ensure staff were aware of and respected these needs.

Working in partnership with others

- The service had good working relationships with other health and social care professionals, such as GPs and social workers.