

Case Healthcare Limited

# Case Healthcare

## Inspection report

3 North Street  
Oadby  
Leicester  
LE2 5AH

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08 August 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Case Healthcare is a small domiciliary care service providing personal care to people. The service provides support to people living in their own houses and flats. At the time of our inspection there were six people using the service.

Not everyone who used the service received personal care. 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

Some improvement was needed to the oversight and day to day management of the service. The registered manager recognised this and was open and transparent about it. They had recruited additional resources to ensure prompt action would be taken.

People received an assessment of their needs prior to receiving care. Care plans and risk assessments were in place and people's safety was safely managed. However, records required further detail to include people's personal needs and wishes.

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.

Relatives told us the service provided person centred care and care workers were kind, caring and compassionate.

People were protected from the risk of harm and abuse. Care workers were recruited safely, trained in safeguarding procedures and knew how to raise concerns.

There were enough staff to meet the needs of people using the service. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide good care.

People were supported with their medicines and to eat and drink enough to meet their dietary needs. Care workers had been trained in medicines administration.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 17 June 2021 and this is the first inspection.

#### Why we inspected

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

We have made a recommendation about the quality and detail of records.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always 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.

# Case Healthcare

## 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 carried out by one inspector and an Expert by Experience.

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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours notice of the inspection. This was because it is a small service 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 8 August 2022 and ended on 22 August 2022. We visited the location's office on

8 August 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We attempted to speak with people who used the service however none chose to provide feedback to us. This was partly due to people's communication needs. We did speak with three relatives of people who used the service.

We spoke with three members of staff including the registered manager and two care workers. We reviewed three people's care records, three staff files and a variety of records relating to the management of the service and policies and procedures.

# 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

- People were provided with safe care and protected from the risk of avoidable harm and abuse. Relatives told us they trusted the service and care workers and had no concerns regarding their family members safety.
- A safeguarding policy was in place. Care workers received safeguarding training and gave examples of what events or incidents they would consider to be a safeguarding matter. One care worker told us, "I would report things such as bruises or marks that were unexplained or if I witnessed another carer being abusive in any way."
- Care workers told us if they had to report any concerns they were assured the registered manager would take these seriously. One care worker said, "I am confident if I did have to raise anything to the manager they would listen and do something about it. That's how they are with everything else; very good."

Assessing risk, safety monitoring and management

- People's risks were monitored and managed safely. However, care plans and risk assessments were basic and lacked detail but did identify risks posed to people's safety in relation to their care needs and from the environment.
- The registered manager acknowledged improvement was needed to care plans and risk assessments and committed to immediately introduce more detailed care plans. Following the inspection they sent us an example of a new care plan with associated risk assessments which were detailed and thorough.
- Relatives we spoke with, who all worked in conjunction with care workers to deliver their family members care, raised no concerns in relation to how risks were managed. One relative told us, "[Name] has very high needs. There is quite a lot of equipment used to care for them and the carer supports them as they should. I am there all the time and can see this."
- Care workers told us they had guidance about how to manage people's risks safely. One care worker said, "With [Name] I have access to their care plan, I know what risks there are to them and they match."

Staffing and recruitment

- There were sufficient care workers deployed to meet people's care needs. There were no concerns raised by relatives or care workers in relation to numbers, call times being met or any instances of missed calls. People were also supported by a small number of care workers which meant people received continuity of care.
- New employees were recruited safely. Pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks are background checks to check if staff are suitable to work with vulnerable people.

### Preventing and controlling infection

- An infection prevention and control (IPC) policy was in place. Records confirmed care workers were trained in IPC procedures which included COVID-19 best practice guidance.
- Personal Protective Equipment such as aprons, gloves and masks were used when providing care to reduce the risk of infection.
- Care workers were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

### Using medicines safely

- People's medicines were safely managed. Care workers supported people with the safe administration of medicines. Care workers received training and their competency was assessed.
- Regular audits and checks on the management and administration of medicines were completed. These records confirmed people had received their prescribed medicines safely.

### Learning lessons when things go wrong

- The registered manager told us no accidents or incidents had occurred since the service had been registered with the CQC. However, lessons learnt procedures were in place for accident and incidents should they occur.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support may not always achieve good outcomes or was inconsistent.

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

- The process of recording people's assessed needs required improvement. Records relating to people's assessed needs were not thorough or detailed enough. For example, two people's assessments we reviewed were handwritten with some information illegible. Records did not always include all aspects of people's lives, for example, their choices, history and spiritual needs. This meant we were not assured people's needs had been fully assessed.

We recommend the provider introduce a more thorough and detailed assessment process and records.

- The registered manager accepted our findings and told us they would swiftly devise an improved assessment tool and records to support the assessment process.
- In contrast, relatives we spoke with told us they were happy with the assessment process and thought it was thorough. One relative told us, "We have only had the service for a short time but for 2 weeks. They [registered manager] visited us at home and went through everything thoroughly [referring to the person's needs and risks] before they started."
- Care workers told us they had access to information about people's support needs and this was reflective of each person they delivered care to.

Staff support: induction, training, skills and experience

- Relatives told us their observations of care workers assured them they were suitably trained and experienced to carry out their role. One said, "The carers seem well-trained to do their job."
- Care workers told us they received a thorough induction to the service. One care worker said, "The induction part was good. I had lots of training such as safeguarding and moving and handling and then I shadowed other staff and was able to get to know people before I supported them."
- All the care workers told us they were supported well by the registered manager. One told us, "The manager is very supportive of me. I would give them a score of 10 out of 10 for this. Any issues you have they are always there to listen to me."
- Records confirmed staff had received the required training.

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

- People were supported with their healthcare needs and care workers worked with families to ensure they received the care they needed. A relative told us, "They [meaning care workers] noticed [family member] had

a sore area on their skin. They told me about it, and we have worked together, and it has healed now."

- Care workers knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns. A care worker told us, "Whilst [family member] manages [Name] health appointments, if I was concerned, I would talk with the family if I thought they were unwell. I would also call the office."

#### 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 and were satisfied staff understood the importance of seeking consent before providing care or support. People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- Care workers told us they understood the requirement and importance of obtaining people's consent before they delivered care. One said, "I always ask if the person wishes to have care. If they don't, I respect that. I do try and encourage the person and share the positives of having care."

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

- People's nutritional needs were safely met.
- Care workers knew people's specific dietary needs and followed health professionals' recommendations. One care worker said, "[Name] is on a soft diet. I puree their food as their dietician recommended it to be."

# 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

- People were treated with kindness and compassion. One relative told us, "We have a regular carer. They are lovely and really chatty and have built a good rapport with [Name]. The carer has been so good at encouraging [Name] to engage with them and this is great for them and the family to see."
- Care workers demonstrated a clear understanding of people they supported. Relatives confirmed they knew the intricacies of their family members needs and personalities and felt this had been achieved because regular carers were consistently deployed to support them. One relative said, "The carer understands [Name]. They know what they enjoy and what is important to them and I hear them having conversations about these things all the time."
- The registered manager demonstrated a caring ethos and how committed they were to putting people first. They told us, "Care is all about the people we support and improving their lives as best we can."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, where they were able to, and relatives were involved in their care arrangements which supported them to have make their own choices and decisions.
- Relatives told us care workers worked collaboratively with them and how this ensured their family members were able to express their views and wishes. A care worker told us, "This is crucial [working alongside relatives] to ensure we know what [Name] wants and needs."
- Care workers learnt how best to communicate with people who could not verbalise their views. One said, "[Name] communicates by 'signing' (sign language), gestures and movements. I've learnt what these mean and this is important so I understand what they are asking and telling me."
- Care workers understood the importance of promoting and respecting people's dignity. A care worker told us, "I make sure [Name] is covered with towels when I am providing personal care. This is not only for them but to ensure privacy from other people in the house."

# 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

- Care plans we reviewed lacked person-centred details and focused more on the persons care needs rather than their individual personal needs. The main areas of care plans focused on the actual support people required, for example, mobility and nutrition and hydration but did not include what people could do. However, this had not affected the person-centred care people received, and proposed improvements to care plans assured us people's individual needs would be included in care plans going forward.
- People received person centred care which met their care and support needs. Care workers knew the importance of offering choice and control to people and their practice supported this. One care worker told us, "[Name] has lots of interests and activities. I support them to do these, but they choose what they want to do and when."
- All of the relatives we spoke with gave positive feedback on the care and support provided. They were wholly satisfied with the service and found the registered manager and care workers professional, courteous and respectful and delivered quality care.

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 registered manager considered people's communication needs. They established people's preferred method of communication during the assessment process.
- People received care and support from care workers who were able to communicate with them in their preferred way. Care workers knew the importance of people's communication needs and worked with families to understand of how each person communicated.

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

- People were supported to follow their interests and hobbies both in their homes and the community. These included cinema trips, attending sports events and shopping.
- Relatives told us this support was also beneficial to them and other members for their family. One relative told us, "The support [Name] receives has enabled me to spend time with other members of the family with things like swimming, and getting to out more frequently which i couldn't before we had the support."

- The service recognised the importance of people maintaining relationships with those important to them.

#### Improving care quality in response to complaints or concerns

- A complaints policy was available for people to access should they need to. Records showed no formal complaints had been received following the service first being registered with the CQC.
- No one we spoke with raised any concern about the service. Relatives told us they had confidence the registered manager would take any issue raised with them seriously. One relative told us, "The manager regularly checks that things are going ok and provided us with a contact number we can contact them on day or night."

#### End of life care and support

- End of life wishes were considered where people chose to discuss them. No one was receiving end of life care at the time of the inspection.

# 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 not always consistent, and may not always support the delivery of high-quality, person-centred care.

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

- The quality and recording of information such as people's assessments and care records required improvement. Some audits were in place for areas including medicines, but others were not. Despite identifying no concerns with care delivery, we were not fully assured the service and quality of care was being comprehensively monitored.
- Spot checks were regularly undertaken of care workers during their support visits to check their practice and offer advice or guidance where needed.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or any concern raised acted upon.
- The registered manager was also the provider and was passionate about providing good quality care for people in their homes. Relatives and care workers feedback assured us they were providing quality care.
- The registered manager had already recognised the need for more oversight of the service and had immediately prior to the inspection appointed a new manager who was in the process of registering with the CQC. They told us, "I have recruited a manager with good experience of managing services like this [domiciliary care services]. We will manage the service on a day to basis going forward. This means the things you [CQC] have highlighted, and other small areas will be addressed quickly." This assured us the required improvements would be made and maintained.

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

- People received care and support based on their individual care and support needs. We received positive feedback about people's experience of the service and how this benefitted their daily lives.
- The registered manager had instilled a positive culture in the service. A relative told us, "They [registered manager] came across as very thorough and very professional when I first met them and nothing has happened for me to change my impression." A relative said, "The service is well run and provides a personal service."
- Care workers echoed relative's feedback regarding the culture of the service. One told us, "This is a good company to work for and so rewarding. I would definitely recommend it." Another said, "They provide a good service here. The manager is on board with everything and gets involved."

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

- Relatives told us their views and opinions of the service were gathered frequently by the registered manager. One told us, "The manager keeps in touch with me to check things are going smoothly and tell me to contact them if we are concerned about anything."
- Communication systems were in place to ensure care workers were kept up to date with any changes to people's care and support. One said, "We're kept up to date. The manager keeps us updated."
- Care workers told us the registered manager was supportive of them in their role and they felt valued.

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 registered manager understood their responsibility under the duty of candour. This is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- The registered manager worked in partnership with a variety of health and social care professionals from different agencies.