Caerus Care Limited

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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 well-led?	Requires Improvement

Summary of findings

Overall summary

Caerus Care Limited is a domiciliary care agency and supported living service. At the time of our inspection 35 people were being supported in their own home, 10 of whom were supported with personal care. The service provides support to younger people, people with a learning disability or autistic spectrum disorder, people with a physical disability and people with a mental health condition.

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. Just prior to our inspection starting the provider had moved to a new address.

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.

People's experience of using this service and what we found
Based on our review of is the service safe, effective and well-led questions, the service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support
Some risk assessments were not recorded and care plans lacked detail how staff should manage risk. Medicines administration records did not always reflect safe medicines administration. People were supported to have maximum choice and control of their lives and staff supported them with decisions that were in people's best interest. However, a lack of recorded best interest decisions, meant there was a risk that the restrictions in place might not be the least restrictive.

Some audits were not as effective as they could have been, such as for the detail in care plans and risk assessments, medicines administration, mental capacity assessments and best interest decisions.

The nominated individual who was also the registered manager addressed these matters promptly, but until we highlighted these, actions had not been taken. Staff however were clear on exactly how to administer these medicines in a specific way and supported people with their medicines in a way that respected their independence.

We have made a recommendation in the well-led section of this report for the provider to seek support and ensure that audits and records are accurate and up to date and reflect care in people's best interests.

Staff supported people to be cared for as safely as practical. Staff complied with measures designed to reduce the risk of infections spreading. Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead fulfilling and meaningful lives. One relative told us how proud they were at what their family member had achieved and how happy and settled they now were.

Staff supported people to achieve their goals and go on to further achievements. A staff member said, "Seeing [person] now safely at home with the right equipment means they are making good progress in their own time but with some support, regaining their independence."

Staff received effective training in the use of restraint and were confident in their ability to deploy this training should it ever be needed. At the time of our inspection no person required physical restraint. Any restraint would be in an emergency situation as a last resort and for the shortest time possible. Staff supported people to make decisions following best practice in decision-making.

Right Care
Staff focused on and promoted people's equality and diversity, supporting, and responding well to their individual needs. This changed people's lives for the better. One person said, "My life has been changed so much. I can travel independently." Staff's perseverance in listening to what the person wanted. One relative told us how much more their family member could now do and how well staff understood their communications in ensuring the person was given equal opportunities.

People or their legal representative helped create and review their care plans when they chose to, and as such were a reflection of the support they needed and what people could do independently. Staff had training on how to recognise and report abuse, and had the skills to help protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this. Staff's diligence and persistence enabled people to achieve their aspirations. People lived a meaningful life and staff supported people to gain independent skills. People were supported to communicate in their preferred way including a few words and visual prompts.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. One relative told us the service always went the extra mile and said, "They go above and beyond. Staff have transformed my [family member's] life. They used to be calling me on the phone all the time, but now they are settled and so happy there. If there were any concerns they would ring me but they have told me they love it."

Right Culture
People were supported by staff who understood best practice in relation to people's strengths, impairments, or sensitivities for people with a learning disability and/or autistic people may have. Staff knew people well and responded to their needs and wishes. One relative told us the service had made a huge difference to their family member saying, "I am not generous in giving accolades but I can only speak good of them. They go over and beyond. I can't praise them enough." Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People, relatives, staff and health professionals had a say in how the service was run. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive

and empowered lives.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 28 December 2017).

Why we inspected
This inspection was prompted by a review of the information we held about this service. The inspection was also prompted due to concerns about the management of risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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? 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 well-led? The service was not always well-led Details are in our well-led findings below.	**Requires Improvement**

Caerus Care Limited

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 and supported living agency. It provides personal care to people living in their own houses and flats and supports people who need support to promote more independence.

Inspection activity started on 19 July 2023 and ended on 28 July 2023. We visited the location's office on 20 July 2023. We provided initial feedback about our inspection findings on 31 July 2023.

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 (CQC) 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
This inspection was announced. We gave the provider 48 hours' notice as the registered manager could be out of the office. We wanted to be sure they would be in.

What we did before the inspection
We reviewed information we had received about the service since the service was first registered. 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 spoke with 1 person who used the service and 5 people's relatives by telephone. Not everyone using the service was able to speak with us so we used staff to help with their communications. We visited one person in their home. We received feedback from a social worker, the local authority contract monitoring team, and the local safeguarding authority. We also spoke with 10 members of staff including the nominated individual who was also the registered manager, the quality manager, the deputy manager, senior care staff and care staff. 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 6 people's care records. We looked at their medicines' records and 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident records, compliments, complaints, quality assurance processes, audits, policies and procedures.

Good

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 this key question was good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Staff knew what action to take regarding people's safety and wellbeing, and policies were in place to manage risk should people make unwise decisions.

● However, records were not always detailed about how risks were managed. For example, information was missing from repositioning guidance, medicines administration records (MARs), how to respond to a risk of epileptic seizures and what these might look like, including when emergency medications would be used.

● For example, one person's care plan stated to guide and safely offer the person steadying support if needing to stand or walk, but no other information what this meant. Although, staff told us what they would do to identify and respond to epileptic seizures and assisting people with mobility.

● Where people had restrictions on their liberty there was no best interest decision records to guide staff on how to manage risk in the least restrictive way. For example, with wheelchair restraint straps for safety, having constant supervision at home, or the use of specialist beds designed to help keep people safe.

● The registered manager was receptive to our feedback including about making decisions in people's best interests and would address these issues. Staff we spoke with had a good understanding of managing these risks and knew what actions were needed to keep people safe. One staff member said, "We get shown how to hoist people by the OT [Occupational Therapist]. We also have training on the use of medicines for epilepsy, what each person's seizures might look like and what to look out for."

● A social worker told us the registered manager helped people to take risks in a safe way using a staged approach by introducing people to risks gradually to enabled people to live full and meaningful lives.

Using medicines safely

● Staff had been trained to safely administer medicines and staff's competency to do this had been regularly assessed. Records showed the medicines people had been administered and what the medicine was for.

● People were supported to independently administer their own medicines as much as practical. One person said, "[Staff] prompt me, but I do all the rest. They also ask if I am alright after taking them."

● However, not all people's medicines administration records (MARs) were complete or accurate. Where people were supported with medicines that were over the counter, staff had not followed the provider's policy to add these to the MAR. This meant people were at risk of having too high a dose, such as for pain relief.

● The provider's medicines administration audits had not identified this omission. However, care plans included information where parents administered medicines and staff recorded this in the daily note records rather than on a MAR. Staff who administered these medicines told us exactly when and how they had done this.

● A relative told us staff were always informed if any over the counter medicines had been given. The

registered manager told us they would remind staff of their responsibilities to follow policies and training.

Systems and processes to safeguard people from the risk of abuse

● Staff were trained and knowledgeable about safeguarding procedures. One staff member told us how to identify any type of abuse and when they would report this to the provider, the CQC or the safeguarding authority if needed.

● A social worker told us the registered manager was very good at highlighting and recording changes in people's needs, and if additional support was needed to ensure people were safeguarded, both at home and in the community.

● Staff ensured as far as practical they attended to people's needs at the right time and for the correct duration, responding quickly and effectively. One person said, "The staff support me. I can do some things myself but if I need help they help me."

● The registered manager told us, "I take any allegations seriously. Staff know they can call me at any time if needed." All staff we spoke with were confident the registered manager would take any concerns seriously.

Staffing and recruitment

● Enough staff were in place and most staff had been safely recruited. Checks were in place such as for photographic identity, employment references and most gaps in staff's employment history had been explored, but these had not always been recorded.

● Other checks were undertaken including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All staff we spoke with confirmed all necessary checks including health conditions and evidence of staff's good character had been completed.

● Staff were deployed effectively to ensure they could spend enough time with people and safely meet their needs. We found staff were skilled at interpreting situations to help keep people safe. One staff member said, "We have enough staff to support people. If there is a short notice absence, such as sickness we have an on-call system to request more staff."

Preventing and controlling infection

● Policies and procedures were in place to help ensure infection prevention and control (IPC) and systems were in place to respond effectively to risks and signs of infection.

● Staff were trained to support good IPC practices and they used personal protective equipment (PPE) correctly and effectively. One relative told us how careful staff were in disposing of used PPE in a safe way.

● The provider's infection prevention and control policy was up to date. Staff adhered to this, such as when to use additional PPE including visors if any person had a contagious infection.

Learning lessons when things go wrong

● The staff team were kept up to date about incidents, such as various health conditions, safeguarding incidents, people's anxieties and emotions, and when physical interventions might be needed. This was through staff handover records, e-mails, and general information during team meetings.

● One staff member told us how learning was shared across the staff team at individual supervisions and when handing over people's care between different staff.

● Another staff member said, "I definitely feel listened to. I voiced concerns about some new staff who weren't following financial procedures correctly. These staff were reminded to always read care plans and I checked the issues didn't happen again. Changes made by the registered manager meant the issue did not reoccur.

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 this key question was good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 (CoP) 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.

● We found the service was not always documenting how they worked within the principles of the MCA. Where needed, appropriate applications had been made to ensure decisions were only made for people where this was lawfully authorised through the CoP. For example, decisions about health and welfare. A social worker told us how they were reviewing one person's deprivation of liberty through the CoP and that it would be extended for another 12 months.
● Best interests decisions had been made for each aspect of people's daily living and for any restrictions needed to keep people safe, such as a locked door to prevent overeating, supervision and support to access the community and staying safe in the person's home. However, the registered manager told us they hadn't documented these. This meant it was not possible to determine if these decisions were actually in the person's best interests and who had been involved in making these decisions.
● The registered manager was receptive to our feedback in how decisions could be made by involving all those who might need to be involved.
● One staff member told us how they could offer choices, saying, "I always assume people can make a choice, but if they can't for whatever reason I can show them different food, clothing, or change the time I offer a choice by trying later."
● A relative told us they had a lasting power of attorney to make healthcare decisions for their family member. Where people had an advocate for their financial support, this had been agreed with a relative in the person's best interests. A social worker told us, "[Registered manager] and his team promote choice and

work to develop decision making with everyone, even if this is on a very simple level with some of the people supported with high support needs."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

● The provider or a member of the management team undertook an individual assessment of people's needs. This enabled each person's needs to be determined to help inform people's care plans.

● One person told us staff respected their verbal skills and how alternative approaches to their support had previously been used. One staff member said, "It is essential we use the correct approach and ensure people understand us. Equally, how we understand them. We get guidance from a speech and language therapist (SALT) and use this to improve people's communication skills. We also have training on recognising epileptic seizures, what to look out for and what to do, such as calling 999 if other actions failed to resolve the seizure."

● People who needed to support had this provided. However, in one care plan it stated 'needs Include help in eating meals' but not how this was to be achieved. Also, some wording in care plans, such as can become aggressive, lacked detail and exactly what this was.

● One person told us how staff helped them cook as they liked to watch as staff ensured the person ate healthily, and as a result was much more independent. A relative said, "[Staff] are so good at encouraging plenty of fluid as this helps prevent [infections]. Also, avoiding certain foods is essential and staff are good at doing this."

● Professionals involved in people's care and relatives were positive about the way people were supported to eat well and healthily. One social worker told us, "The registered manager and his team attend reviews and give useful feedback. They are proactive at recognising when someone requires a review of their care and support and requesting this."

Staff support: induction, training, skills and experience

● Staff were provided with training and support based on people's needs. This included the Care Certificate. This is an agreed set of a minimum of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This formed part of staff's induction.

● Staff also had additional face to face learning, such as the latest guidance for people living with a learning disability and the use of non-physical interventions. One staff member told us they had undertaken shadow shifts with experienced staff until they felt confident to work on their own.

● One relative said, "Staff know my [family member] ever so well and this is down to their training. Seeing or hearing lots of laughter is a sure sign staff have the right skills. Also having consistent staffing has made a huge difference."

● Specialist training, such as for autism, epilepsy care, how to communicate effectively with people was also provided.

● One staff member said they could always ask for support from any member of the management team to discuss what was going well and what extra support they might need.

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

● Staff supported people to see ,or be seen by, health professionals including dieticians, dentists and opticians. This support and guidance had been effective in helping people live more healthily.

● Records showed actions had been taken in relation to people's health and how this was shared with people's care staff. For example, a low fat diet, or avoiding items that could affect people's health.

● People were enabled to see other professionals as well as social workers. Staff ensured they complied with guidance, suggestions, and advice. One relative said, "My [family member's] care is beyond compare, as

they have never smiled as much as they do now. Staff understand them well and are very quick to pick up if they are sleepy which is a sign of pain. Staff told me, and we then saw a GP."

● People had an 'about me' document that was designed to help autistic people and other people with disabilities to communicate their to healthcare professionals. However, some people did not have a document known as a communication passport. This could limit their ability to communicate in a healthcare setting. The registered manager told us they would add this information.

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 this key question was good. At this inspection the rating has changed to 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.

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

- The provider used their monitoring and quality and assurance policies and processes to drive improvement. They used a variety of approaches, such as asking people and observations and monitoring records.
- However, not all quality audit and monitoring processes were effective in identifying and enabling improvements. For example, not documenting best interests decisions, not always providing enough detail in care plans and risk assessments, staff and the provider not adhering to policies and procedures including the MCA and medicines administration records.
- This lack of effective oversight put the quality of people's care at risk as effective improvements and actions should have been implemented. Although the provider acted swiftly on the issues we fed back to them, these areas should have had better oversight.
- The staff team, however, knew people well, upholding good standards of care, and medicines were administered as prescribed and care plans were kept up to date. Staff were knowledgeable about identifying risk and mitigating this. In addition, staff had effective support to help manage risks, such as from any of the management team in the form of supervisions and team meetings.
- The provider reviewed a variety of records including incidents for any trends or themes to help monitor the quality of care provided. Unannounced spot checks were also in place, such as to observe staff care visits and checking to ensure staff followed all the correct procedures that they were expected to.
- People, relatives and staff told us the provider always acted promptly to any concerns raised and then checked everything was working well after changes were made. One person's relative told us, "Staff look after them like they were their own family member. I would know if they were unhappy, I know they are happy when they don't ring me and they are very happy. I couldn't recommend them anymore."

We recommend that the provider seeks support from a competent person in determining people's mental capacity and how decisions in the best interests of the person can be made and recorded. Also, they should ensure audits are effective and records are accurate, up to date and that the provider ensures staff follow their policies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had developed a strong and positive culture within the staff team. They told us

that following a recent incident they were working on increasing detail in risk assessments, and if something from another organisation didn't look or feel right they would now challenge this. They also agreed that some risk assessments could have more detail.

● The registered manager was passionate about people with a disability and supporting human rights, giving people more independence to live a life with less restrictions. They said, "It is about the person and sometimes we have to be firm with people's relatives to ensure the person's rights are upheld, such as for health appointments." All those we spoke with would recommend the service to others needing support at home.

● Staff were aware of the service's values to uphold and maintain high quality care. One staff member told us, "I mentor new staff, I would expect them to uphold the provider's values. Everybody cares differently, but achieves the same outcomes by following guidance. I would go through it again if needed. The [provider] is very understanding in nurturing new staff and giving them the time to learn in a way they understand."

● The provider and staff understood the need to be open and honest when things went wrong and were knowledgeable about the incidents they needed to report to us. They also implemented changes that prevented incidents reoccurring.

● Various recent compliments sent to the provider included one from a social worker stating, "I am extremely grateful that staff are safeguarding these two vulnerable [people] to the best of their ability and carrying out the checks they should." Also, a thank you from one person's relative stating, "Thank you for everything you do. You are like family to me and always will do."

● Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about people's anxieties, health conditions, communication skills and care needs.

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

● People were involved as much as practicable in how the service was run. People contributed, or with agreement of their relative in the person's best interests to the overall quality of care and support. Analysis of care records helped identify if there were opportunities to improve or change aspects of people's care.

● Relatives and people's views were regularly sought. One person said, "If I need some support I get it. [Registered manager] also pops in to check on me to make sure I am doing alright." The management team respected people's communication skills, and where people preferred staff to read mail and other documents this was respected.

● All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manager told us their key achievements had been retaining staff and working towards handing over the registered manager role. They said, "We have strict control of any potential conflict of interest and never work directly with a family member with clear boundaries for supervision."

Working in partnership with others

● The registered manager and staff team worked well with various organisations, such as SALTs, social workers, GPs and dieticians. This helped support better outcomes for people by enabling joined up care.

● Health professionals and social workers were involved when needed. Guidance from them to improve people's care was implemented and adhered to. A health professional fed back to us by stating, "In my experience [registered manager] and his team have a very person centred approach, the supported living I have seen always has a family and homely feel. All staff go the extra mile and [registered manager] has been particularly proactive to ensure family contact and relationships are maintained appropriately."

● The provider fully understood their duty to cooperate with those involved in people's care, such as care commissioners, safeguarding teams, and occupational therapists. A social worker told us, "They also enable people being supported to stretch themselves and manage risks to enable people to live full and meaningful lives.