

North Tyneside Homecare Associates Limited







CASA Leeds

Inspection report

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Ratings

Overall rating for this service		Good	
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?	Good		

Overall summary

This inspection took place on 2 October 2015 and was announced. At the last inspection in February 2014 we found the provider was meeting the regulations we looked at.

CASA Leeds is registered to provide personal care to people in their own home. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they were happy with the care they received and were complimentary about the staff who supported them. They told us the service was well managed. We sent out surveys and the responses told us most people felt care workers always treated

Summary of findings

them with respect and dignity, and care workers were caring and kind. Fewer people said they were introduced to their care workers before they provided care or support.

People were involved in planning their care. The service had systems in place to keep people safe through risk assessment and management. The provider was introducing a more comprehensive assessment and care plan format to make sure all aspects of care were covered as part of the care planning process. They had developed a mental capacity assessment and support plan.

People told us they felt safe. Staff understood how to keep people safe and told us any potential risks were identified. Staff were confident people received good care and were able to tell us about people's likes and dislikes, needs and wishes.

There were enough staff to meet people's needs and most visits were well planned. Sometimes the timing between visits did not give staff enough time to get to the next appointment. Most people said the same care workers visited, staff stayed the agreed length of time and their visit times suited their needs and wishes. Checks were carried out before staff were employed by the agency but these were not always done robustly. The provider had a programme of training, supervision and appraisal, and staff felt supported.

The service had good management and leadership. Effective systems were in place that ensured people received safe quality care. Complaints were investigated and responded to appropriately. The local authority told us, "The management is dedicated to innovation and delivering quality."

Summary of findings

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 not consistently safe.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

Systems were in place to make sure risks to people who used the service and staff were assessed and managed.

There were sufficient staff to meet people's needs but sometimes work schedules did not give staff enough time between visits. Checks were carried out before staff were employed by the agency but these were not always done robustly.

Requires improvement



Is the service effective?

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and received appraisals.

People made decisions about their care and support. The provider was introducing more formal systems where people lacked capacity to make decisions, which included making sure a detailed support plan was in place.

The service provided support when required to ensure people's nutrition and health needs were met.

Good



Is the service caring?

The service was caring.

People were complementary about the staff and told us their experience was positive.

People were involved in planning their care and support.

Staff knew the people they were supporting and were confident people received good care.

Good



Is the service responsive?

The service was responsive.

People told us the care they received was personalised.

People's care and support needs were assessed and plans usually identified how care should be delivered.

Complaints were investigated and resolved where possible to the person's satisfaction.

Good



Summary of findings

Is the service well-led?

The service was well led.

People who used the service and staff said the service was well managed and people felt consulted.

Systems for monitoring quality were effective.

The service had a positive culture.

Good



CASA Leeds

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At the time of this inspection there were 117 people receiving personal care from CASA Leeds. Before the inspection, we sent out surveys to 99 people who used the service and 49 relatives and friends; twenty-four from people who used the service and eight from relatives and friends were returned. We have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the

local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This inspection took place on 2 October 2015 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people's services.

We spoke on the telephone, with six people who used the service, 17 relatives and nine staff. We visited the provider's office where we spoke with the registered manager, training lead, care co-ordinator, deputy manager, and four care workers, and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

Is the service safe?

Our findings

People who used the service were safeguarded from abuse. They told us they felt safe. One person said, “I’m safe with them alright.” A relative said, “I feel he is absolutely safe with them, it’s so important.” Another relative said, “I just shut the door when the carers arrive and breathe a sigh of relief, they promote confidence. They make you feel you don’t have to worry.” Another relative said, “I would have had a nervous breakdown if they hadn’t been here to step in.” We received surveys from people who used the service; 92% told us they felt ‘safe from abuse and or harm from their care workers’; 4% said they disagreed and 4% said they didn’t know. Every relative and friend who completed a survey told us their relative /friend was safe from abuse and or harm from the staff of CASA Leeds.

The provider had safeguarding procedures and information about the local safeguarding authority. The management team understood how to report any safeguarding concerns. The provider had a whistleblowing policy. ‘Whistleblowing’ is when a worker reports suspected wrongdoing at work.

Staff we spoke with said they had received training which enabled them to recognise different types of abuse and the ways they can report concerns. Staff were confident that if they raised any concerns with the management team they would respond appropriately and promptly.

The service had systems in place to keep people safe through risk assessment and management. A care needs assessor carried out an assessment before people received a service, which involved visiting the person at home. We looked at initial assessments which showed potential areas of risk such as skin integrity, medication and nutrition were assessed. We looked at environmental risk assessments which showed the provider had considered the internal and external environment.

Staff told us they worked in a safe environment and any potential risks were identified. The provider had a ‘Not Quite Right’ alert sheet, which they shared with staff. This reminded them to look for any subtle changes and concerns, and act. One member of staff told us they felt the agency was “very good because they made sure staff knew how to provide safe care”. They told us they had received good support and training before they assisted a person who had a Percutaneous Endoscopic Gastrostomy (**PEG**) for feeding. In our survey we asked people if their care and

support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 83% agreed 9% disagreed and 9% said they didn’t know: 88% relatives and friends agreed; 12% disagreed.

People who used the service and their relatives and friends who we spoke with were mainly positive about the staffing arrangements. Nearly everyone said the same care workers visited, staff stayed the agreed length of time and their visit times suited their needs and wishes. One person said, “They are on time, I have no problems.” Another person said, “It’s all fine.” A relative said, “We know who is coming, we have regulars.” Another relative told us care workers were on time but they added, “The carers keep changing and it causes confusion.”

Surveys returned to us showed 70% of people who used the service felt they received care and support from familiar, consistent care workers but 22% disagreed; 83% said their care workers arrived on time but 17% disagreed.

Most of the members of staff we spoke with told us they were able to spend sufficient time with people and did not have to rush when providing care and support. One member of staff said, “We have enough time and have regular people to visit. If ever we have any problems with timings we report it to the office and they will do everything they can to sort it.” Another member of staff said, “The visit plans work well. Mine works like clockwork. The only time they ever overlap is if we have unexpected sickness.” One member of staff raised concerns about their working pattern and said they were expected to work excessive hours. They told us visits were not well planned and timing between visits did not allow staff adequate time to get from one visit to the next. We looked at a sample of rotas and these showed that the timing for most visits did allow adequate time to travel; however, this was not always the case. We noted there were a number of visits that showed five minutes travel time was recorded but when we checked on a route planner more time was required to complete the journey. The provider had visited the office in September 2015 and as part of their monitoring they reviewed arrangements for staff who were working additional hours, which included looking at agreements and risk assessments for excessive working hours.

The registered manager and care co-coordinator discussed the arrangements for planning visits and said they always tried to give ample time between visits to make sure staff could meet the agreed visit times, and encouraged staff to

Is the service safe?

let them know if schedules were not realistic. They agreed to monitor work schedules. The registered manager said they always tried to ensure people received consistency and had recently recruited more care workers to ensure they achieved this. Several new care workers were completing their induction at the time of the inspection.

We spoke with two members of staff who had started working for the agency in the last year. They said they had gone through a proper recruitment process, which included attending an interview. They said they were unable to start work until all checks were completed.

We looked at the recruitment records for three members of staff who had commenced employment in the last three months and saw proof of identity, reference and Disclosure and Barring Service (DBS) checks were carried out. The DBS is a national agency that holds information about criminal records. Staff had completed application forms but all three forms did not contain a full employment history. Information on one form indicated a reference was not obtained from their last employer. Another applicant's employment reference was obtained from a personal address and there was no evidence to show the validity of the referee was checked.

Another applicant's reasons for leaving employment did not match with what the referee had recorded. There was no information recorded to show the inconsistencies were explored. The registered manager agreed to ensure these were followed up. They told us an administrator for recruitment had just been employed and would be ensuring all future recruitment checks were fully completed.

We looked at the arrangements in place to assist people to take their medicines safely. Staff told us they only ever administered medicines and creams that were prescribed, and always recorded this on a medication administration record (MAR). They said they had completed training which had provided them with information to help them understand how to administer medicines safely.

A relative told us, "My only grumble has been her medication. (Name of person) needs her medication at 6pm but sometimes they have been at 5pm and said prompted medication. We sorted it out and it's been right since."

The registered manager told us they had reviewed their arrangements for managing medicines and were introducing more robust processes. We saw a new medication care plan format which was being introduced during October 2015. This contained more information about support people required with their medicines. We saw monitoring sheets where supervisors had checked medicines in people's home to make sure they were being administered as prescribed; these had recently been introduced and a supervisor told us they were working well and picked up any discrepancies promptly. MARs were returned to the office monthly. One of the MARs we reviewed contained confusing information and it was not possible to find out what medicines had been administered. The registered manager followed this up and established that the original record had been used to note changes but this had not been done correctly or in line with their medication policy.

Is the service effective?

Our findings

People we spoke with were mostly complimentary about the care workers that supported them and felt they had the right skills and were competent. Comments included:

“They (the care workers) have everything down to a fine art, one does this and the other does that, and are well trained. They know what they are doing”, “They seem well trained”, “They all seem very capable, they do everything they should”, “We had problems at first, different people turned up not knowing what to do. I had to show them countless times how to use the hoist and things, it’s better now, it’s the same carers and they know what to do. It’s a worry though”, “The carers get dementia training but to what standard? It needs to be much more, If I could influence anything it would be for more in depth training for the carers. I don’t want to give the wrong impression, the carers are very good and kind but you think it could be so much better”.

Staff we spoke with told us they were supported to do their job well. They said they received training that equipped them to carry out their work effectively and all the mandatory training they had to complete was up to date. We looked at the training matrix which confirmed this and showed staff had received training in the following areas; dignity, equality and diversity, fire safety, food safety, first aid, health and safety, moving and handling, infection control, medication training and safeguarding.

We spoke with the training lead who facilitated most of the training, which was presented face to face. They confirmed all staff completed an induction which covered mandatory training and specialist training such as dementia, mental health and learning disabilities. They were also introducing the ‘Care Certificate’ from October 2015. The ‘Care Certificate’ is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with said they had regular supervision and an annual appraisal which gave them an opportunity to discuss their roles and opportunities for development. We looked at staff records which confirmed this.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA). The

management team said before they provided care they always visited people at home. As part of the initial assessment they discussed people’s involvement in their care and their ability to make decisions about their care and support. They said they would often liaise with health professionals, which included reviewing a person’s capacity to make decisions. We saw in the initial assessment that a question about making decisions was answered but there was no information to show how this was assessed.

Staff we spoke with were confident people who used the service were encouraged and supported to make decisions. Staff understood that people needed to consent to care and said they had covered people’s rights during their training. We looked at records which showed relatives were involved in people’s care and supported people with decision making; however, we found formal assessments were not carried out when people lacked capacity. Mental capacity assessments help protect people who lack capacity to make particular decisions and maximise their ability to make decisions. The provider had already identified this as an area they needed to improve and had developed a mental capacity assessment and support plan; we saw a blank copy of this. The registered manager said they had started providing relevant training and would be rolling this out to all staff and introducing the new assessment and support plan by the end of October.

People said they were happy with the support they received with meals and healthcare. One person said, “They make my breakfasts, it’s all done proper, I’ve never had a problem.” A relative said, “They get (name of person) up and give her breakfast, which is fine. The young ones could do with some training about food. A teabag in a mug doesn’t suit old people, it may be the modern way but it doesn’t go down well.” Care plans were in place where people required assistance with meals and healthcare, and daily records evidenced that staff were providing appropriate support. The registered manager said they always contacted health professionals for advice if they had any concerns. Some people received help from relatives with these aspects of care, for example, attending health appointments. Staff told us before they left their visit they made sure people had access to food and drink.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with were positive about the service they received and told us they had been involved in planning their care and support. Comments included: “Lovely girls, I can’t grumble about any of them”, “We have such a laugh, people would think we were acting the goat”, “It has surpassed what I could have imagined, I have never been involved in things like this before, but they have been wonderful”, “I was involved in the care plan”, “The staff are very good and help her put on her makeup”, “The carer who comes loves him to bits and he loves her”, “The carers are brilliant, so good with (name of person who used the service)”, “All the girls are nice and kind, capable and do what they should, no problems”, “Wonderful girls”, “We are really happy with them, just wonderful”, “They are always polite when they talk to me or my relative”. Two people said they felt communication was an area that could improve. One person told us some care workers did not “have a good command of English so they couldn’t have that meaningful conversation”. Another person whose first language was not English said they would like someone to speak their native language.

In our survey we asked people if they were introduced to their care workers before they provided care or support: 74% agreed 26% disagreed. 91% were happy with the care

and support they received, and 92% felt care workers always treated them with respect and dignity, and 96% agreed care workers were caring and kind. 78% told us the information they received from the service was clear and easy to understand, 9% disagreed and 13% didn’t know. Relatives and friends surveys told us everyone felt the care workers were caring and kind; 88% felt the staff treated people with respect and dignity. Only 50% agreed new care workers were introduced before providing care, and 68% were happy with the care and support provided to their relative or friend.

Staff were confident people received good care and were able to tell us about people’s likes and dislikes, needs and wishes, which helped them understand the person and how to provide care to meet their needs. One member of staff said, “We see the same people and they are happy with the care.” Another member of staff said, “We have regular people to visit. I’ve visited the same people for over a year.”

Staff talked about how they ensured people’s privacy and dignity was maintained and gave good examples of how they did this. They said they had received training to help them understand how to provide good care. One member of staff said, “I’ve got more confident as I’ve done the training. It’s good to learn.” Another member of staff said, “It is caring. We care and the managers care, not just about the clients, they also care about us.”

Is the service responsive?

Our findings

People told us the care they received was personalised and any changes in care needs were responded to promptly. Comments included: "I had to arrange a sudden package of care, never had anything like this before. They came the same day and were very professional, discussed everything that was needed", "I was away recently and was surprised when I rang they immediately amended care, I didn't realise they could do that, I was most impressed", "We have to change things at short notice. Some appointments are really early but they change things, no problem", "(Name of relative) came out of hospital last month, they checked all was well from the office and involved us in the planning". One relative shared some concerns about their relative's health and well-being, and said the agency was a good care provider they felt the care delivered had not met their needs. We followed this up with the registered manager who provided information which showed there had been prompt responses to changes in the person's care needs and this was referred to health and social care professionals.

People we spoke with told us they were involved in planning their care and care supervisors visited them at home to review their care. A relative said, "I have found CASA responsive to me and what I have wanted for my relative, they have reviews and I am involved, overall I have found it satisfactory." Another relative said, "We get consulted over everything, reviews and such, never had to complain." In our survey 78% told us they were involved in decision making about their care and support needs. 75% of relatives and friends told us they were consulted as part of the decision making process.

People's care and support needs were assessed and plans usually identified how care should be delivered. The care plans we looked at contained information that was specific to the person and contained information about care and support provided at each visit. Notes completed by care workers during each visit showed that care delivery matched the care identified in people's care plans. Although we found effective care planning for some aspects of care we also found that some information was not specific which could lead to inconsistencies in how care was delivered. For example, one person required assistance with a shower but there was no guidance about how to do this. Another person used a hoist to transfer. An

occupational therapist (OT) had been involved to make sure the care was appropriate and safe but the care plan did not provide appropriate guidance or make reference to the OT's assessment.

The registered manager showed us a new style care plan that was being introduced. They said as they introduced the new format, they would also be reviewing everyone's assessments and care plan to make sure there was sufficient information to guide staff about how to deliver the care.

Most people we spoke with told us their complaints and concerns had been responded to appropriately. Comments included: "If I have had to speak to the office, they have listened to me", "We only had one problem which was quickly resolved", "We had a few teething troubles to start with, but if you communicate it all gets sorted out", "If you say something to the office they get it fixed", "There were a few problems to begin with. They weren't doing things right, leaving pads lying around and stuff, but when we said to the office they were on it straight away. They have the same team of six now and there are no problems". One person told us "the office doesn't get back to you if you ring".

Our survey responses from people who used the service told us 78% felt care workers responded well to any complaints or concerns they raised, and 67% felt office staff responded well to any complaints or concerns they raised. When we asked people if they knew how to make a complaint about the care agency, 88% agreed and 33% said they didn't know. Our survey responses from relatives told us only 38% felt care workers responded well to any complaints or concerns they raised. Everyone who returned a relative and friend survey told us they knew who to contact in the care agency if they needed to.

The registered manager and care needs assessor said everyone was given a 'service user guide' including a 'statement of purpose' when they started receiving a service and this gave people information about how to make a complaint. We looked at a copy of this which contained relevant details including who to contact if anyone was unhappy with the outcome of the complaint. People were also given the registered manager's business card so they could make direct contact.

We looked at the complaint's record which showed complaints were dealt with within a reasonable timescale.

Is the service responsive?

They were investigated and resolved where possible to the person's satisfaction. The staff we spoke with told us they reported any concerns or complaints to a member of the management team and were confident they would deal with any issues appropriately.

Is the service well-led?

Our findings

People who used the service and the relatives we spoke with told us the agency was well managed. They said members of the management team regularly checked to make sure they were satisfied with the service. Comments included: “Best care we have ever had. We’ve had care packages for ten years but this is the best”, “Someone comes from the office to check, I have no problems”, “We have checks from the office, they are easy to contact”, “What can I say, no problems at all”, “They (staff from the office) have rung to check that all is well”, “The supervisor rings me regularly and they inform me if anything is wrong, or if there is a review”, “I have no problems with it, I’m quite happy”, “We do get check visits from the managers”.

Our survey responses from people who used the service told us 70% would recommend the agency to others, and responses from relatives and friends told us 88% would recommend the agency to others.

We talked to staff about the management arrangements and received mainly positive feedback. They said a member of the management team was always available. Staff told us they were happy working for CASA Leeds. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve. One member of staff said, “We have our own supervisors now but can also go to the manager if we want to discuss anything.” Another member of staff said, “The management are good. We have good communication and good continuity.” One member of staff said they were not happy with the management arrangements and felt that when they put forward suggestions the management team did not respond. .

We received positive feedback from the local authority. They told us, “The management is dedicated to innovation

and delivering quality. We have no concerns. CASA has developed and grown in the 5 years we have worked with them, the branch management is fully supported by the directorship and the quality director.”

The registered manager told us the management and leadership arrangements worked well, and as an ‘employee owned company’ everyone was committed to provide good quality care. Staff became shareholders after six months of employment. The registered manager said they had introduced new supervisor teams which had worked well, and the staff we spoke with confirmed this.

The provider had systems in place for monitoring the quality and safety of the service. A care co-ordinator showed us how they monitored hours and capacity. Staff and the management team said regular checks were carried out to make sure the service was running smoothly. This included visiting staff when they were assisting people with personal care. They carried out unannounced and announced visits. We looked at monitoring records which confirmed this. One member of staff said, “They observe what we do, check we are wearing the right uniform and wearing PPE (personal protective equipment).”

We looked at monitoring visit reports where the provider visited the office and checked everything was in place. The last visit was carried out in September 2015 and we saw the provider had checked supervisions, appraisals, staff contracts and Disclosure and Barring Service (DBS) checks for all active staff.

Staff told us they could express their views and frequently visited the office. The registered manager held a ‘surgery’ for staff once a week. They also held ‘employee engagement events’. The registered manager told us staff surveys were being sent out in October 2015. They had sent out surveys to people who used the service in August 2014 but only three were returned. They were waiting to send out more surveys but, the registered manager said, because people had recently completed the CQC surveys and local authority surveys they did not want to overload people.