

CASA Care Limited

Casa Care Ltd t/a Carewatch South Warwickshire

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Casa Care Ltd t/a Carewatch South Warwickshire provides personal care for people living in their own homes. At the time of our inspection visit 110 people were receiving personal care.

People's experience of using this service:

- People felt safe using the service and staff understood how to protect people from abuse and keep people safe.
- Risks associated with people's care were assessed and staff were informed how to manage and reduce risks through care plans and the electronic call planning system. Some risk management plans required more detail, and this was addressed by the registered manager.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- Staff had access to the support, supervision and training they required to work effectively in their roles.
- When staff had concerns about people's health or wellbeing, they ensured people received the medical care they required.
- The provider had safe protocols for the administration and recording of medicines.
- People were supported to have maximum choice and control of their lives and staff gained people's consent before providing them with personal care.
- Staff told us they enjoyed working for the service because they enjoyed caring for people. People spoke positively about the standard of care they received from staff who respected their privacy and dignity.
- There were systems in place to monitor, maintain and improve the quality and safety of service provided.
- The management team and staff worked in partnership with other professionals to improve outcomes for people. They had recently worked collaboratively with other agencies to ensure a safe transfer of 39 care packages from another local provider to minimise disruption to the care people received.

Rating at last inspection: Good. (The last report was published on 22 August 2016).

Why we inspected: This was a planned inspection to confirm that the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Casa Care Ltd t/a Carewatch South Warwickshire

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector. A second inspector assisted with making telephone calls to people.

Service and service type: Casa Care Ltd t/a Carewatch South Warwickshire is registered as a domiciliary care service. It provides personal care to older and younger adults living with a learning disability or autistic spectrum disorder, dementia, a physical disability, sensory impairment or mental health difficulties. CQC only regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit, so the registered manager would be available. We also wanted to contact people in their own homes and we needed support from the registered manager to ensure people consented to this.

The inspection site visit activity started on 12 May 2019 and ended on 19 May 2019. We visited the office location on 13 May 2019 and 14 May 2019 to see the registered manager and office staff; and to review care records, staff recruitment files, medicine records and policies and procedures.

What we did: Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who commission care packages from the service. All this information was used to plan our inspection and helped identify some key lines of enquiry.

Prior to and following our site visit we spoke with 17 people by phone, 11 people who used the service and six relatives to ask about the care people received. We spoke with the registered manager, nominated individual, operations manager, Oxford care manager, the care co-ordinator, a care supervisor and seven members of care staff.

We reviewed five people's support plans. We looked at induction and training records and other records of how the registered manager assured themselves of the quality of service provided.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People told us they felt safe with the staff who came to support them. One person said, "They are really very good. I don't have any problems with them." A relative told us, "[Name] is safe, I have seen how they handle her, no rushing."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to, including poor practice by other staff. One staff member told us, "If I find or see something I feel is wrong, I will phone the office. We are in a job of care and we have to do things properly." Another told us they monitored people's reactions to identify any signs they were worried or concerned and said, "If it is serious you can phone the police straightaway or talk to social services."
- The registered manager had raised safeguarding concerns appropriately when they were worried about people's safety.

Staffing and recruitment

- People told us the service was reliable and they generally knew the staff who supported them. Some people said there could be occasions when staff were slightly late for their calls, but this did not cause them any undue concern. One person said, "There are odd times they are a bit late, it is not usually too far out."
- The registered manager told us they had recently taken on 39 new care packages at short notice from another local provider. Whilst they acknowledged this had initially been a challenge, they were confident amendments to 'rounds' and the geographical area they covered was resolving timing issues.
- Time specific calls to ensure people maintained their health were prioritised and 'locked in' to the electronic call planning system so they could not be changed without managerial authority.
- Each morning a staff member went to the office at 6.30am and waited on 'stand-by' to cover any unexpected absence by other staff. This meant any unplanned gaps in the rota could be effectively covered at short notice.
- People were safeguarded against the risk of being cared for by unsuitable staff because they had been checked for any criminal convictions and satisfactory employment references had been obtained.

Assessing risk, safety monitoring and management

- Risks associated with people's care, were assessed and staff were informed how to manage and reduce risks through care plans and the electronic call planning system. This meant any changes in people's needs which increased risks to their health and wellbeing, could be quickly communicated to staff.
- Where people had risks associated with their medical conditions, staff had received training to ensure they had the knowledge to provide safe, effective care. For example, in relation to epilepsy or for people who received their nutrition and medication through a tube directly into their stomach. One person with diabetes said staff understood the condition because they recognised when the person was unwell. However, we

found risk management plans in respect of these conditions did not fully record all areas of risk. This concern was discussed with the registered manager who assured us they would take immediate action to update these risk assessments to ensure they fully reflected the identified risks.

- Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Using medicines safely

- Where the service was responsible, the provider had safe protocols for the administration and recording of medicines.

- Staff had received training in safe handling of medicines and had observations of their practice to ensure they followed good medicines management.

- The provider had a robust audit system to ensure correct procedures were followed by staff and to promptly identify any action required.

Preventing and controlling infection

- People were protected by the prevention and control of infection because staff training in infection control was regularly refreshed.

- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

Learning lessons when things go wrong

- The management team monitored and analysed adverse incidents, such as late or missed calls to identify and address any trends or patterns to minimise the risks of a reoccurrence.

- There was an open culture in the service where learning when things went wrong was encouraged. Learning, and any action needed was shared with staff through individual supervision meetings.

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they started using the service. This meant the registered manager could be assured there were enough sufficiently trained staff to provide the support people needed. One person told us, "They were the first company who actually came in, saw and recognised my needs and fulfilled them."
- People's care and support was then planned with them and incorporated into a care plan for staff to follow.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. A relative told us, "I feel they are fully in control of what they are doing," and another described staff as, "Excellent." One relative was confident in the staff but felt more in-depth training in dementia care would be beneficial.
- The registered manager was committed to providing staff with the training they required to meet people's needs. They employed an external training provider to deliver training based on current legislation and best practice which ensured staff provided safe care and support. The training had been adapted to make it more accessible and interactive so staff understanding could be tested within the training sessions.
- Staff were positive about the training and support they received. One member of staff told us, "The lady who does the training is excellent. She explains things in a way that is easy, but if you don't understand, she will go back over it for you."
- New staff received an induction which included training, competency checks and shadowing more experienced colleagues. This prepared staff to carry out their role effectively.
- Staff were encouraged to undertake qualifications relevant to their role and supported through regular supervisions and 'spot check' visits to observe their practice.

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

- Records confirmed the service worked with other professionals when required to ensure people had access to the right support and help.
- When staff had concerns about people's health or wellbeing, they ensured people received the medical care they required. This included calling health professionals or advising people's relatives that the input of health professionals may be required.

Staff working with other agencies to provide consistent, effective, timely care

- At the request of commissioners, the service had recently taken over a significant number of care packages from another provider. The service had received extremely positive feedback about how they had worked

collaboratively with other agencies to ensure a safe transfer and minimise disruption to the care people received.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of MCA.

- Staff received training in applying the principles of the Act and understood the importance of supporting people to make their own decisions.

People told us care staff respected their right to make decisions about their care, by seeking their verbal consent before supporting them with daily support tasks. One person told us, "They come in and sit down and see what I need doing."

- People's capacity to make decisions was considered during the assessment process. The registered manager told us if they had any concerns about a person's capacity to consent to any restrictions within their care plan, they would refer them to their social worker and the wider multi-disciplinary team to ensure they were in the person's best interests and legally authorised.

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

- Where people received support with their nutrition, this was recorded in their support plans. This included instructions on any specialist diet requirements relating to people's health, culture or faith.

- People told us staff encouraged them to remain hydrated by ensuring they had drinks within easy reach before they left the call.

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

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

- We received some extremely positive feedback from people and relatives about the standard of care they received and the staff who visited them regularly. One person told us, "I'm very happy with the care. The girls are very good, they are brilliant." Another person described the staff as 'fantastic' and went on to say, "The carers are regular and they are trustworthy and honest and good fun." A relative told us, "They are reliable, they are like a breath of fresh air when they come. The most important thing to me is they show a bit of caring, understanding and patience."
- Several people told us it was the 'little things' staff did for them that made a positive difference to their life. One told us, "I feel comfortable when they help. They are very considerate and warm the towels." Another said, "They are very kind and cheerful. You might be having a bad day and you want somebody to come in with a smile and they do."
- Staff told us they enjoyed working for the service because they enjoyed caring for people. One staff member told us, "If I make someone smile or laugh then I think I have done my job." Another said, "It's fulfilling because you feel as though you have achieved something, hopefully making somebody's life a bit more cheerful because you have helped them in some way."
- The registered manager told us that selecting the right staff was key to providing quality care and they tried to ensure staff had the right values during the recruitment and probation process.
- The registered manager shared examples about how they and their staff had gone over and above their care duties to enhance people's wellbeing. This included organising activities in the community, celebrating special events and collecting medicines for people who had no relatives to support them.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included information about people's religion, culture and social needs.
- Staff told us the registered manager and the rest of the management team were caring people who valued the work they did.

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

- Staff spoke of the importance of encouraging and enabling people to make decisions about their day to day lives. One staff member told us, "I read all the care plans but sometimes that differs to what they want to do that day. Things change from day to day." Another said, "You can't take away their right to choose, even the little things."
- People's care plans were regularly reviewed by care supervisors to ensure people's views were heard.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was upheld. Staff described the actions they took to ensure people felt

comfortable when receiving personal care.

- People told us staff treated them with dignity and were respectful of their home. One relative told us, "They are reliable, very caring and they treat people with dignity, but they are also very relaxed."
- Staff understood the positive impact maintaining independence had on people's wellbeing. One person told us, "If I'm preparing a meal they help me out with prompts and cues."
- People's personal information was managed in line with data protection law.

Is the service responsive?

Our findings

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

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

- People told us they felt the service they received was responsive to their needs and requests for support. One person told us, "If I ask for a certain thing, they do a certain thing."
- People told us the care they received considered their physical and emotional needs as well as their preferences for how they would like their care and support delivered. One person told us, "They are compassionate. They look at you as a whole person and see your needs holistically."
- One person told us staff were very responsive to their individual needs because they understood the person had difficulties remembering things. They explained, "[Staff member] helps me retain some of my strategies and tactics for remembering."
- Staff we spoke with were confident people's care plans and electronic records provided sufficient information about the care people required. They said they had enough time to deliver the care and support people needed.
- People had regular reviews of their care to make sure information was up to date and they continued to receive a service that met their needs. One relative told us, "Somebody came out and had a chat about the care plan to see if we were happy about four or five weeks ago."
- Generally people told us they received support from a consistent staff team, but some felt changes in staff could impact more on people living with dementia.
- The registered manager told us they had the facility to provide people with information in different formats including, pictorial, large print and Braille. This was in line with the 'Accessible Information Standard' which is a legal requirement to ensure people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint that they would be listened to and the issue addressed. One person said, "They have always told me to just ring, but I have never felt the need to." Another person said, "There is a phone number in the book. If you are dissatisfied or something goes wrong, you can phone them up."
- There was a complaints procedure in place. We saw where complaints or concerns had been raised, the management team had investigated them thoroughly and provided the person with an outcome.

End of life care and support

- There was no end of life care being delivered at the time of the inspection. However, staff had previously cared for people at the end stage of life and were trained and supported to do so.

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

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives said they would recommend the service because of the high standards of care and quality of staff. One person told us, "These people are really the gold mark. I am thankful they are in my life." A relative told us, "I would definitely recommend Casa. I know they do such a good job." Another relative said, "I give them 10 stars. I have already recommended them to my friends because they are that good."

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

- There was a designated management team with specific roles and responsibilities. The registered manager supported the management team and encouraged them to obtain extra qualifications, so they could carry out their responsibilities effectively.

- Staff were motivated to provide high standards of care and told us they received good support from the management team. Staff said communication from the office worked well and they were kept up to date about changes in people's needs. One staff member told us, "All you need to do is phone up and ask to speak to a line manager and they have always been available to talk about any concerns. They have been an absolutely fantastic company to work for."

- People knew many of the management team by name because they spoke to them regularly. One relative particularly expressed confidence in the management of the service and said, "It seemed to me that with very short notice they could respond and they sent appropriate and confident staff to do a defined job which they did well."

- There were systems in place to monitor, maintain and improve the quality and safety of service provided. The quality monitoring system included checks by supervisors that people received the care they needed. Care staff had regular supervisions and 'spot checks' of their work which ensured they provided care and support at the standards required.

- The provider understood their regulatory responsibilities. The latest CQC rating was displayed on the provider's website and within the service so it was accessible to the public. However, there were two occasions when the registered manager had raised safeguarding concerns with the local authority, but failed to notify us. Whilst neither of the safeguarding concerns related to the care provided by the service, we reminded the registered manager of their responsibility to notify us of all safeguarding referrals. The registered manager took action to address this oversight during our visit.

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

characteristics

- The registered manager responded to feedback they received from people who used their service, relatives and staff. Feedback was gathered through an annual survey, regular review meetings and observations of staff practice. One person told us, "[Name of staff member] came round not too long ago and asked if I was happy." Another person said, "Every six months they ask if I am satisfied with the carers and all that."
- Staff told us they felt able to contact the office at any time and their opinions were considered. One staff member said, "If they want me to do extra work, they won't just put it on my rota, they will phone me up first and ask."

Working in partnership with others: Continuous learning and improving care

- The registered manager and staff worked closely with other health and social care professionals to ensure people's needs were met. One person told us, "I know if I need anything and speak to one of the managers, they say 'leave it with me and I will speak to the social worker' and they do."
- The service had recently introduced a newsletter to provide information about the service, but also to signpost people to other agencies and stakeholders who could provide support in areas such as fire safety, energy advice and counselling.
- The service had recently taken over 39 care packages at short notice from another local provider. The registered manager had received very positive feedback from the local authority for the way they had worked in partnership with others and focussed on solutions to ensure a smooth transition.
- Throughout our inspection the registered manager and management team were welcoming and open. They listened to our feedback which they said would be used to further improve the quality of service provided.