North Tyneside Homecare Associates Limited

Casa Doncaster

Inspection report

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Tel: 01302456096

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Casa Doncaster on 16 and 24 October 2017. We gave the manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to ensure the manager was available.

Casa Doncaster is a domiciliary care service that provides personal care for people in their own homes.

This was Casa Doncaster first inspection since they registered with the Care Quality Commission (CQC) in October 2016. The inspection was prompted in part as a consequence of information of concern sent to CQC. The information shared with CQC indicated potential concerns about the management of risk.

There was no registered manager in place for the service. The service had a manager who was in the process of registering with the CQC. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

At this inspection we found two breaches of the regulations in relation to staffing and good governance. This was because sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to meet the needs of people who used the service. Also the systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.

You can see the action we have asked the provider to take at the back of the full version of this report.

People we spoke with had different views about the quality of the service. Many people praised the service and spoke highly of the care and support provided by the staff. Others raised concerns about aspects of the service which they felt were less than satisfactory.

Some people and their relatives had concerns about the reliability and consistency of the service. People told us they had concerns about the lack of organisation and planning around staff rotas. When people had regular care workers they received consistent levels of care by staff who knew how to look after them. However, people told us issues arose when their regular care worker was not available and less experienced staff, who they did not always know were allocated to provide their care.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service. However, parents of some young people who used the service had concerns about the training and competence of some staff who provided care to their children.

Staff were trained to give people their medicines in a safe way. Throughout the inspection people spoken

with and surveyed did not raise any concerns in the way they were supported to take their medicines. Following the inspection we received some information of concern regarding the safe administration of medicines for one young person. We referred this information to the local authority safeguarding team and asked them to investigate this. This investigation is still being carried out.

Staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and there were appropriate arrangements in place to ensure that people were receiving food and fluids.

People had access to a GP and other healthcare professionals when they needed it.

People told us their care workers were, "Kind" and "Lovely." People had developed positive relationships with their regular care workers and enjoyed the time they spent with them.

People told us that staff respected their privacy and dignity and promoted their independence. There was evidence that personal and cultural requirements were considered when carrying out the assessments and allocating care workers to people who used the service.

People and their relatives knew how to make a complaint but did not always feel able to share their views and opinions about the service they received. This was because they felt they weren't always listened to and they did not always know who was in charge at the service, due to the high turnover of managers.

The majority of people and their relatives told us they were involved in planning how care and support was provided. An initial assessment was completed from which care plans and risk assessments were developed. Care was reviewed if there were any significant changes, with health and social care professionals being contacted to authorise changes in care received.

There were quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. However, these were not fully effective as there were relatives of people who used the service who continued to be dissatisfied with the quality of the service provided.

The lack of robust quality monitoring systems meant that the registered provider could not be sure that people using the service were receiving the care and support they required as was assessed and recorded in their service agreement. Any improvements that might be needed to the quality and safety of the service were not always identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were not always adequate to meet the needs of people who used the service.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

Procedures for recruiting staff were thorough which helped to make sure people employed were suitable.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had completed an induction and received training relevant to the needs of people using the service. However, there were some concerns about the training and competence of some staff who provided care to people with complex needs.

Staff had not always been supported in their roles through regular supervision and appraisals.

The managers and staff demonstrated an understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Is the service caring?

Good

The service was caring.

People said they had been consulted about their care and support needs.

People were supported to be as independent as possible.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were aware of the complaints procedure, but some people said they were not confident their complaints would be listened to, investigated and action taken.

Care records were discussed and designed to meet people's individual needs and regular staff knew how people liked to be supported.

Staff supported people to maintain their interests and continue to be involved in social activities.

Is the service well-led?

Requires Improvement

The service was not always well led.

Management systems in place did not always ensure people who used the service were safe and received a service which met their needs.

There were quality assurance and audit processes in place, but these had not been effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

Staff said they did not always receive good support due to the high turnover of managers and office staff.

Casa Doncaster

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.

Our inspection was discussed and arranged with the manager two working days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the manager and staff.

Before the inspection visit we reviewed the information we held about the service, including notifications of incidents the manager had sent us and feedback from the local authority. Before the inspection the registered provider completed a provider information return (PIR). A PIR asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting approximately 44 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funded through the NHS Clinical Commissioning Group (CCG) and others were paying privately for the service.

The inspection team consisted of two adult social care inspectors and two experts-by-experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience of supporting and caring for young and older people.

On 16 October 2017 we spoke with seven people who used the service and 12 relatives over the telephone to ask their opinions of the service.

On 24 October 2017 we visited the agency office and spoke with the operations manager, service manager, branch manager, a care coordinator and six care workers. We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, including their medicine administration record (MARs), four staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to

people.

We also sent out questionnaires to people who used the service, relatives, staff and healthcare professionals. We received information back from seven people who used the service, two relatives, 13 staff and three healthcare professionals.

Requires Improvement

Is the service safe?

Our findings

People we spoke with had different views about how safe the service was. Some people praised the service, while others raised concerns in relation to the lack of adequate cover when their regular carers were off sick or on holiday. Relatives told us, "There were no carers on Saturday or last night and I've not heard anything from them so it's looking doubtful for tonight. My husband and I have been covering between us but we need our sleep. We're shattered but need to have our wits about us in the day. We can't keep up with it," "They want staff who've already done five shifts to cover but that's not safe," "Staff have not been turning up to support my other team. This has happened three or four times in last 12 weeks," "It's like they need to say they are delivering the full package, rather than safety, when we say no they say oh well I'll put it down that you are refusing the support we are offering" and "There has always been staffing issues and keeping staff has been a huge issue."

We found information received by us from concerned relatives was in the main related to children and younger people who had complex needs. Some families of complex health children spoken with were unsettled and unhappy with the service. People told us their full care package was not being delivered due to insufficient staffing levels. This was leading to current staff having to work long hours and problems occurring when holidays and sickness arose.

We were told by the operations manager that the service was providing complex care to 15 children and four adults. We found there were common issues and concerns raised by the relatives of these people. In the main people were happy when their regular care workers were providing care. However, there were occasions when regular staff were unable to provide care and relatives had concerns about other staff, who were not familiar with or trained to care for their family members' complex needs.

We spoke with the branch manager and operations manager about these comments. They confirmed there had been some difficulties providing staff to cover people with complex needs, when their regular care worker was unavailable. They said this was because it took many weeks to train staff to support these people and they had been unable to recruit and retain adequate numbers of staff with the required training and skills. The operations manager told us only fully trained staff provided care to people with complex needs. When this was not possible the contract in place had a 'contingency plan' agreement that when staff could not be provided the family of the person would provide the care. However, the feedback we received from relatives was that this was happening too frequently which was causing them worry and concern.

For the most part the staff we spoke with said there were enough staff to meet people's needs. Depending on the needs of each person and hours of care allocated to people, staff either worked alone when caring for some people using the service, or in small teams supporting other people who used the service. They told us that, where possible, they covered for each other's leave in their small teams. For instance, one staff member said, "We can cover 99 percent of the time." Some staff did however; raise issues about poor planning and resource management by office staff who coordinated staff rotas. For instance, there were several comments made about new care staff being given priority, being offered extra hours of work, rather than those staff who had worked for Casa for longer. At the same time, we were told there was poor staff

retention and that this was largely because after new staff were recruited, they found that there were not enough hours of work available for them and they moved on. Staff suggested that Casa needed to build a 'bank' of known, experienced staff to help provide better consistency when cover was needed for planned holidays and unplanned absence, such as staff sickness.

Another staff member told us they had been unhappy with the levels of pressure put on them by the office staff to work more hours than was acceptable. This had been because of issues around the availability of other suitable staff. The staff member told us this issue had now been resolved, although not having managers in place who knew and understood the issues had not been helpful.

The above evidence demonstrates a breach of Regulation 18 – Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not everyone had complaints about safety. Other comments included, "I have no worries about safety as I'm always here to oversee when they come to our home. My relative is very safe with the staff. They take all the procedures very seriously and show me how to manage safe movements when I'm managing on my own," "I trust them. I feel safe and nothing bad has ever happened. They are very nice and I feel comfortable with them when they are here," "[Name] is safe, there have never been any mishaps. They know what they're doing and there's never been a problem, with hoisting" and "I never have to worry when [name] is out with staff, they always put him first they had such a good laugh when they are out and about."

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at five people's care plans, three of which were for young people who had complex needs. We saw each one included assessments relating to risks the person may be subject to or may present. Where people had specialist equipment to support their wellbeing there was very detailed guidance for staff in relation to the equipment and to the associated care tasks. This included equipment such as PEG tubes, A PEG (short for percutaneous endoscopic gastrostomy) is used in people who are unable to swallow or eat enough and need artificial feeding.

People often had equipment such as hoists and other specialist moving and handling equipment, used in helping them to move around. All details of the equipment and its proper use was clearly recorded, to make sure staff had access to the information they needed to provide people's care. The staff we spoke with told us they received training in all of the areas that were relevant to each individual people's needs, so that they could provide people's care safely and this included bespoke training regarding moving and handling people, when they had particular, individual needs.

Records kept showed safeguarding concerns had been reported to the local authority safeguarding team and CQC, where appropriate. Between July 2017 and October 2017 we were made aware of two safeguarding concerns and five complaints which related to the care provided to children and younger people. These were still being investigated within safeguarding and complaints procedures at the time of the inspection. Between April 2017 and June 2017 there were three safeguarding referrals raised concerning the care provided to older people. These had been investigated and resolved.

The registered provider had policies and procedures in place about keeping people safe from abuse and reporting safeguarding concerns appropriately. Policies and procedures contained information for staff on how to report abuse and what to do to keep people safe. Staff we spoke with showed good knowledge of safeguarding policies and procedures, and were able to describe the signs of abuse. Some staff commented that the on-line safeguarding training they received was quite basic, and seemed to be geared to staff working in care homes, rather than domiciliary care.

There was a whistle blowing policy in place that made a commitment to protect staff who reported safeguarding incidents and staff confirmed they were aware of this.
Staff could describe what they would do if they had any concerns. Staff had received safeguarding training as part of their induction and undertook regular refresher training.

Throughout the inspection people spoken with and surveyed did not raise any concerns in the way they were supported to take their medicines. Their comments included, "No problems with medication, they don't cut any corners," "They get my pills and break them in half for me. They write it up after I have taken them. There has never been any problems," "Medication is no problem. Everything on the care side is spot on" and "[Name] always gets the right tablets and they write it down on the Medication Administration Record (MAR) sheet."

Where people needed assistance with their medicines, care records contained details for staff on how to support them in a safe manner. MAR's were in place and were used by staff to record medicines administered or supported with. Periodic spot checks were carried out on staff when they administered medicines to people to ensure they were competent and safe in doing so.

We looked at four staff files which showed new staff went through the registered provider's recruitment procedures. An application form and an interview were completed and two written references, and an evidence of identification obtained. Disclosure Barring Service (DBS) checks were carried out to ensure new staff had no criminal records. These were completed before new staff started their roles caring for people in the service.

Seventy one per cent of people and 100% of relatives surveyed told us their care worker did all they could to prevent cross infection by using personal protective equipment (PPE) such as gloves, aprons and hand gel.

Requires Improvement

Is the service effective?

Our findings

We asked people about the reliability and consistency of the service. People told us they had concerns about the lack of organisation and planning with changes at short notice, not enough staff to provide the core service and no back up for staff absences. Their comments included, "[Relative] needs 24 hour one to one support. Lifting and handling and suctioning. The main problem is making sure there is adequate cover. They really struggle with that. There is no back up by trained staff. I've had to cover for them myself four or five times," "We have had an appalling service, missing so many calls, it's scary" and "Having support from this organisation is really, really hard work and it shouldn't be, it's supposed to help you not give you more heartache. They are clearly struggling and shouldn't have taken on the contract to deliver care for complex children. They haven't got the experience or understanding."

We received information that some parents of young people who used the service had concerns about the training and competence of some staff introduced by the registered provider to provide care to their children.

Seventy one per cent of people surveyed said staff were skilled and knowledgeable. People and relatives spoken with had different views about the skills and training of the staff. Their comments included, "The regular staff I have are great. I have no issue with them; they are caring and trained well. They know [name] really well and I trust them. The issues are there are only two regular staff that I use and that creates the problem when holidays and sickness happens. Other staff that have been trained up to cover these eventualities and then left as they didn't get enough hours," "It's okay when I get staff, but there are lots of gaps where the care isn't provided and I have to pick up the pieces. I need staff I feel confident in. I have two staff that I have had for a long time and they are good but if they are ill or on annual leave or weekends they try and pressure you into having staff you don't want," and "We've had a terrible time with the company trying to get suitable staff to cover all the shifts. We were granted funding for additional support but the company has been unable to supply appropriate staff. We've had to endure months of different staff, most of which haven't worked out, for various reasons."

The above evidence demonstrates a breach of Regulation 18 – Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people spoken with were positive about the competency of the staff and told us, "The staff are really good. They don't take any risks and advise me on how to manage things when they aren't here," "They are very patient. Some are more with it than others, but the more they come the more they see, the more they understand. All are very kind, can cope with [name's] difficulties they must have been taught how to do it," "The staff are amazing. I love them; they are well trained and know how to support me. I have no concerns about their support. I feel very safe with them" and "I find the regular carers excellent and Casa should be delighted this staff is doing such a sterling job. However, what worries me is there is no shadowing technique for new staff that come into the job without the correct training, especially on equipment. If they are with a regular carer they can learn. If two new carers come together, using equipment with no training, there is a chance of serious injury."

The branch manager showed us the staff training matrix. This evidenced there was a rolling programme of training for all staff and staff were up to date with their mandatory training. Staff spoken with said when they had started work at the service they had completed a full induction programme. Staff told us their training included 23 modules, covering areas such as food hygiene, infection control, and safeguarding adults and children. They also completed further training modules on- line. A children's and an adult's nurse was also employed by the service to provide training in specialist care and support techniques. Staff had to be assessed as competent in each technique before they were allowed to undertake them.

Staff told us after induction they were rostered to work alongside other more experienced staff until they were confident to work unsupervised. Staff told us, "We
have really good training. We can ask if there's anything we would like to do and they try and organise this for us" and "I've been provided with training in specialist subjects so that I can support people with such things as dementia and huntingtons disease. We can always go to the nurses if we want more training or information." One staff member told us it had taken several weeks of shadowing and training to ensure they were competent to meet one young person's needs, while it had taken two weeks for them to be competent to provide care to another young person.

Staff told us that it would be helpful if they could have more notice of when training sessions and meetings were scheduled to enable them to plan better and increase the likelihood of them being able to attend.

We looked at the registered provider's policy for staff supervision and appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles.

Staff spoken with had different experiences about the frequency of supervisions and spot checks. Some staff told us they received regular one to one staff supervision, spot checks and observations of their practice. Other care staff said they had not received this support regularly, mostly due to changes in management personnel. For instance, one long standing member of care staff said they only remembered having one supervision session with their manager in the last year. We saw that the management team were aware of the need to improve the regularity and consistency of the supervision and observation of the care staff and were undertaking work to improve this.

People and relatives spoken with said there were no issues regarding care staff leaving before the allotted time. Seventy one per cent of people surveyed said they received consistent care from familiar care workers and that their care workers always arrived on time.

One relative told us, "We have four visits a day from care workers. The most important thing is for them to be on time first thing in the morning because my relative will have been in bed for possibly 11 hours. They are pretty good at this. Times can vary for the other visits, but I understand that the agency has now introduced a new system to make visiting times more reliable. Having reliable times for visits is important. We know that things can happen which delay care workers, but as long as we get a phone call from Casa head office to let us know, we don't have a problem with this. The care company is getting better at this."

People who used the service, relatives and staff told us communication within the service was poor. Their comments included, "Communication is a massive problem in the office," "I find they don't communicate very well especially around rotas. I have to chase them all the time to find out who is on shift. I can't plan things for [name] as I don't know who is coming and this means if it's different staff they won't drive, so [name] has to stay in. Whereas, if I know it's [name of regular care worker] then she will take [name] out" and

"Communication is absolutely failing in the organisation. No one knows what it happening. Staff are on annual leave and you're not told. One person rings you about an issue that someone else has phoned you about, it's shocking."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw all staff had completed basic training in MCA and Deprivation of Liberty Safeguards (DoLS). Staff spoken with had an understanding of this legislation. The care files seen at the agency office showed people had consented to receiving care and support from the care agency. People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. People we surveyed and spoke with did not raise any concerns about the support they received from staff when being supported to eat and drink.

Good

Is the service caring?

Our findings

There were many positive comments from people who used the service and relatives regarding the care workers. People were complimentary about the manner and approaches of the staff, stating the problems they were encountering were stemming from the management and organisation of the service rather than the care workers. Comments included, "I have a regular team and they are amazing and wonderful. It's just a nightmare when they go off sick or on holiday," "I have no complaints about any of the staff that come," "Very nice, very caring and obliging. They always ask if I want anything else before they go. They wish me best wishes and give me a hug," "Very positive, they are lovely staff, everything from the care side is spot on, it's the firm that's a shambles" and "They will often have a chat with me and will chat with my wife too."

Relatives told us, "We haven't had them for very long but the carers coming in are really good, we have no issues and things are running smoothly at the moment," "The regular staff go over and above on many occasions," "They are really supportive of us all," "I have no concerns about any of the staff we have now" and "Staff are really approachable. I'm not sure about the new office staff, I will have to wait and see."

With the exception of one person, people spoken with did not have any concerns about their confidentiality being maintained. One relative spoken with told us they had complained to the service about the care workers and office staff gossiping about their case.

Everyone we surveyed said their care worker was kind and caring and they were treated with dignity and respect. The majority of people and relatives spoken with said they felt they were treated with dignity and their privacy was respected. They told us, "All his staff are very respectful of him and us as a family," "I've not seen anyone be disrespectful to [name]. They are caring and lots of them have different ways of doing things. I just want [name] to be clean and comfortable," "Some of them will sit and chat and will talk to [name] about day to day things even though she doesn't understand anything, others just do their job" and "They are very kind and respectful, give me a nice shower and rub me down. They do a good job."

One relative told us, "They [office staff] want to send you staff that you don't want, like males carers which I don't want for my little girl." Another relative said, "The regular staff are good at supporting us. I find it hard that the company don't understand I don't want a male carer during the night, as I feel unhappy about having a male carer in my home when I'm asleep. They really try and push this issue."

Staff spoke very fondly about the people they cared for and it was evident they had built close relationships with them. Staff told us ways in which they provided care to people whilst ensuring they maintained their privacy and dignity. They told us about the importance of trying to make sure people remained as independent as possible and continued to make decisions for themselves.

Requires Improvement

Is the service responsive?

Our findings

People and relatives spoken with told us they had complained to the managers of the service about the staffing issues described above, but had lost confidence in their ability to sort out the problems, which were on-going. Some people said they had subsequently raised their concerns with CQC, an MP and the CCG.

Comments from people who used the service included, "I've contacted the office a couple of times but it didn't make any difference. I've just learned to get on with things and not upset anyone. So I just keep my head down," "It feels like we are asking for the world rather than a staff member who we feel confident in" and "I have tried making a complaint but wasn't happy with the response. It was planned they would send out staff to shadow other staff before they came to work with my team, this hasn't happened. I never know who will come through the door each morning, or if anyone will turn up. I'm lucky to have such a great support team from another provider as they will stay over their shift to help with the support I should have from Casa."

Relatives told us, "I have raised things in the past and I was not overly impressed at their response. I'm seriously looking at trying another provider," "We have had meetings with Casa who promise things will improve and they do for a short time and then revert back," "I've complained but nothing's changed," "We've complained but nothing gets done. The managers keep changing. We've had five or six managers in the last year. We want the CCG to find a company that's competent" and "I'm not good with writing, but have complained verbally and also told my MP. I had a meeting with Casa and the CCG but nothing has changed."

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority.

We found information which showed some complaints received by the service had been investigated and resolved. However, there were a number of complaints that remained on-going and unresolved. The operations manager told us they had worked very hard with the CCG to try to resolve these complaints but said they would never be able to meet the expectations of a small number of people who used the service. It was evident that the high turnover of managers and office staff had contributed to the registered person not operating an accessible and effective system for receiving, handling and responding to complaints.

Some relatives told us there was limited opportunity for them to be involved in the organisation, like a self-advocates' or relatives' forum, which could help involve and improve services and relationships.

The majority of people spoken with were aware they had a care and support plan and felt they were involved with their care planning. People told us they had been consulted by the staff in subsequent reviews of their care plans. The branch manager showed us the changes they had recently made to the way people's

care plan summaries were written, which they had started introducing to ensure that the summaries were as person centred as possible.

Staff spoken with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service. Comments from people included, "The staff know him so well and this helps with understanding his communication," "The staff know what they are doing. [Name of care worker] is amazing and a great help. They sort lots of things [related to healthcare] out for us" and "Yes we have been involved in all the reviews."

We saw examples of people being supported by staff to avoid social isolation. Staff encouraged and supported people to continue to follow their hobbies and interests. For example, one relative told us, "The staff are very good with my family member. He is unable to communicate verbally so staff have to work hard at watching him to understand what he is saying. They take photos when he is out so we can talk about things when he gets home and often stick pictures in a scrap book." Another relative said, "The staff regularly go out and about doing things with [name].They say it's not like work looking after [name] they have so much fun."

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in place for the service. The previous registered manager had resigned in August 2017. A new manager had been in post since 2 October 2017 and was in the process of registering with the CQC.

From the feedback we received people's main concerns were with the management and organisation of the service which they believed was impacting on the people who required high levels of care and which they believed Casa was not geared up to deal with. Many people commented on the poor management and support for staff and the high levels of turnover of the management. No one knew who the registered provider was, or if they had ever met them. Very few people were up to date with who was currently managing the service.

Comments from people who used the service included, "There have been five or six managers since they started. I don't know who they are," "I don't know who the manager is, do you? Is it a man?" "I can't fault the staff but they [the management] are appalling" and "I've not met the new manager but they are going to have to work hard to pull the company around."

Relatives told us, "This is a mess up and I feel sorry for Casa. There was six or seven providers in Doncaster delivering care to complex youngsters like my child. It was decided to give the contract to Casa and they are the only ones now delivering care. They can't keep staff, staff are leaving because they don't get enough hours and it's a mess. I think they have squeezed the costs down to nearly nothing per hour and if you don't like it you have no choice," "The past three months this organisation has been in turmoil" and "The left hand side has no idea what the right hand side is dong it's a mess."

The staff spoke of instability in the way the service was managed. They had received support and guidance from their direct line managers, and because the young people they cared for had specialist health care needs, from the nurse case managers (clinical leads). But, because supervisory staff had often changed this had been intermittent. They said there had been several changes in the management team and office staff over the past year and several more key staff had left or were leaving imminently. The care staff told us that they did not know who they should report to.

The care staff also expressed some disappointment in some newer members of the office and management team, whom they felt were, 'out of their depth' and 'unsympathetic'. This had led to them to feel that there was no one in the office whom they could trust, or who would listen to them. Two staff made the comment that the office staff ought to treat care staff better. Another staff member made the comment that the organisation did not always behave in line with their motto, "People before profit."

This is a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The branch manager had a system in place to monitor and audit areas of the service. Such things as

medicines, care plans, accidents and health and safety were checked. Audits are one way a manager can check that standards are being maintained. They also identify any areas requiring improvement. When we looked at the audits we found action had been taken in response to any issues identified.

We asked the operations manager to show us the quality assurance surveys that were sent out to relatives of people who used the service. They told us due to management turnover they were unable to locate this information. They also said the service had been operating just 12 months and they would normally send out surveys annually, so they would be doing this over the following weeks. The branch manager showed us evidence that people and their relatives were contacted by telephone to ask their opinions of the service. We also saw where action had been taken by managers of the service in response to some issues people had raised with them during their telephone contact.

Staff spoken with said staff meetings had been arranged but they felt disappointed by the low number of staff who had attended. They told us only six staff had attended the last meeting and said many staff were not able to attend due to their work commitments. We asked to see the minutes from this meeting but were told they had "not been typed up yet because none of the agreed actions had been completed." This meant the majority of staff were unaware what had been discussed and any actions that had been agreed.

When we spoke with people we asked what they felt the service could do better. Comments included, "Weekend staffing to be more reliable and consistent," "Better communication, better managed, a more professional approach to managing family members," "Listening to the parents voice, understanding children's complex care is different to adults and elderly care" and "Rotas' in advance and less staff leaving."

People's comments about what the service did well included, "We are happy with their support," "When they get it right they are really professional and good at doing the job" and "Better the devil you know."

One healthcare professional told us, "Casa Doncaster were the successful bidders for a recent Doncaster CCG tender. The service has just come out of implementation phase and we are now working closely with Casa Doncaster to ensure as commissioners we have an assurance framework which covers all areas of patient safety, staff training, and a range of other quality elements."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to meet the needs of people who used the service.