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

Summary of findings

Overall summary

About the service: CASA Leeds is a domiciliary care service that was providing personal care to 200 people at the time of the inspection.

People's experience of using this service:
People told us that although they did not experience missed visits, continuity of staff was poor and staff were not always on time which meant that continuity of care for people using the service was not optimal. Staff were recruited safely, and the registered manager was monitoring staff continuity and timekeeping.

People's care needs were assessed, and care plans were created which took into account people's personal history and preferences as well as assessments of risk and what help people needed.

People told us staff were kind and caring, and that staff helped them to live independently. Staff were able to describe how they would protect vulnerable adults from harm and maintain their independence and dignity.

People said staff were well trained to meet their needs. Staff said they received good levels of support through supervisions and appraisals.

People said management of the service had improved, that their complaints were listened to, and that they were asked their opinion of how the service could improve. The provider was developing a new set of values as part of its vision to improve the service, and staff said they felt involved in the development of this new identity. Staff said they were confident in the leadership of the service.

Rating at last inspection:
At the last inspection in November 2017 the service was rated requires improvement with two breaches of the Health and Social Care Act 2008 (Regulations 2014) Regulated Activities. They were breaches of Regulation 17 (Good Governance) and Regulation 18 (Safe Staffing).

Why we inspected:
This was a scheduled/planned inspection based on the previous rating.

Follow up:
We will continue to monitor the service.

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
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 Leeds

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:
This inspection was conducted by an adult social care inspector 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. They assisted in the inspection by making telephone calls to people who used the service and their relatives to gather feedback about their experiences of the service.

Service and service type:
The service is a domiciliary care agency providing care for people who live in their own homes.
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 visit because it is large and we needed to coordinate calls to people who used the service and ensure staff would be on site for interview and to assist with reviewing records.

What we did:
We reviewed information we had received about the service since the last inspection in November 2017. The provider was able to complete a Provider Information Return. This is information that we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked for feedback from the local authority and commissioning teams in Leeds.

We spoke with the registered manager and seven staff. We spoke with 26 service users and 10 relatives. We

reviewed nine people's care records and other records and audits relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Staffing and recruitment

- We spoke to people, staff and relatives to gather feedback about staffing levels at the service. People said that although staff did not miss visits and were generally on time, we received a trend of comments on poor continuity of staff and some comments around timekeeping.
- Comments from people and relatives included: "They send lot of people I've never met before, they want me to go through it all again, and I say to them look in the book!", "Lateness? It's not hugely good. Sometimes they come early and it is just as much of a problem", "Sometimes I don't know who is coming but they are all very nice", "They keep changing carers. [Name] needs consistency and he needs to have the same person".
- The registered manager was aware of issues in continuity and was actively analysing missed visits and staff timekeeping. They had a clear picture of where improvements needed to be made, for example they had conducted a continuity of care audit which showed how many people received regular staff.
- The registered manager had undertaken a number of initiatives to improve recruitment, including advertising in the community through leaflets and stalls at local supermarkets.
- We reviewed staff recruitment and found this was safe. We reviewed recruitment files and probationary meetings. Appropriate identity and background checks were carried out.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding processes and procedures in place.
- Staff we spoke with told us they knew how to identify and report abuse.
- People said they felt safe. Comments included, "They take good care of me and of course I feel safe", "Oh yea, we never felt threatened by anybody".
- Incidents were reported and escalated where necessary. We reviewed the service's safeguarding notification file and found safeguarding concerns were managed appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed appropriately.
- Risks assessments were relevant and personalised to people, and they were reviewed regularly. Risk assessments included falls risks, environmental risks, moving and handling risks and medicines management risks. There were also risk assessments from external healthcare professionals such as occupational therapists.
- Where a risk had been identified, there was guidance for staff on how to reduce or manage the risk.

Using medicines safely

● People we spoke with told us they received their medicines on time.
● Staff received training in medicines administration and had their competency to administer medicines checked by senior staff.
● We reviewed medicines administration records (MARs) and found that where they were audited to ensure the quality of information was up to standard. Where necessary, the registered manager had acted to ensure poor recording was investigated with appropriate outcomes for staff such as retraining, disciplinary action or supervision support.
● People's medicines care plans contained information about their allergies and where necessary there was documentation from external healthcare agencies, for example the warfarin clinic.
● There was detailed guidance from the local hospital on how to help people take their medicines who used a percutaneous endoscopic gastronomy tube or PEG (a tube directly into the stomach for people who cannot swallow food or medicine) and the only staff who attended people with a PEG had received specialised training.

Preventing and controlling infection
● Staff received training in preventing and controlling infection. There was an ample supply of personal protective equipment such as gloves and aprons available.
● Staff's observation of safe infection prevention techniques such as handwashing and using personal protective equipment was part of the spot check process whereby senior staff conducted unannounced visits to ensure staff practice was up to standard.

Learning lessons when things go wrong
● Incidents and accidents were reported and investigated appropriately. Where there were lessons to be learned from incidents, this information was shared with all staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff compliance with training the service considered to be mandatory was lower than the service's targets. This was in part because of a new training programme, which made some existing training modules which had been completed redundant, and because of a new trainer who had been employed and was completing their own induction before training staff in late 2018.
- The service was improving compliance with training targets, for example in February compliance with medicines training was 56%, in March this was 75%.
- People we spoke with told us they felt staff were well trained. One person said, "They must be trained as they do everything to help me. They help me shower. Anything I want them to do".
- We reviewed systems around supporting staff, for example one to one conversations, supervision meetings, spot checks and competency checks. We found there was an adequate support structure in place for ensuring staff had the skills and training to meet people's needs.
- One staff member said, "Spot checks, one to ones happen quite often. It's part of the job. They check things like moving and handling, note quality, things like that. We always get feedback. I feel I have good support from senior staff".

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

- People were assessed before they started receiving care. This included getting details about their medical history, support network and personal history which included relevant cultural preferences as well as preferences around their daily routines.

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

- Staff supported people to eat and drink according to their preferences and to maintain good health. Where necessary, staff recorded people's food and fluid intake.
- Where people required specialised diets, this was clearly recorded in their care plans. This included things like soft food diets, allergies, and personal dietary preferences.
- People we spoke with told us staff helped them to maintain a balanced diet. One person told us, "Yes, they keep my fruit juice fresh and full. They make me a sandwich for later on".

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

- Care plans recorded interactions with external healthcare agencies and relevant information for staff such as changes to people's medicines or new equipment as a result of an assessment. For example, one person's care plan recorded that they received a district nurse visit three times a week and staff were to

record and inform them of any changes to the person's skin integrity in order to prevent pressure sores.
● There was detailed visual guidance from external healthcare agencies for staff to use specialised equipment such as cough assist machines and percutaneous endoscopic gastronomy tubes.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
● We checked whether the service was working within the principles of the MCA.
● Staff received training in the principles of the MCA. Where there were assessments of capacity conducted by the local authority this was included in people's care plans, as was any information such as power of attorney. One person's care plan read "I have a diagnosis of dementia but I do still have the capacity to make my own choices and informed decisions".
● Staff were able to describe what mental capacity meant for people who used the service and that people who were determined to lack capacity for one decision did not mean they were unable to make other decisions about their daily lives.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us staff treated them with kindness and compassion. Comments included, "They are friendly people. They talk to me about things, they are very chatty", "They treat me with respect, we have a laugh and a joke", "They can't do enough. They ask if they can take the rubbish out for me when they leave. They always ask if there is anything else they can do for me. They call me by my preferred name which I like".
- Care plans recorded people's religious and cultural needs and preferences in specific sections with actions for staff, this included information such as asking staff to remove their shoes for cultural reasons.

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

- People and relatives told us they or people who had delegated responsibility were involved in decision making. One person said, "They help me with care reviews. They might talk to my son, he has power of attorney for certain things".
- Staff told us how they ensure people were involved as much as possible in making decisions about their care. one member of staff said, "We always offer choices, if one person is bedbound I tell them everything that is in the freezer or show them what is there. We try our best to give them choice, even with personal care, when and how they want it. We are in their house".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff promoted their dignity and privacy when delivering care. Comments included, "They shut the door and pull the curtains closed", "I see to my own private areas, they help me with my back. They are very good indeed" and "They always ask mum before they do anything".
- Staff demonstrated to us they understood how to protect people's privacy and dignity when delivering care. One staff member said, "We will cover people with towels when helping them wash, talking to them can help get their minds off what is going on to make them feel comfortable. The best thing is to tell them what you are going to do. Cold creams don't feel nice!"
- Staff were able to describe how they protected and promoted people's independence. One staff member said, "We encourage them as much as we can to do things for themselves. We assess why they are struggling to do things before we assume they can't do them, for example transfers, we work with people so when we do personal care we say can you show us how you get out of bed and what support you need from us".
- Relatives told us staff supported their loved ones' independence. One relative said, "They encourage [Name] to put his socks on himself! [Carer] also helps him with leg exercises so she is making sure he remains independent."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care plans contained good person-centred detail with practical instructions for staff to meet their needs. One relative we spoke to said, "There is a personal care and support plan in the folder. It is very detailed".

● Care plans were updated in response to changing needs, however they were not always updated annually. This was because care plans were being transferred from a paper to an electronic format. Care plans for the people most at risk were uploaded as a priority.

● People's care plans were linked to goals the person wanted to achieve. For example, one person's care plan for continence read 'to remain comfortable', and the care plans contained information about what the person could do for themselves as well as what help they wanted from staff.

● Care plans contained information about people's personal history, preferences around how they wanted to receive care, and information around topics they liked to discuss or personal interests they had.

Improving care quality in response to complaints or concerns

● There were processes and policies in place for managing and responding to complaints and concerns.

● People we spoke with told us they were confident they knew how to complain. Comments included: "I'd say something if I was unhappy", "We put a complaint in, but it was dealt with very well indeed. We were encouraged by their reassurance, so we took it no further".

● There were some longstanding complaints under the previous management team which were outstanding. Some of them were unable to be resolved, the registered manager was working with families and the local authority to resolve others.

End of life care and support

● Staff received training in end of life care. There were policies and procedures in place.

● The registered manager was able to articulate staff's role in working with other health and social care agencies such as GPs and district nurses in ensuring people on end of life care plans were as comfortable as possible.

● Where people had advance decisions in place to prevent healthcare professionals and staff from performing cardiopulmonary resuscitation in the event of a heart attack, they were recorded in people's care plans.

Good

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had recently rebranded itself and was in the process of registering with the Commission as a new organisation. Staff were consulted on the values and look of the new organisation which the service was in the process of embedding into practice. People we spoke with were aware of the new name of the service.
- One staff member said, "We were invited to meet the new director, they involved staff in the values and we had to write a comment on what we'd like to see. They asked us to see if we had any ideas that would benefit the service. They listen to our ideas".

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

- There were quality assurance processes and procedures in place. The service demonstrated that it was monitoring performance and identifying areas for improvement.
- There were regular senior level meetings where key areas of performance were discussed and lessons learned shared.
- The service sent notifications to CQC about significant events or incidents as required by law.

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

- The service sought feedback from people who used the service in order to improve care. At the time of the inspection, data from the 2019 service user survey had been collected but not analysed. We reviewed the data and found that overall people were likely to recommend the service, felt quality of care was good but felt that timekeeping and continuity of care could improve.
- Staff said the registered manager was approachable, a good leader, and that they would act on any concerns they had. A staff survey had been completed for 2019 but had not been analysed at the time of the inspection. Actions included improvements to training compliance and the organisation's new values.
- One staff member said, "I see a change now compared to what it was. Don't think there was any compassion, they expected too much from you. Now I feel it is more laid back". Another staff member said, "The registered manager is a good leader and approachable. If we bring things to them, they are sorted out. Things are going in the right direction".

Continuous learning and improving care

- People we spoke with said the management was improving. One person we spoke with said, "We think it is getting better and it is going pretty smoothly. They are getting better from their reputation of not having

good management".

Working in partnership with others

● The registered manager engaged with the local authority commissioners and other services where appropriate. For example, there was an agreement in place with other services that in the event of hazardous winter conditions staff resources could be shared in extreme circumstances so that particularly high risk service users would not have their visits missed.