

North Tyneside Homecare Associates Limited

Casa Doncaster

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

We undertook an announced inspection of Casa Doncaster on 1 and 2 October 2018. Casa Doncaster is a domiciliary care service that provides personal care for people living in their own homes in the Doncaster area.

We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted the registered manager to assist us in planning visits to people in their homes.

This was Casa Doncaster second inspection since they registered with the Care Quality Commission (CQC) in October 2016. The last inspection was in October 2017 when the service was rated 'requires improvement.' At that 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good.

At this inspection we found that evidence supported the rating of 'good.' This was because the provider had addressed the shortfalls we identified at the last inspection.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Casa Doncaster' on our website at www.cqc.org.uk.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Overall people told us they felt safe with the support they received from the staff at Casa Doncaster.

People were protected against the risks associated with medicines because the registered provider and registered manager had appropriate arrangements in place to manage medicines safely. We found some small gaps in the information required to be kept in medicine administration records. This was dealt with on the day of the inspection.

The registered provider had a policy and procedure in place for the safe recruitment of staff.

Most staff told us they felt supported by the registered manager and other senior staff. We found staff were provided with a regular programme of training, supervision and appraisal, which assisted them to deliver effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support was planned by a multi-disciplinary team of people. People told us they were supported to maintain good health and wellbeing, which included being provided with a nutritionally balanced diet and plenty of drinks.

Staff were caring and compassionate and engaged people in friendly interaction, respecting their preferences and individual likes and dislikes. Relatives told us staff respected people's privacy and dignity and staff could describe how they managed this. People's cultural and religious needs were met by staff at this service.

People told us they could talk to their care workers and the office staff at Casa Doncaster. They said if they had any concerns or worries they were confident staff would listen to them and look at ways of resolving their issues.

There were opportunities for people who used the service, their families, staff and healthcare professionals to become involved in developing the service and they were encouraged to provide feedback about the service provided. This was both on an informal basis speaking to the managers' and through a quality assurance survey.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were appropriate staffing levels to meet the needs of people who used the service.

Medicines were being managed safely.

Full and thorough recruitment checks were completed for all staff prior to them being offered a position at the service.

Is the service effective?

Good ●

The service was effective.

People were cared for by suitably qualified, skilled and experienced staff. Staff were supported through a programme of regular supervision and appraisal.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring, knew them well and took into consideration their privacy and dignity.

People and their relatives spoke positively about the staff and were happy with the care provided.

Is the service responsive?

Good ●

The service was responsive.

Care was provided to people in a person-centred way.

Staff supported people to maintain their interests and continue

to be involved in social activities.

There was an effective complaints procedure in place which people were aware of.

Is the service well-led?

Good ●

The service was well-led.

Systems for governance were effective.

People benefited from a registered manager who was accessible and approachable.

People who had an interest in the service were asked their opinions and felt listened to.

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.

This inspection took place on 1 and 2 October 2018. We gave the service two days' notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. At the time of our inspection the service was supporting 46 people.

On the 1 October 2018 we visited five people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we were accompanied by a field care supervisor and met with three relatives and four care workers. On 1 October 2018 we also spoke over the telephone with nine people who used the service and three relatives.

On the 2 October 2018 we visited the office location to see the regional manager and office staff and reviewed care records and policies and procedures relating to the service. We also met with one person who used the service and three care workers.

The inspection team consisted of two inspectors and an expert-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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and

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

Is the service safe?

Our findings

At the last inspection in October 2017 this key question was rated as 'requires improvement'. This was because staffing levels were not always adequate to meet the needs of people who used the service. At this inspection we found improvements had been made and have judged that the rating is 'good.'

We spoke with people who told us they felt safe with their care workers. Relatives also told us their family members were safe in the care of the staff. Their comments included, "I would say [family member] is safe with them, yes. They do look after her very well," "Oh yes [name] is very safe with them. I would not leave him with them if I did not think he was," and "I do feel safe when I have a bath. They are there in case I fall when I get out."

Most people also said there were enough staff employed at the service. Their comments included, "Yes I think they have plenty of staff. They never let me down anyway," "I think they do [have enough staff] although they always have plenty of calls to get through," and "They can be a bit short staffed sometimes."

Most people told us they generally had regular care workers and those people knew them well. The service was providing care and support to 46 people. There were 56 staff working at the service. This meant there was sufficient staff employed to support and care for people. Recently the service had needed to cover for several staff on sick leave. This meant other staff were asked to work additional hours and had also meant people were being cared for by staff they were not as familiar with. Although the majority of staff told us they did not mind covering additional shifts, some staff said this had been difficult. The regional manager told us staff sickness was being monitored closely and where appropriate prompt action was taken to prevent this having a negative effect on the service.

The registered manager also undertook regular checks of staff, using the electronic record of staff attendance at calls to make sure they matched people's planned call times and durations. This helped to make sure people received the correct hours of care at the times that were planned with and for them.

Staff told us and we saw evidence they had received training in safeguarding vulnerable adults and whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. A safeguarding and whistle blowing policy and procedure was available for staff to read.

From speaking with staff, it was evident they had a very good understanding of people's individual needs. Staff were also aware of how to keep people safe. Staff explained to us how they met people's needs, evidencing safe procedures. For example, how they moved and handled people who had limited mobility. Staff explained how other healthcare professionals, for example, the occupational health therapist were involved in people's care and had provided them with guidance and advice. Staff were aware of the moving and handling care plans and risk assessments and ensured these were followed.

We saw risk had been identified in people's care plans. For example, we looked at one person's care plan,

they had been assessed and required to use a hoist. The risk assessment detailed the size and type of sling to use and the loop configurations to ensure the person was moved safely. One member of staff told us they had recently supported a person to obtain a new wheelchair, which suited their specific needs and had helped them to retain their independence. This showed staff picked up on people's changing needs to ensure their safety.

The provider had an accident and incident policy and procedure. Staff spoken with were aware of the reporting process for any accidents or incidents that occurred. We looked at the log of accidents and incidents and found appropriate action had been taken in response to accidents and incidents.

We found staff were trained in the safe administration of medicines. The provider had a system in place which helped to ensure medicines were being handled properly and recorded properly. People told us, "I take my own prescribed medication but they [staff] do check I have taken them," and "The staff are very keen to make sure I take my medicines at the right time. They help me with this."

The provider had recently updated their medicines policy and procedure. We saw this included information about PRN (To be given when required) medicines. This would assist in staff decision-making about when a PRN medicine should be used. There was a PRN protocol template for staff to complete with details about how a person, without full capacity, might present if they needed the medicine.

Whilst out on home visits we checked the Medication Administration Records (MAR) for two people who were supported by staff to take their medicines. We found one gap in the MAR chart where staff had not signed to confirm they had given the medicine. We also found when staff did not give a medicine they were not always using a code to explain why the medicine wasn't given. The care supervisor explained as it was the first day of the month the records would be collected and taken to the office for auditing. This meant any mistakes or omissions could be dealt with in a timely manner. We spoke with the regional manager who said they would arrange a meeting with the staff concerned to discuss the omissions. All other staff were also sent a message reminding them of their responsibility in reporting any gaps in MAR charts as soon as they were seen.

During our visits, we observed staff using personal protective equipment (PPE) such as gloves, shoe covers, gel spray and aprons that reduced the risk of cross contamination. Staff spoken with told us they picked up PPE from the office base and kept supplies in their cars. They told us there was always plenty of PPE in stock and they weren't limited to how much they took.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

At the last inspection in October 2017 this key question was rated as 'requires improvement'. This was because staff had not always been supported in their roles through regular training, supervision and appraisals. At this inspection we found improvements had been made and have judged that the rating is 'good.'

When we asked people and their relatives if they thought the staff were well trained and competent they told us, "Some are better than others but generally they are good," "Well, some of them are excellent and some are average," "Yes, I do. They tick all the boxes for us" "Yes, they are very well trained and I could not manage without them now," and "Yes one hundred per cent, they are excellent. I cannot fault them."

Most staff spoken with said they felt well supported by the registered manager and other senior staff. However, two staff said they did not always feel supported. With the staffs agreement we asked the regional manager if they would arrange to meet with these staff to talk through their concerns. The regional manager agreed to this and the staff said they felt their concerns would be listened to.

There was a system in place for all staff to receive formal one to one supervision with their line manager. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. A plan was also in place to ensure all staff had received an appraisal by the end of October 2018. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually.

Care supervisors also carried out spot checks of staff whilst they were visiting people who used the service. Spot checks included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff spoken with told us these checks were unannounced and they were provided with feedback and told about any action they needed to take to improve the service provided to people. People who used the service and their relatives were also given the opportunity to give their feedback during the spot checks.

We saw all newly employed staff were registered to complete the 'Care Certificate.' The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us they had completed a full induction course and worked alongside other more experienced staff before they could work alone. Staff told us, "I had eight full days classroom training for my induction. Since then I've been on update and refresher training," and "The training is very good. We covered everything we needed to know before we went out on visits. We're also encouraged to do other training to increase our skills and knowledge."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices.

Most people who used the service could contact healthcare services independently or were assisted by their family members. Staff told us if they had concerns about people's health they would let the management team know. They were confident action would be taken. For example, one person had told staff they felt unwell. The staff member reported this to the office and to their relative. After further observations it became evident the person needed medical assistance and this was arranged and coordinated by the person's family and the care workers.

Staff supported some people with their food and drinks. We saw staff made sure they left several drinks for one person before leaving a visit. On another visit we saw staff arrive with shopping and say to the person, "We've brought all these fresh vegetables so we can put you a stew in the slow cooker. When we come back later it'll be all ready for you." The person was clearly very pleased with this.

Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking. For example, staff had reported one person was not maintaining a good diet, following the recent loss of their close relative. Staff put in place a food and fluid monitoring chart and arranged their visits at times when they could support and encourage the person to eat so they maintained good health.

Is the service caring?

Our findings

At the last inspection in October 2017 this key question was rated as 'good.' At this inspection we have judged that the rating remains 'good.'

People and their relatives told us they were happy and felt well cared for. They told us they were treated with kindness, respect and compassion. Their comments about staff included, "Yes generally they are very caring. There is an odd one who just wants to come and go quickly but the rest are very good," "Yes, they are caring. They always ask me if there is anything else I need," "They are very kindly people, very friendly and helpful," "They are lovely, all of them. I would be lost without them now," and "I think they are wonderful. They look after me very well."

Whilst on home visits we were able to see the interactions between people who used the service, relatives and care workers. We found people spoke warmly and fondly with each other. Relationships were kind, supportive and positive. It was very evident that staff knew people well and were committed to providing care and support that met individual needs.

People told us, in the main they had their own regular care workers who knew them well and cared for them as agreed in their care plans. Each person's care plan was updated regularly and changes made where necessary.

People's equality and diversity was recognised and respected. Staff told us they made sure they referred to people by their preferred names. This was also recorded in the care plans. Staff communicated in ways that were meaningful to people. People had also been given choice about the gender of their care workers. One relative told us, "I thought my spouse wouldn't want male care workers, but because they are all so lovely she doesn't mind."

Care workers told us how they made sure people's dignity and privacy was promoted and maintained. They made sure they closed doors and curtains and made sure people were fully covered when they were being supported with personal care. Their comments included, "Yes they treat me very well," "They make sure the door is closed, things like that," "Yes the girls [staff] make sure [name] is comfortable and are very respectful when they speak to her, and me," "Definitely, they are very respectful towards him. But they are also friendly and have a laugh with him, which he likes," and "Yes, I wash as much as I can then they do my back for me."

People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves. We observed staff respected this during our home visits.

The service user guide provided information to people about how the staff would respect their right to confidentiality. For example, by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party.

Is the service responsive?

Our findings

At the last inspection in October 2017 this key question was rated as 'requires improvement'. This was because people said they were not confident their complaints would be listened to, investigated and action taken. At this inspection we found improvements had been made and have judged that the rating is 'good.'

People and relatives spoken with told us they were confident to take any concerns or worries they had to the care workers, care coordinators or registered manager. Their comments included, "I ring the office if we have any concerns," and "I call the office if I have any questions or concerns and they sort things out."

There was a detailed complaints policy and procedure in place. This was provided to people in the 'Service User Guide' which we saw in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as the local government ombudsman and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

The records we saw showed complaints received by the service were properly investigated and all efforts made to ensure they were resolved to the complainant's satisfaction. During our home visits one person raised a concern with us about a staff member which they were happy for us to share with the registered provider. When we feed this back to the regional manager she quickly acted to resolve the concern. The service had also received compliments and positive feedback from many people.

People spoken with said they got all the help and assistance they required from the staff at Casa Doncaster. They told us senior staff visited them to complete care plans and then regularly reviewed and updated these.

The registered provider used many methods to ensure staff were aware of the needs and preferences of people they were supporting. The care plans in place were clear and included the information staff needed to enable them to meet people's needs. Staff also received a summary of people's needs via secure mobile telephone technology. Two staff members suggested that it would be helpful if more detail could be provided via this method, particularly where they were providing cover and may be unfamiliar with people's needs. The regional manager acted upon this immediately.

In each person's home there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by the care coordinators.

People told us they were provided with a personalised service. People told us there was a lot of continuity of staff and they were very fond of their regular care workers. People told us they could make their own decisions and that their preferences were taken into consideration. One person told us, "The staff always talk to me about what I want to do and how I want it done. They wouldn't do anything against my wishes."

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.

At each visit staff completed the support records detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

Is the service well-led?

Our findings

At the last inspection in October 2017 this key question was rated as 'requires improvement'. This was because management systems did not always ensure people who used the service were safe and received a service which met their needs. Also, the quality assurance and audit processes in place had not been effective in ensuring compliance with the regulations. At this inspection we found improvements had been made and have judged that the rating is 'good.'

A new manager had been in post since December 2017 and had registered with us in April 2018. People who used the service, relatives, healthcare professionals and most staff told us they had confidence in the manager and senior team. Relatives said they had approached the managers about various matters and felt as though they were listened to.

The registered provider had ensured there was an effective system in place to monitor, audit and improve the service. Audits are one-way managers can check that standards are being maintained. They also identify any areas requiring improvement. We saw that areas such as medicines, care plans, accidents and health and safety were checked. The care coordinator showed us many audits they had undertaken. This included spot checks of staff's performance to ensure staff were suitably trained and skilled to meet the requirements of their roles. We found action had been taken in response to any issues identified.

As part of the quality monitoring system, people and their relatives were contacted regularly by telephone to ask their opinions of the service. We also saw action had been taken by managers of the service in response to any issues people raised with them. Quality surveys had been sent out to people who used the service and their relatives in early 2018, to gain their views of the service. The service also sent out colourful monthly newsletters to people and staff. The feedback received from the surveys was included in one newsletter. This included the things people thought the service was doing well and the areas they highlighted for improvement, along with what the team were doing to improve. The regional manager also told us the service usually sent out surveys annually, so another survey would be undertaken soon.

Staff told us staff meetings took place monthly and we saw the minutes of the recent meetings. The meetings provided staff with information about the running of the service, good practice updates and provided a forum to discuss ideas and developments.

The regional manager told us there was a new executive team, who were committed to making sure the service was of a high standard. One of their tasks was to review and improve policies and guidance for staff. The regional manager showed us the new policy for supporting people with the medicines was ready to be introduced and told us the next policy to be reviewed was safeguarding people from abuse.

We saw evidence the management team were committed to working in partnership with others to make sure people who used the service received effective care. For instance, the records we saw showed instances when the team had instigated referrals for health care interventions, because of observed changes in people's health and well-being.

The provider and the registered manager understood their responsibilities and were aware of the need to notify CQC of significant events in line with the requirements of the provider's registration. The regional manager was responsive to the suggestions raised by the inspection team during the inspection.