

Deeper Care Solutions Ltd

# Deeper Care Escrick

## Inspection report

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Deeper Care Escrick is a domiciliary care agency providing personal care to people living in their own homes. The service was supporting 44 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The service predominantly supported older people but also supported one person with a learning disability. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Culture

Medicines were not always managed safely. Record keeping and medicines care planning was not sufficiently robust. Safe and appropriate recruitment practices were not always followed. Some audits and checks took place however systems to assess, monitor and improve the service were not sufficiently robust. Some records relating to the management of the service were not present. External agencies had concerns about governance and leadership at the provider. Staff said they felt well supported

### Right Support:

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Risks to people's health and safety were assessed and mitigated. People said they felt safe, and that staff had the right skills and knowledge to care for them. Safeguarding procedures were in place and we saw evidence they had been followed. There were enough staff to ensure people received timely care and support.

### Right Care

People told us they received appropriate care from familiar staff at times that suited them. Most people's care needs were assessed although we found some areas where care plans were not appropriate or in place. Overall, people said they were happy with the care they received and spoke positively about the management team. People said they felt able to raise issues with the provider and felt involved in their care.

### Rating at last inspection

The last rating for this service was Good (May 2021).

### Why we inspected

We received concerns in relation to recruitment practices, training and risk management. Placements had also been suspended by the local authority as a result of concerns other agencies had identified. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well Led. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deeper Care Escrick on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to medicines management, recruitment practices, consent and governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Deeper Care Escrick

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 adult social care senior specialist, an inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 December and ended on 11 December 2023. We visited the location's office on the 4 and 11 December 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and 10 relatives over the phone to ask them for their views on the care they were receiving. We spoke with 7 members of staff including the registered manager, care co-ordinator and care workers. We reviewed aspects of 7 people's care records, medicine records and other records relating to the management of the service such as training records and audits.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

### Using medicines safely

- Medicines were not always managed in a safe way. For example, 1 person was prescribed a medicine to be taken 12 hours apart. Records showed this was not consistently happening and it hadn't been considered in care planning or rota management.
- Where people were prescribed 'as required' medicines there was not always clear instructions for staff on how to administer these. Where people were prescribed variable doses of medicines, it was not clear from the medicine records how much had been administered.
- Medicine care plans and risk assessments were brief and did not contain enough detail on how to support each person including how each medicine was stored.
- We found some inaccurate and incomplete medicine records including topical medicine records making it difficult to establish if people had their medicines as prescribed.

We did not identify any adverse impact on people but there was the potential if safe systems were not operated. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Safe recruitment practices were not consistently followed. For example, in 1 staff file there were no references recorded from previous employers. Application forms were not always fully completed, dates on application forms and references did not always match and staff did not always have a full work history.
- Where staff were recruited from abroad there was a lack of evidence that people's skills, experience and values had been explored to ensure they were suitable for the role of a care worker prior to the provider allocating the sponsorship certificate. This meant we were not assured suitable systems were in place to ensure care workers were suitable for the role.

We did not identify any adverse impact on people but there was the potential if safe recruitment systems were not operated. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to ensure people received appropriate care and support. People said staff usually arrived on time and did not rush. Care records and rotas confirmed this.
- People said staff had the right skills to care for them safely and they usually saw familiar faces that understood their needs. Staff received training and were familiar with the people they were caring for.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People said they felt safe around staff. One person said, "I feel safe with them, I have no concerns about them, if I had I would contact the managers, I have the numbers." We saw a safeguarding incident had been appropriately managed.
- Staff had received training in safeguarding vulnerable people. Staff understood how to identify and report concerns. People received care from a consistent staff team which helped ensure that staff were able to recognise whether people were distressed.

Assessing risk, safety monitoring and management

- Overall, risks to people's health and safety were assessed and mitigated. People said staff provided safe and appropriate care. Care plans and risk assessments were in place to support staff. Staff we spoke with demonstrated they knew people well. People received care from a small number of care staff which helped staff to get to know people and how to keep them safe.
- Visits were logged in real time on an electronic system which helped minimise the missed calls. People told us calls always took place and staff were mostly on time. One person said, "They are never late, just a couple of minutes. They have never missed."

Preventing and controlling infection

- Systems were in place to prevent and control infection. People said staff wore Personal Protective Equipment (PPE). Staff had received training in infection prevention and control.

Learning lessons when things go wrong

- The provider monitored events in the service including medicine errors. We saw examples of action being taken to address adverse events.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People said appropriate support was provided although systems to support staff and review nutritional records were not consistently followed. Daily records showed staff were supporting one person at mealtimes and recording their food input but there was no nutritional care plan to provide staff with information on the level of support to provide or the risks presented.

We did not identify any adverse impact on people but there was the potential if clear information was not in place for staff. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people said staff supported them appropriately at mealtimes. One person said, "[Person] chooses what to have for breakfast and lunch, the food is all okay, no problems."

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was not consistently working in line with legal frameworks. For example, 2 people's care records indicated they had capacity to consent to their care but their care plans had been signed for by their relatives. Another person had bed rails in place, but the agreement had been signed for by the registered manager rather than the person, so it was unclear whether they had consented to this arrangement. In another person's records there was inconsistent information recorded about how decisions were made for

the person, whether it was their relative who made them or whether a multi-disciplinary team made a 'best interests' decision.

We did not identify an impact on people but there was a risk of people's rights being reduced if the service was not following the correct legal frameworks. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities)

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

- People's needs were assessed and appropriate care was delivered. People said staff worked effectively. A relative said, "I think they know what they are doing. They are experienced, they have been able to do things, like catheter care, we have been quite pleased with that." Care records provided evidence that people's needs had been assessed.
- On the whole, people said they felt involved in their plans of care. A person said, "Mostly they ask and involve me with things."

Staff support: induction, training, skills and experience

- People spoke positively about the staff that supported them. A person said, "The job they do is perfect. I think they have had some training." Staff received a range of training on induction and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision, appraisal and checks on their competency. However, it was not always clear from manual handling competency assessments; how and where the person had been assessed as competent as limited information was recorded. We raised this with the registered manager who confirmed this would be addressed.

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

- People said staff worked well with other agencies including nurses, social workers and occupational therapists. Notes were in place to demonstrate any advice and instructions of health professionals. Hospital passports were in place to support the transfer of information should people have to attend hospital.
- Information within care and support plans helped staff to support people to live healthier lives and maintain or gain their independence.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified regulatory requirements were not consistently being met demonstrating systems to assess, monitor and improve the service were not fully in place. Systems and processes relating to medicine management, consent and record keeping were not sufficiently robust.
- Where charts such as food and fluid and daily records came back to the office these charts were not always audited in a systematic way to show what needed to be improved.
- Records were not in place to show what manual handling training staff had received and where staff competency had been assessed appropriate records were not kept to show how they had performed.
- Some key care plans were missing from the electronic system where staff told us they used to read care plans. This included a skin care plan and a nutritional care plan.
- There were no provider level audits assessing the overall quality of care against key standards and best practice.

We did not identify any adverse impact on people but there was the potential if systems to assess, monitor and improve the service were not in place. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff told us management and the care co-ordinators regularly monitored the care that care workers were providing. We saw evidence some audit findings had been discussed with staff and there had been a push to improve the language and quality of daily records. However, further work was needed to ensure records provided a complete and accurate record of care delivery.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Other agencies working with the provider had identified a number of quality and regulatory concerns about the service including concerns the service had not always worked in an open and transparent way. As a result, the service was not currently taking on any additional care packages and these concerns were being addressed by those agencies.
- The provider had a business continuity plan describing how it would respond to potential action taken by one of those agencies. However, we found it contained incorrect information and was not detailed enough in describing the resources needed to assure us the service could maintain its service provision going forward.

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

- Most people and staff provided good feedback about the overall quality of the service and reported good outcomes. A person said, "It's going very well. Overall, the quality has been good, no concerns. I have emailed the office to thank them for the service and we have recommended them to our neighbours as we have been happy with them." Another person said, "They are really good to me. They provide a good quality of care; they will do anything."
- Staff praised the management team and said they had regular contact with them both to support them and monitor the quality of their work. However, we found some of the language used to feedback quality concerns to staff following audits could have been worded more constructively to promote a supportive culture.

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

- People and staff were involved in the running of the service. A person said, "They seem friendly at the office, they came out to do a review in the summer and they did a survey." We saw people had regular care reviews where they could voice their opinions on the care they received as well. Surveys were also completed.
- Care records demonstrated where people had specific needs, requirements or conditions the service adapted their approach to planning and co-ordinating people's care to meet their individual needs. For example, in creating appropriate plans of care for a person with a learning disability.
- The provider regularly engaged with staff including through individual meetings, group meetings and through surveys. Staff told us they felt well supported by the management team.

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 11 HSCA RA Regulations 2014 Need for consent  (1) The service was not always acting within the legal framework of the MCA and seeking consent appropriately.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  (1) Medicines were not always managed in a safe and proper way.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) (2) The service was not operating robust systems to assess, monitor and improve the service. Records relating to people's care and the management of the service were not always in place.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  (1) Safe recruitment procedures were not always operated.

