

Deeper Care Solutions Ltd

Deeper Care Solutions Ltd Harrogate

Inspection report

Unit 38 Flexspace
Hartwith Way
Harrogate
HG3 2XA

Tel: 01423542558
Website: www.deepercare.com

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05 September 2018

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place between 22 August and 5 September 2018. We informed the provider of our visit to the agency office on the first day so they could plan for us to meet with people using the service and speak with staff.

Deeper Care Solutions Ltd Harrogate is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service can support older people, younger adults and people who may be living with a physical disability, dementia, a learning disability or autistic spectrum disorder.

Not everyone using Deeper Care Solutions receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection the service was being provided to 32 older people or people living with dementia.

No one with a learning disability was using the service. Therefore, we have not assessed whether the care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance at this inspection. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We will look at this aspect of the service at our next inspection.

At the last inspection on 27 July 2017 there was a breach of regulation regarding the governance of the service. 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 and well led to at least good.

At this inspection effective management systems and processes to monitor and improve the quality and safety of the service were not fully established. We identified a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff were trained and supported to carry out their roles effectively. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

This is the second consecutive time the service has been rated Requires Improvement.

The service was jointly run by the directors of Deeper Care Solutions Ltd, one of whom was the registered manager. 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 2008 and associated Regulations about how the service is run.

Staff inconsistency, poor timekeeping and lack of communication had impacted upon the quality of care

people received throughout the service. Since the last inspection the service had increased the number of people for whom they were providing care. They were also supporting people with an increasing level of dependency through the 'Fast Track' assessment process for people with a primary health need approaching the end of their life. We found staff sometimes provided this level of care without appropriate care needs assessments in place. Care planning and risk assessment documentation was generic and did not provide staff with sufficient guidance to deliver person-centred care. This placed people at risk because people were not always provided with a consistent team of care staff. We have arranged to meet with commissioners of the service and the provider to discuss the required improvements.

Audits were not being effectively used to identify patterns or trends, prevent re-occurrences and drive improvement. We found similar issues to those identified at the last inspection regarding records management and the provider's quality assurance systems had not identified or resolved these issues. There was an overall deterioration in people's reported levels of satisfaction in the service they received.

Records required further improvement to include more detail for those authorised to legally act on people's behalf, and to ensure they were fully completed and updated in a timely way.

Staff received training and felt they had sufficient support to fulfil their roles effectively. Although improvements were required to record keeping, staff understood how to help people make decisions wherever possible. People told us staff were polite and kind. Staff supported people to maintain their independence and we received positive feedback about how staff respected people's privacy and dignity when delivering personal care.

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 consistently safe.

Care plans and risk assessments were generic and did not support safe, individualised care.

Staffing deployment, consistency and punctuality was not managed in a way to ensure people received care and support at the contracted time.

Audits were not used effectively to identify patterns and trends in the accidents occurring and action taken to prevent recurrence.

Staff had received training in medicines handling, to ensure people received their prescribed medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Although staff received training, they did not always have the necessary support, skills and knowledge to fulfil their roles effectively.

People's care needs assessments were not always completed before their care started. Further improvement was needed to ensure mental capacity assessments were completed fully.

Staff told us they would report any concerns regarding people's healthcare needs including food and fluid intake to the registered manager and / or family who would liaise with healthcare services.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Systems for staff deployment did not promote respectful, person-centred care.

People told us staff were kind and caring.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not sufficiently detailed to support staff to provide person-centred care.

There was a system in place to manage and respond to complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Effective management systems had not yet been fully established to ensure people were safeguarded and their wellbeing was promoted.

Feedback regarding issues picked up at the last inspection had not been effectively acted upon to improve the service.

Requires Improvement ●

Deeper Care Solutions Ltd Harrogate

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 was 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.

We gave the service 48 hours' notice of the inspection visit so they could plan for us to meet with people using the service and speak with staff. Inspection site visit activity started on 22 August 2018 and ended on 5 September 2018. It included a visit to the agency office, home visits and telephone calls to gain the views of people using the service, relatives and health and social care professionals. We visited the office location on 22 August 2018 to see the registered manager and nominated individual, and to review care records and policies and procedures.

This inspection was carried out by one inspector. The inspection was informed by feedback from questionnaires completed by six people who used the service. This pointed to concerns regarding staff knowledge and skills, punctuality and the governance of the service. Before our inspection we reviewed the information held about the service. This included information we received from statutory notifications since the last inspection. 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. We used all this information to plan our inspection.

We spoke with commissioners of the service to get their feedback about Deeper Care Solutions Ltd Harrogate. We spoke with four care workers, five people using the service and three relatives. We looked at care records for four people including care planning documentation, risk assessments and medicine records and recruitment records for three staff. We looked at records relating to the management of the service such as staff recruitment and training and quality assurance. We reviewed policies and procedures the provider

had developed and implemented. After our inspection the nominated individual sent us additional information regarding staff training and risk assessments. At a subsequent meeting with the provider we asked for further information regarding client numbers and the electronic system they had introduced however this was not provided.

Is the service safe?

Our findings

At the inspection in July 2017 the provider had not maintained accurate, complete and contemporaneous records and had not done everything that was reasonably practicable to assess, monitor and mitigate the risks to people who used the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people using the service could not be confident risks were being identified and managed appropriately. Risks assessments were generic and did not contain the level of detail required to ensure staff had the written guidance they needed to keep people safe. For one person who was diabetic there was no treatment plan in place to ensure staff understood the support needed to maintain this person's safety. Following our inspection, the nominated individual sent us an updated risk assessment to show actions had been completed in relation to the assessment of safety.

Arrangements for managing accidents and incidents and preventing the risk of reoccurrence were not robust. The registered manager told us they audited care records. However the audits we saw had not picked up on the shortfalls we identified. Patterns and trends were not being assessed and lessons learned to ensure all that was reasonably practicable was done to reduce the likelihood of avoidable harm. The registered manager told us team leaders were responsible for specific areas. Staff punctuality was raised with us as a consistent theme in feedback from people who used the service, relatives and commissioners. People told us staff sometimes arrived late and / or did not always stay for the agreed amount of time. Several instances of missed calls were reported to us. Whilst this had not caused significant harm at this inspection there was potential for risk. For example, if people did not get essential care such as medicines at the correct time. At a meeting with the local authority and CQC the nominated individual reported this problem had arisen when they had taken on work in a new area. They said they were working to resolve these issues. For example, by moving staff to live in the area.

We spoke with the registered manager about staff punctuality. They told us staff telephoned the office if they were running late and this was communicated to people who used the service. People we spoke with told us they had not received such a call. No records were available to show they were calling people. The registered manager said staff finished work by 9pm to ensure they were rested for the next day. They told us they covered shifts if necessary to ensure planned visits were completed. At the inspection the nominated individual told us they had considered an electronic system to monitor visits, but there were no firm plans regarding this. At a subsequent meeting with the local authority and CQC the nominated individual they told us following our visit they had introduced an electronic monitoring system. We asked for further information to be sent to us so we could check on the extent of late and / or missed calls but this has not been provided thus far.

The provider had not ensured all systems in relation to the safety of the service were established and operated effectively. This included the assessment, monitoring and mitigation of known risks. Systems were not yet sufficiently established to ensure all that was reasonably practicable had been done to keep accurate, complete and contemporaneous records and reduce the risks to people who used the service.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at the arrangements for medicines handling. The medicines policy and procedure had been updated to include National Institute of Clinical Excellence (NICE) guidance on managing medicines for adults receiving social care in the community. Staff received training on medicines and the registered manager carried out competency checks with staff to ensure people received their medicines safely. We reviewed a completed medicine administration record (MAR) for one person and it was consistently completed.

Personal protective equipment (PPE) was used to prevent the risk of infection. Staff told us they discussed the use of PPE and learnt about infection control during the induction process. People's care records contained prompts to remind staff of the correct use and disposal of PPE and other infection control precautions, such as washing their hands.

A documented business continuity plan had been produced, which detailed how the provider would continue to meet people's needs in an emergency, such as an outbreak of an infectious disease or if bad weather affected staff's ability to provide care and support.

Recruitment process included completion of an application form, a formal interview, previous employer reference, a Disclosure and Barring Service check (DBS) and confirmation of a full work history. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable. We found improvements to staff recruitment records overall.

The provider had a safeguarding policy and procedure in place. Staff had received training on safeguarding and told us they would contact the registered manager or nominated individual if they had any concerns about people's welfare. We discussed safeguarding concerns the local authority raised with us, which we refer to in staff training in effective. We spoke with the nominated individual regarding referring safeguarding concerns to CQC when issues are raised directly with the local authority to ensure any issues of concern can be looked at.

Is the service effective?

Our findings

At the last inspection the provider had not documented mental capacity assessments or explored whether powers of attorney were in place, giving people the legal authority to make decisions on people's behalf. We recommended the provider reviewed best practice guidance regarding Mental Capacity Act 2005 (MCA).

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. In their PIR, the provider told us their service was made effective through the completion of rigorous care needs assessments, care planning and review of the agreed care plan. We found this process was not always followed. For example, during our visit to the agency office the nominated individual was informed of a person's imminent discharge from hospital. They received only limited information from the hospital and they did not have sufficient time in which to carry out their own reassessment. This meant they did not have up-to-date information about the person's care needs including in relation to gaining the person's consent to their care and treatment being transferred back to the service.

Staff completed training on the MCA and understood the importance of supporting people to make decisions and respecting people's choices. The registered manager was knowledgeable about people's capacity. Records however still did not clearly evidence people's involvement and the details for those authorised to legally act on people's behalf. The nominated individual explained they would amend their forms to include the required level of detail in future.

The provider had not taken sufficient steps to improve record keeping since our last inspection. This was further evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received differing views about the effective care staff provided. While some people said staff were well trained, others reported staff lacked the knowledge and skills to deliver effective care. Feedback from visiting healthcare professionals and people using the service raised concerns about staff knowledge and competency in relation to basic tasks such as dealing with incontinence, meal preparation or moving and handling.

Staff received induction and ongoing training through an independent training centre on a range of topics such as equality and diversity, health and safety, moving and handling, infection control, safeguarding, and

food safety. The training matrix showed most staff had not received training on dementia or mental capacity, which the service deemed essential. The nominated individual informed us records from the training provider were not fully up-to-date. They forwarded an updated copy after the inspection to show staff had received this training. However, records showed only 16% of staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered manager said staff would have already covered aspects of the Care Certificate as part of other training they completed.

We also discussed accessing best practice guidance and training to support people with specific care needs such as palliative care, epilepsy or diabetes care. The nominated individual told us they would explore this further with the training provider.

According to records the nominated individual sent to us after our site visit 27% of existing staff required updated spot checks and 80% of new staff required a spot check. The registered manager knew which staff required these checks and had plans in place to complete these. They said staff support was also provided in team meetings and through their 'open-door' policy. Staff travelled from Leeds and visited the office between 2pm and 4pm while they had a break to discuss current work issues; they often held meetings during that time. We saw from staff meeting minutes the nominated individual and registered manager had challenged poor practice where it had been identified and supported staff with their professional development.

Staff we spoke with said they felt supported by the registered manager and they could speak with them at any time if needed. However, based on feedback from a range of stakeholders and from the provider's records the provider did not sufficiently demonstrate that staff were effectively equipped and supported to carry out their roles. This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When required, staff supported people who used the service to prepare meals and drinks. We received negative feedback regarding this aspect of the service also. Comments included that staff did not know how to prepare simple meals such as scrambled egg, that meals were late and staff used people's kitchen facilities to prepare their own meals on occasion. This was further evidence to show staff were not receiving the support and training they required to fulfil their roles effectively. People's care plans recorded if they required assistance preparing meals and drinks and one person told us staff always left a drink for them within easy reach. Staff told us they would report any concerns regarding people's health care needs including people's food and fluid intake to the family and / or registered manager who would liaise with the G.P as needed. One person told us the registered manager responded quickly to any issues to ensure they received the right medical attention when needed. During our visit a staff member telephoned to ask for advice regarding one person who was complaining of chest pains. The registered manager took appropriate action to ensure the person received their medicine and their health was not compromised. This meant staff were proactive in ensuring people's healthcare needs were managed effectively.

Is the service caring?

Our findings

The systems in place to deploy staff to support people impacted people's dignity as staff did not always attend at the contracted time. We received consistent feedback from people using the service, relatives and health and social care professionals regarding staff changes and poor staff timekeeping. Examples included staff arriving early or later than the agreed times, not staying for the agreed length of time or not arriving at all.

People stated they did not always receive support from the same care workers and they were not kept informed of changes. One person reported their breakfast was sometimes prepared as late as 12.30pm. Another person told us they made sure their door was kept locked until 7am to prevent staff from arriving before the agreed time. People also told us staff were in a hurry to finish work and, for example, evening calls were sometimes made earlier than they would wish.

While staff were always apologetic people who used the service said they rarely received a satisfactory explanation regarding late or missed calls. For people living with dementia, relatives reported that the lack of consistency was not conducive to maintaining and promoting the person's wellbeing. A relative told us staff removed record sheets weekly making it difficult for them to check on the care provided. Whilst individual staff are caring the provider is not in the way they coordinate care and support meaning people had experienced late, rushed and missed calls.

The failure to act on previous feedback to improve the service regarding the impact of staff punctuality, staff changes and about the provider over committing themselves without sufficient planning in place was further evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives expressed a preference for familiar staff they knew well. In these cases, they described good personal and professional relationships existed. One person told us all staff were, "Lovely." A relative said staff were kind and "They [Staff] have a lovely manner even if they are late."

Staff spoke positively about the people they supported and referred to people with respect and warmth. They understood the importance of supporting people to maintain their independence and make their own decisions. There were clear records about people's communication skills and the support they required to communicate their needs. For example, one person's care plan referred to using pictorial information with them whilst undertaking their personal care to aid their understanding.

People confirmed they were treated with dignity and respect when receiving personal care. Care plans contained detailed guidance for staff in respect of maintaining people's dignity for example when they were being assisted to wash. People told us staff respected their choices and always checked their preferences with them before completing any tasks.

Is the service responsive?

Our findings

People's care plans detailed their needs for personal care, together with key information staff needed to know. Care plans included details regarding people's likes and dislikes and care preferences. For example, 'Refrain from mobilising to the bathroom when [Name] is feeling weak. On strong days [Name] may mobilise to the bathroom with assistance from one carer'. However, some of the care plans were generic and did not contain the level of information required to provide person-centred care. Although people's communication needs were recorded in some care plans information regarding compliance with the accessible information standard was limited. The law requires the NHS and adult social care services provide people living with a disability or sensory loss with information in a way they can understand and lead to more personalised care and services.

People's care records were not always accurate or up-to-date. For example, one person's care plan referred to the risks associated with catheterisation. However, the registered manager told us the person no longer had a catheter. Some records did not always relate to the person named on the file.

We received negative feedback from healthcare professionals regarding the quality of the service provided for people receiving end of life care including staff training and communication. The provider did not have a policy or individual plans of care and support for people at this important time although they provided this level of care. Staff had not received palliative care training. We were concerned people may not receive a person-centred approach in accordance with their own wishes if this aspect of care was not improved. We have raised this with commissioners of services in the local authority and health and will be looking at the improvements needed with the provider going forward.

The failure to make sure staff had the appropriate skills and knowledge and guidance they needed to provide safe, consistent care and support at end of life was further evidence of a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual explained that they would be informed by the community nurses on any changes needed to the person's care and this would be incorporated into the care plan. People's care files were kept in the agency office and a copy was held in the person's home for staff to use.

Daily records included the time staff arrived and left and details of the care and support provided. Staff confirmed they usually looked at people's care plans before they delivered care. They said they also checked with the person regarding any decisions and choices about their care.

The provider had a responsive and flexible approach to providing a new service at short notice. People confirmed they could ask for changes to their existing care package dependent upon the staff being able to meet any requests. Several people however told us of difficulties regarding requests for changes and said they sometimes needed to remind staff several times to ensure their specific requests were met.

The provider had a complaints policy in place and when complaints had been made these were investigated

and a response was provided to the complainant. People told us they knew how to make a complaint. They said they would speak to the registered manager or nominated individual if they had any concerns. People reported they had only needed to raise issues of a minor nature. The registered manager told us, "We try to sort out problems and improve matters for people. It's usually about communication and carers not letting people know they are running late." We saw this was also covered at staff meetings.

Is the service well-led?

Our findings

At the inspection in July 2017 the provider had not ensured appropriate systems were in place to assess the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider needed to make sure the systems in place to monitor the quality of the service were sufficiently robust, that shortfalls were identified in a timely way and that actions then taken to address these were recorded.

At this inspection continuing concerns regarding risk assessments and staff's punctuality showed us the provider had not demonstrated sustained improvement in this area. People using the service, relatives and health and social care professionals told us inconsistent staff practice and poor communication impacted the quality of care they received. In their feedback to us, professionals reported a lack of confidence in the service.

The registered manager and nominated individual had not monitored progress or provided sufficient leadership to ensure systems were fully understood and embedded. Audits had failed to pick up on the issues we identified on inspection. For example, we saw records that contained references to other people or which were not always completed in full. These needed to be improved to ensure they provided staff with sufficient guidance on how to provide person-centred care. Staff had not received sufficient oversight to effectively support them to fulfil their role effectively and to provide the level of skilled support required for people nearing end of life.

Overall, quality assurance systems needed to be more robust and audits used effectively to look at patterns and trends and to show how the required improvements were made. The ongoing lack of leadership and governance from the provider meant people were at risk of avoidable harm and potentially would not receive person-centred, high quality care. This was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There was a registered manager. Staff told us they liked the registered manager and said they were supportive. One staff member said, "I like working for the company very much and I enjoy the work." People who used the service also told us senior managers were approachable and staff were polite and kind.

The registered manager and nominated individual held team meetings to discuss issues or concerns including feedback from questionnaires about the quality of the service. We saw that people raised issues of staff consistency and punctuality in their feedback. The nominated individual agreed that timing was a big issue for the service. This was discussed at team meetings with staff to emphasise good communication and timekeeping.

Providers are required to notify the CQC of certain changes, events or incidents that occur which affect their service or the people who use it. We found that notifications had been submitted where necessary. This

meant we could monitor the service provided.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not maintained accurate complete and contemporaneous records and had not done everything that was reasonably practical to assess, monitor and mitigate the risks to people who used the service.</p> <p>Regulation 17 (2)(b)(c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider was failing to ensure staff were properly trained and supported to fulfil their roles effectively.</p> <p>Regulation 18 (2) (a)</p>