

Deeper Care Solutions Ltd

Audrey Burton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Audrey Burton House is a domiciliary care service providing personal care to people living in their own homes within the town of Harrogate and surrounding areas. At the time of our inspection there were 21 people who received care and support from the agency.

Not everyone who used the service received personal care. The Care Quality Commission (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 assessment, monitoring and mitigation of risk towards people who used the service had improved. This meant risks to people's health and safety were reduced. The registered manager carried out regular reviews and spot checks to ensure the quality of the service, and the safety of people who used it, were maintained to a high standard.

Care plans and risk assessments had been reviewed and updated; these covered specific medical conditions such as dementia and diabetes.

We received very positive views from people and their relatives about the support provided to them. Without exception, people said they felt safe and staff were respectful.

People received their medicines safely and their health was well managed. Staff had positive links with healthcare professionals which promoted people's wellbeing.

People received good consistent care from friendly staff who went out of their way to assist them. Relatives said the service was reliable and efficient. They had good communication with the office and were given information about which staff would be making their visits each week.

Staff had received appropriate induction, training and support to enable them to carry out their role.

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, relatives and staff told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 February 2020) and there was a continued breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve quality assurance and care records as part of their governance of the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Audrey Burton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Audrey Burton House

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

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

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 a short period notice of the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection.

Inspection activity started on 29 September 2020 and ended on 5 October 2020. We visited the office location on 29 September 2020.

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 who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information 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 used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, registered manager and two office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We requested copies of a variety of records relating to the management of the service, which we took away to review as part of the inspection process.

After the inspection

We continued to seek clarification from the registered manager and nominated individual to validate evidence taken away from the service. We looked at training data and quality assurance records. We spoke with three members of staff, two people using the service and five relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies, in relation to safeguarding and whistleblowing, reflected local procedures and relevant contact information.
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed.
- Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and monitored them for any trends or patterns. They recorded where lessons were learnt.
- The registered manager made sure people were supported safely. Environmental risk assessments were completed and staff training, to ensure people were cared for safely, had been carried out. Staff had completed moving and handling, infection prevention and control and fire drill training.
- Families were confident that their relatives received safe care. One relative told us, "Staff are confident and competent in using the moving and handling equipment in our home. The occupational therapist has been out to assess and has shown staff how to use the hoist and stand aid. [Name of person using the service] is safe in their care. Staff always wear their gloves, aprons and masks and dispose of this appropriately."

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People and relatives told us they received care in a timely way. They were usually notified if calls were going to be late. One person told us, "I see the same staff every week. They are always on time, although traffic can hold them up a few minutes. They never miss a call."

Using medicines safely

- Medicines were safely received, stored, administered and destroyed when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Staff received medicine management training and competency checks were carried out regularly.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the service management and leadership did not consistently apply their systems to ensure people were safe and receiving a quality service. Leaders and the culture they created did support the delivery of person-centred care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager had made significant and widespread changes to improve the quality and safety of the service. For example, risk assessments and care records had been reviewed and updated to provide comprehensive instructions to staff, and clear guidance on the support and care required. One person told us, "The service has improved recently, and I receive good care from my current team of staff."
- The nominated individual had installed an electronic system (BIRDIE) to assist with staffing, monitoring calls and reducing the risk of late or missed calls. This was rolled out across the service and staff had received training and support in using the App on their telephones. One member of staff said, "I find the BIRDIE system easy to use. It has made managing medicines easier for staff and sends alerts to the office if things are not recorded. We then receive a call from the office to redo things."

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

- The service benefited from having a provider and registered manager who were committed to providing good quality care to people who used the service.
- Relatives said, "Communication is very good, I have never had a problem getting hold of a member of staff when it's needed" and "I can highly recommend them to anyone who needs care and support."
- The registered manager and staff understood their roles and responsibilities.
- Staff felt listened to and said the registered manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards.

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

- The provider and registered manager were open and honest about things that could have been better over the last 12 months. They looked for solutions to problems such as late visits and had introduced new technology to manage this.
- When incidents happened, the registered manager informed people and families about this and ensured action was taken to reduce the risk of further instances taking place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Regular checks were carried out by the registered manager to ensure people were safe and happy with the service they received.
- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, relatives and health care professionals. One relative said, "I am asked to give feedback on the service by the provider. When you raise any minor issues, these are dealt with quickly and effectively. I cannot fault the service at all."