

Deeper Care Solutions Ltd

Deeper Care York

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

About the service

Deeper Care York is a domiciliary care agency providing personal care to people in their own homes. The service is registered to provide support to younger and older adults who may be living with a sensory impairment, physical disability, learning disability or autistic spectrum disorder, or dementia.

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. At the time of the inspection, 29 people were using the service, of which 23 people were receiving personal care calls.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

People had choice and control of their care and their independence was promoted by caring and considerate staff. One person said, "They don't need to ask what to do, they just instinctively know what to do. They are incredibly organised, they even put my wheelie bin out." A relative said, "They do seem to achieve an awful lot within the 30 minutes, such as little jobs they do for my relative which they really appreciate."

People were cared for safely by staff who were trained and had the skills and knowledge to manage risks to people's safety and wellbeing. Staff were safely recruited and there was enough staff to meet people's needs as planned. A relative told us, "They let us know if they are running late and they have never missed a visit yet."

Staff administered people's medicines as prescribed and followed infection prevention and control processes. Staff monitored people's wellbeing and made referrals and followed advice from relevant professionals.

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

this practice.

Right Care:

People provided very positive feedback about care staff and how they were supported. Comments included, "I have found that all the carers are kind and thoughtful" and "We cannot praise these carers enough. They are brilliant. They are so good to both of us."

Staff supported people in a person-centred way and care was tailored to people's individual needs and routines. A relative said, "The carers all talk to my relative and take time with them and my relative is very happy with them. The carers are getting my relative to respond which is lovely to see. They are all fantastic with my relative."

People were supported by staff who knew them well and their privacy and dignity were maintained. People's rights were upheld and equality and diversity was positively embedded in the service.

Right Culture:

The service was well-led and the registered manager promoted a positive culture and effective working relationships within the team and with relevant professionals. The quality and safety of the service had been maintained.

The registered manager valued and supported their staff professionally and personally.

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

Rating at last inspection

This service was registered with us on 5 July 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Deeper Care York

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 completed by 1 inspector and 1 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We requested feedback from the local authority. We looked at information sent to us since the service registered such as notifications about accidents, incidents and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us

with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and 4 care staff by phone. We spoke with 4 people who used the service and 8 relatives by phone.

We looked at records related to people's care and the management of the service. We viewed 3 people's care records, 1 person's medication records and 3 staff recruitment and induction files. We also looked at rotas, training and supervision information, and records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person told us, "I have to say that I have confidence that when any of the carers come into my home that I can trust them." A relative also told us, "I feel very reassured that my relative has this company going in to care for them. The office checks every week that everything is OK and the feedback I am getting from my relative is that they feel very safe."
- Staff were trained in safeguarding and had the skills and knowledge to identify and report concerns.

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

- Risks to people's safety and wellbeing were assessed and staff understood how to minimise the risks. Staff clearly described actions to take to manage risks and keep people safe from harm. A relative told us, "The carers are all very good with how they move my relative, they never pull them about and are very caring."
- Systems were in place for reporting and monitoring accidents and incidents if they occurred.

Staffing and recruitment

- There were enough staff deployed to meet the needs of the people who used the service.
- Staff attended most calls when they were planned to. People told us, "The carers always turn up on time. If they are running late, then the office phone to let us know" and "Their time keeping is very good, if they are running late it is only 5 minutes at the most and they have never missed a visit."
- Staff were recruited safely. Appropriate employment checks were completed before staff started working with people.
- The management team communicated changes in people's needs to commissioners so care packages could be appropriately adjusted to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff were trained in administering medicines and their competency was assessed to ensure the safe management of medicines.
- Office staff monitored people's medicines daily to ensure any issues were promptly addressed.

Preventing and controlling infection

- Staff appropriately used personal protective equipment (PPE) when supporting people. People told us, "Everyone is very good at wearing PPE, never had any issues with that" and "All the carers wear PPE correctly and I see them changing their PPE before they come in the house."
- Staff were trained in infection control and their skills and knowledge was regularly monitored.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People's needs were assessed and reviewed to determine the level of support required. The registered manager accepted care packages where they were confident, they could meet people's assessed needs.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people and meet their needs. New staff completed an induction programme which included shadowing more experienced staff and mandatory training. Relatives told us, "There is usually only 1 carer but there can be 2 if someone is shadowing and getting to know people which is acceptable" and "They seem to be very experienced in care and they are very skilled; they know what they are doing."
- Staff were positive about training and the support they received from the registered manager and the office team on a day to day basis and during regular team meetings. Staff told us, "[Training] was good. They did it well as I didn't know much about professional caring before" and "[Office staff] are very helpful, if there are any problems they will come and assist us."
- The registered manager ensured staff continued to have the appropriate skills and knowledge for their roles during spot checks and competency assessments.

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

- Staff supported people to prepare meals, drinks and to eat when this was part of the commissioned package of care.
- Staff understood risks associated with eating and drinking and how to manage them which had a positive impact on people's wellbeing. A relative told us, "The morning visit has only been happening for 2 months and we are really pleased with how it is working. My relative has bonded really quickly with the carers, especially [Staff member's name], to the extent that they have put on 7lb already."

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

- Staff knew people well and monitored people's wellbeing and raised concerns to the office staff and sought medical advice and made referrals when required. A relative told us, "They know my relative now and can spot when my relative is a bit poorly which is fantastic and helps me to know my relative is safe with them."
- Staff supported people to access health care appointments where this was part of their commissioned care.

- Changes to people's needs were promptly communicated to staff to ensure they could effectively support people.

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.

- Staff sought people's consent before providing support and involved them in making decisions about their care on a daily basis.
- The provider worked within mental capacity legislation and recorded if decisions had been made in people's best interests under the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, caring and considerate. We received very positive feedback about the staff from all people and relatives we spoke with. Comments included, "[Staff] are all very caring and very considerate with my relative and me. They treat my relative very gently" and "I have heard nothing but praise for the carers from my relative."
- Staff were passionate about their roles and doing their best for people. A member of staff told us, "I like the job as it's not a just a job, it's a calling." A person told us, "I feel that this is not just a job but that they really care about me. Their kindness was beyond boundaries, and I was really touched and grateful. This company should be aware of just how kind-hearted their staff are."
- Staff respected people as individuals and were trained in equality, diversity and inclusion.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. In discussions, staff gave examples of how they achieved this.
- People were encouraged to maintain and develop their independence. Staff told us, "We will always try and get people to do as much as possible" and "Someone might be able to wash their face and might want to do it on their own or to brush their teeth, we give them the chance to do it for themselves before we try and assist."
- People's records were stored in their homes, securely on the provider's database and safely in the staff office to protect people's personal information.

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

- People were involved in reviews of their care. Reviews enabled people to discuss what was working well, what may need adjusting and action was taken to ensure people remained happy with their care.
- People were also asked about their views and experiences during spot checks of staff skills.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by regular staff who knew them well and supported with their individual routines. One person said, "I have regular carers, so they have got to know me and what I want or need really well and that helps me so much." A relative told us, "Having regular carers means that they know what [Person's name] wants such as how many pillows and what position they feel comfortable in which is important for my relative."
- People were offered a choice of male or female staff and their decisions were respected. A relative told us, "My relative only wanted female carers and the company have sorted that out."
- Care plans detailed people's preferred routines and personal preferences, and daily records showed their care plans were followed.

Improving care quality in response to complaints or concerns

- Most people were happy with the care provided, but felt confident if they complained, any issues would be addressed. One person told us, "I absolutely cannot fault the care I am receiving, anything I want doing the carers happily do it." A relative said, "If I had any concerns about the care my relative was getting, I am quite confident and I know I would contact Deeper Care York straight away."
- One family raised some concerns during the inspection. We shared this with the registered manager who promptly addressed the concerns with the family.
- The provider had a relevant policy and procedure in place to manage complaints.
- Staff understood the provider's complaints policy and procedure. In discussion, they described how they would aim to resolve simple complaints and refer any they couldn't solve to the registered manager.

End of life care and support

- People were able to remain in their own homes for end of life care if they wished. Staff had effective working relationships with healthcare professionals to support this and also helped people to access hospice care.
- End of life care plans considered how and where people wanted to be looked after to help maintain their comfort and dignity.
- The service had received positive comments from relatives following end of life care. Comments included, "I am just sending a token of appreciation to your wonderful carers who cared for [Person's name] during their last days at home. They were cheerful and dedicated to us all, being a great support to us at a difficult time. You all made such a difference to [Person's name's] last few weeks."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered, care planned and arrangements could be made for extra training of staff to support this is needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and supportive culture. Staff felt supported and told us, "I have enjoyed working for the company. The company is absolutely great, [Registered manager's name] is a really good manager and the other two in the office are really helpful" and "[Registered manager's name] is an excellent manager, she tries her best, if there is a problem she will come out if there is the need for that."
- The registered manager valued and looked after their staff. They had supported staff with finding suitable accommodation, vehicles and adjusting to life in the UK.
- Most people and their relatives were very happy with the care they received and told us they would recommend the service. A person told us, "I would 100% recommend this company. The office contacts me every week to check everything is ok which is really appreciated. I feel we have a good relationship." A relative said, "I would definitely recommend this company. They are employing some fantastic staff. Everything has turned out better than we thought it would and we are very thankful it has."

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

- Quality assurance systems had helped ensure the safety and quality of the service. Though some audits required reviewing to ensure they remained meaningful.
- The registered manager understood regulatory requirements and reported information to CQC appropriately.
- The registered manager understood their responsibilities regarding the duty of candour. They encouraged staff to be open and honest, promoted accountability and followed the provider's processes.

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

- Systems were in place to gather feedback from people using the service and staff. Staff meetings were held, and regular updates were shared with staff. People were asked for their feedback during spot checks, reviews and through questionnaires.

Working in partnership with others

- Staff worked with people and professionals to achieve good outcomes. Referrals were made to relevant professionals when required and staff worked with other providers to meet people's needs. A relative said,

"My sister and I were apprehensive having another care company coming in, but we know we couldn't do without them now."