

Deeper Care Solutions Ltd







18 Hambleton Road

Inspection report

18 Hambleton Road
Harrogate
HG1 4AS
Tel: 01423542558
Website: www.deepercare.com

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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	

Overall summary

The inspection visit to the domiciliary agency care office was carried out on 3 July 2015. Telephone contact was made with people using the service and staff on 5 and 6 July 2015, this included weekend and evening calls in order to catch people in. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

18 Hambleton Road is a domiciliary care agency which is owned by Deeper Care Solutions. It is owned by an individual, Pelagia Mujawo. The agency is registered to

provide personal care and support for people who wish to remain in their own homes and is based in Harrogate, North Yorkshire. People using the service live in Harrogate and surrounding areas.

We last inspected this service on 20 August 2014 where we found there were shortfalls in the way staff were trained and supervised and there were no systems in place to monitor and assess the quality of the services provided. The provider sent us an action plan which stated they would make the necessary improvements before 20 September 2014. We found improvements had been made at this inspection.

Summary of findings

At the time of this visit the agency was supporting fourteen people with personal care and employed five care assistants. The agency also employs a client liaison manager and there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and support was provided to people in their own home and in accordance with their needs. People who received care and support from the agency and their relatives provided us with positive feedback. They told us the service was reliable and that staff were caring, kind and respectful. People told us they felt safe in the way staff supported them and that they trusted the staff who visited them.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care. We looked at the records held in the agency office, and were told that these were duplicated in the persons home, reflecting any changes or up to date information.

People who used the service received support from a 'core' staff team and staff were matched to people with the same interests to help build positive relationships. Sufficient numbers of staff were available to meet people's needs, for example, some people required two care assistants to help with their moving and handling or personal care needs.

Recruitment checks were in place. These checks were carried out to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would not hesitate in using it and felt confident that appropriate action would be taken if they raised concerns.

Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

Staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

People gave consent to their plan of care and were involved in making decisions about their support. People's plan of care was subject to review to meet their changing needs. People received effective care that met their individual needs. Staff told us they felt well informed about people's needs and how to meet them. The plans of care we reviewed were very detailed and included information which was specific to the person featured, for example, which linen to use on their bed, what colour towels to use when assisting with bathing or how someone preferred their meals serving.

The manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. They were able to explain how they would ensure a decision was made in a person's best interests, if this was required and the service worked alongside other health and social care professionals and family members. This helped to ensure decisions were made in people's best interests.

Staff we spoke with told us how much they enjoyed their work and that they were committed to providing an excellent service for people. Systems and processes were in place to monitor the

service and make improvements where they could. This included internal audits and regular contact with people using the service to check they were satisfied with their continuing care packages.

People's views had been sought through the use of questionnaires in 2014 and this was due to be repeated as the provider did this on an annual basis. The overall feedback we received about the management of the service was very positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Before people were supported by the agency, an assessment was completed covering each person's support needs and how the agency could meet them. This ensured that the service was appropriate and able to support people safely and properly. People were supported in their own homes and the initial assessment the provider undertook included a risk assessment of the environment, to ensure that it was appropriate for the person.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People were included in decisions about how their care and support was provided. Where necessary, relatives were also consulted to assist in the writing of the support plan.

Staff liaised with other healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing. This included liaison with the person's doctor or calling for emergency assistance.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Staff were very knowledgeable regarding people's needs, preferences and personal histories. Relatives told us the staff were inclusive and worked with them to provide the best support possible.

People were very pleased with the consistency of the staff team visiting them and they valued the care, support and companionship offered to them.

People we spoke with told us the staff providing support were, "Excellent, and go the extra mile."

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People had a plan of care and where changes to people's support was needed or requested these were made promptly. The information was transferred to the file and kept in the person's home.

People we spoke with knew how to make a complaint if they were unhappy. People using the service, their relatives and other professionals involved were given opportunities to provide feedback on the service. This enabled the manager to address any shortfalls or concerns.

Is the service well-led?

The service was well-led.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives and how their work meant that people could live in their own homes.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and regular contact with those using the service by the registered manager and client liaison manager.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

Good



18 Hambleton Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of 18 Hambleton Road took place on 3 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to speak with us and provide the records we needed to review.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and we spoke with the local authority contracts and safeguarding teams and Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

The inspection was carried out by one inspector. Before we visited we asked the provider to complete a Provider

Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views. As part of the inspection process we also sent questionnaires to eight people who use the service, nine staff and two healthcare professionals. We received four responses from people who use the service, one from a staff member and two healthcare professionals. All their comments were positive about the service they have received in the past twelve months.

During our inspection process we spoke with the registered manager, the client liaison manager and three members of care staff. We also spoke with three people who used the service and the relatives of six people. We reviewed the records for five people who used the service and two staff recruitment and training files. We checked management records including staff rotas, minutes from staff meetings, quality assurance visits, annual surveys, the staff handbook and the agency's Statement of Purpose. We also looked at a sample of policies and procedures including the whistle blowing policy, safeguarding adults, the complaints policy and the medicines policy.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff were visiting them in their own homes and providing support. One person told us, "I can trust the carers who visit me. They treat me with kindness and the utmost respect." One relative told us, "It means a lot and I can stop worrying when the carers are visiting [relative.] I know the staff will ring me if there are any problems." One person told us that they had changed the way they were paying for their care package to make sure they did not lose the visits by the agency, following changes to the local authority allocations procedures. The person told us they liked the way the agency was run, and that it was small enough to mean there was a consistency of staff providing support which 'allowed personal relationships to be formed.'

The manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised that the staffing numbers were adjusted to meet people's needs. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of each of the calls. Where necessary call times were up to an hour and these could be up to four times a day. Some calls were for fifteen minutes, but these were only to provide a 'pop-in' call to make sure people were alright. The manager said these limited calls were becoming less and less frequent as they were ineffective as people's care needs changed. People who received care and support from the agency told us that staff were usually on time and if staff were running late they either received a text message or telephone call to explain and confirm an arrival time. People told us this was not a problem. People also told us communication from the agency was good.

The staff we spoke with told us they received their rota in plenty of time and were always informed of any changes in advance. We saw people were supported by small staff teams, to help ensure consistency of care. Staff we spoke with told us this worked well and that they built up good working relationships with the person they were supporting and their family members. The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time, including out of hours. Staff

said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of normal working hours. The latest visit carried out by staff from the agency was concluded at 9.30pm, unless the service was providing a sitting service during the night.

Systems were in place to minimise the risk of abuse and the manager was aware of her responsibilities to report abuse to relevant agencies. Staff had access to an internal adult safeguarding policy and procedure as well as the Local Authority's safeguarding procedure. Staff told us they received safeguarding training on induction and as part of their on-going training programme. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident or had concerns.

We looked at the processes used around the recruitment and selection of staff. There were robust measures in place to make sure those staff employed were suitable to work with vulnerable people. New staff had completed an application form, with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. Staff were provided with a contract of employment and job description.

We looked at how the service supported people who required support with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge they needed to support people with this.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. Records showed that staff involved in the administration of medication had been trained appropriately. Staff we spoke with had a clear understanding of their role in administering medication. One member of staff told us, "I have had training and know what I have to do. I make sure I record the medication taken." Records we reviewed showed that all staff had attended training in this area. We were told by the manager

Is the service safe?

that staff were not able to assist with medication until they had completed a competency test and had their training updated. The manager also told us that they carried out random checks by visiting people following their scheduled visit to check medication had been given and signed for according to the agency's procedures. This meant staff competence was reviewed and updated regularly so that staff had the skills and knowledge to complete the task in an effective and safe way.

Assessments were carried out to assess the risks posed to people who used the service. These included environmental risks and other risks relating to people's health and support needs. For example moving and handling a person safely in their own home. The risk assessments included information about what action

needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care, how they would report it. For example, if a person had a fall or was not taking their medication as prescribed. They told us the benefits of a small consistent staff team visiting the person meant any signs of someone being at risk were picked up promptly as they knew people's conditions well. The manager informed us that reported accidents/incidents were reviewed to identify any trends or patterns and followed up if any issues emerged.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Is the service effective?

Our findings

People who used the service told us they were happy with the standard of care and support they received. People's comments included, "They are very professional in the way they treat me." Another person explained how when they had been unwell and the care assistant visiting had noticed this and called an ambulance without any fuss or delay. One relative told us that they had every confidence in the staff visiting; they told us they noticed subtle changes in their relative and nothing was left or ignored. One example was how staff had remained with their relative until an ambulance arrived when they were out of the area and needed someone to be present.

The manager explained that as much information as possible about people was obtained before they started providing a service, so that they could be sure about meeting the person's needs. This also helped them to find a compatible match between the person and staff. The manager said they believed the most important aspect of providing a service was to develop a trusting relationship with the person needing support and if necessary their family members.

We looked at people's care records and saw they provided information about people's medical conditions and where the service had been in contact with other health and social care professionals to support people if their health or support needs changed. Care files also showed referrals to health and social care professionals had been made promptly by the staff. For example, doctors, district nurse teams and social services. Care plans we saw had been reviewed and updated in a timely manner.

We looked at the training and support programme for the staff which the provider and client liaison manager organised. The agency office, despite being relatively small, was used to provide some tutorial training and staff could access E-Learning programmes where required. Staff also attended training courses run by external contractors and they visited the training venues for more practical topics for example first aid and manual handling. The agency had also developed a new induction programme which all new starters attended prior to working 'solo.'

Staff told us they received a good level of support from the management team; this included regular training and supervision meetings. They told us training was provided in

statutory subjects such as, health and safety, moving and handling, safeguarding, medication, food hygiene, Mental Capacity Act 2005 and first aid. Staff comments included, "I feel I have the right skills and knowledge to do my work." And "My first priority is to look after the people I visit. The manager and owner feel like this too." During induction staff were shadowed by experienced staff, as they became familiar with the service and the needs of people they supported. The service commissioned specialist training in order to meet people's needs around specific conditions and the agency had recently commissioned end of life care training as they identified this was a growing area of need. The manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support required.

At the last inspection the training staff received was insufficient and records were not being kept of training undertaken. We noted this had improved significantly since that time. Staff files contained training certificates and these showed staff training was up to date. Supervision meetings were held every three months and staff had an annual appraisal. Staff support included staff meetings and on going communications if there was new information to share. We saw an agenda for a meeting which was structured and covered a number of areas including staff training, support plans, shift patterns and implications of the hotter weather for older people.

The manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The

Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager and staff had undertaken training in the Mental Capacity Act this helped to ensure decisions were made in people's best interests where they were able to make their own decisions, people who used the service were asked to consent to care and support and had signed, or their representative had signed, to say they were in agreement with their plan of care. Staff told us they asked for people's consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people's independence.

Is the service effective?

Staff told us they offered dietary support when needed and they would report to the manager and/or family if they had concerns about a person's loss of appetite or overall well-being.

Is the service caring?

Our findings

All of the people we spoke with were happy with the care that they or their relative received. They told us staff were patient, compassionate, polite and very caring. They told us that staff treated them, or their relative, with respect and protected their dignity.

One person told us, “The carer’s are thoughtful and considerate. They know how to look after me and pay particular attention to things I suffer with.” People told us they would recommend the agency to friends and family.

Staff were knowledgeable about people’s needs, preferences and personal histories. They told us they had access to people’s care plans, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. We saw people’s consent had been sought around decisions about their care package, the level of support required and how they wanted their support to be provided.

Staff told us privacy, dignity and confidentiality were discussed on induction and that this was included in all their dealings with people they supported. One member of staff told us, “We give a high standard of care at all times.” Staff told us about their work ethics and that the manager and client liaison manager often observed their work to make sure they were providing a good service.

Discussions with staff showed they had a genuine interest and very caring attitude towards the people they

supported. Staff told us, “It is important to me that I look after the person right. I do this the best way I can, always.” Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

The manager demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to their individual need. We were given examples of how staff were matched with people who used the service and this was seen as an important part of building positive relationships based on trust and friendship. Staff said this really helped them to get to know people and to understand what was important to them and how they wished to be treated.

The provider conducts annual surveys. The last one was carried out in August 2014, and was due to be repeated. The fourteen responses showed that overall people were satisfied with the support they received. One negative comment about ‘the communication with the agency’ had not been followed up due to the person sending the response without a name. However, since then the manager visits people regularly to make sure they are satisfied with all aspects of their dealings with the agency.

The manager was aware of how to contact local advocacy services should a person who used the service require this support.

Is the service responsive?

Our findings

One person told us, “The same group of girls come all the time. They let me know who is coming and when.” A relative told us how a member of staff had responded to their relative being unwell after being alerted by a neighbour. They told us, “I rang [staff] and they went straight away. They waited with her until the ambulance arrived.” This they said had been reassuring and helpful as they were out of area and could not respond so quickly themselves.

The manager explained how following an enquiry, people were given information about the service. A senior member of staff would then visit the person in their own home and carry out a comprehensive assessment. If the person agreed to use the agency, this information was used to write a support plan and match people to care assistants.

People’s needs had been assessed and appropriate support plans were in place so that people could be supported effectively. People and their relatives said that they had been consulted about the planning of the care and staff confirmed that each person had a care file in their homes. The records we looked at showed that some people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. Where necessary, people’s relatives had signed these on their behalf.

The support plans were reviewed regularly or when people’s needs changed. This helped to build up a picture of people’s needs and how they wanted their support given. People had a plan of care based on their assessed needs. Support plans included detailed information for staff on how to provide care and support in accordance with the individual’s needs and preferences. Along with people’s plan of care, risk assessments and daily records were also in place. The daily records provided details of the care and support given by the staff, at the time. People’s care was subject to regular review with them and with relatives where appropriate.

We saw for one person, the care plan had been updated following a review of their mobility. This had resulted in a change to the time of day they were visited and an increase in the number of staff attending. One person described to us how they had wanted to change the time of day they were supported and that this had been agreed without fuss or challenge. They told us the agency were flexible and did their best to accommodate specific requests. Discussions with staff, together with feedback from people who used the service and relatives showed that the staff knew people well and staff respected people’s choices and decisions about their support needs. Information about how to contact the agency out of normal working hours was made available to people who used the service.

Staff told us what actions they would take in an emergency and this involved always reporting an incident to senior staff on call. A staff member said, “Any accidents, I would call the emergency services if I needed to and then ring the office and fill in the form on the care plan. It’s important to take the emergency action first then record what you have done.”

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. A relative said, “I’ve never had to complain because everything has been fine, but I would speak to the manager or one of the staff if I needed to.”

The provider had a system to record all concerns and complaints received and these had been investigated and written responses sent to the complainants. Since the last inspection there had been one complaint which had been investigated but not yet concluded. The action taken by the provider was documented.

The service has systems in place to monitor the running of the service and to enable people and relatives to share their views and make suggestions. This included the sending out of annual satisfaction questionnaires, the results of which were analysed and shared with staff and people using the service including areas for improvement.

Is the service well-led?

Our findings

We saw the service had an effective management structure. There were clear lines of accountability and ways of working and the roles and responsibilities of staff were clearly defined. Staff were supported by senior staff and this included a client liaison manager and registered manager. Staff told us managers for the agency were 'always available' and were involved in the running of the service. A member of staff told us, "There is always someone to ask if I am worried about anything or need to ask a question." Everyone we spoke with made reference to the manager or the client liaison manager telling us they had regular contact with them, sometimes daily.

Staff received one to one supervision meetings with the manager. These sessions gave staff the opportunity to review their understanding of core tasks and responsibilities and to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery. Because this is a relatively small agency, staff had regular contact with the manager who worked 'in the community' with staff.

People's support plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and to also monitor staff performance. The manager told us if issues were identified extra staff training and support was provided.

One person told us, "[name] has been to see me to check everything is working, sometimes it's when the carers are here, but sometimes when I'm in on my own."

Staff meetings were held and staff told us they felt these were useful meetings to share practice and meet with their colleagues. We looked at the record of the last staff meeting (May 2015) this had been held to introduce the new manager and discuss working practices.

We saw a number of policies and procedures which were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning. Staff also told us there was regular communication if new practices or ideas were being tried.

There were systems and processes in place to monitor the service and drive forward improvements. This new system had been introduced since the last inspection and included audits of medication records, support plans and daily records.