

Deeper Care Solutions Ltd

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Harrogate

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Deeper Care Solutions Ltd Harrogate is a domiciliary care service. It mainly provides personal care to people in Harrogate and Knaresborough. At the time of the inspection the registered manager told us the service supported 27 people.

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

Since the last inspection the provider had reviewed their systems, together with the local authority to address shortfalls. Not all systems were consistently implemented. For example, we found instances where people receiving support did not have a robust care plan and/or risk assessment in place to guide staff. The issues had not been highlighted by the provider. The provider had not yet embedded the new governance system to ensure the safety and quality of the service was monitored and improved where needed.

Since the last inspection staff had received the training, supervision and support they needed to fulfil their roles effectively. We found staff were enthusiastic about their roles and were keen to learn and develop their skills.

People who used the service and relatives reported positive changes since the last inspection. 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.

Staff were knowledgeable about the people they supported and understood their care preferences and how to meet their needs. Staff were eager to promote people's health and wellbeing and improve their quality of life and independence.

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 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made or sustained and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continuing breach in relation to governance of the service.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Deeper Care Solutions Ltd Harrogate

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 and an inspection manager carried out the inspection.

Service and service type

This service is a domiciliary care agency. 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 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.

Inspection activity started on 6 November and ended on 11 December 2019. We visited the office location on 6 November and 11 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return before 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 this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with members of staff including two care workers, an area manager, registered manager an independent consultant and the nominated individual. 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 six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Care plans and risk assessments were at times not in place or clearly completed to guide staff on how to keep people safe. For example; one person used bed rails and there was no risk assessment in place to ensure they were appropriate and used safely. Staff knew how to keep people safe but there was a risk avoidable harm would occur because guidance for them was not clear in records.
- Staff communicated concerns regarding incidents and accidents; the registered manager appropriately notified these to the local authority and CQC.
- The provider had made improvements to their recruitment processes to ensure they employed suitable people. Further work was needed to ensure recruitment files were maintained in good order and assisted managers to undertake their monitoring and auditing responsibilities effectively.
- The nominated individual had installed a new electronic system to assist with staffing, monitoring calls and reducing the risk of late or missed calls. This had been introduced in one area and was being rolled out across the service when we visited.
- The registered manager understood what to look for to ensure environmental risks were identified and mitigated.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to raise safeguarding concerns; arrangements were in place for safeguarding training.
- Staff reported the nominated individual and registered manager were approachable and would respond to any concerns they raised.

Using medicines safely; Preventing and controlling infection

- Staff managed people's medicines safely. Medicine systems had been reviewed, together with support from the community pharmacist and the local authority quality improvement team.
- People were satisfied with staff support including support with their medicines.
- Staff confirmed they were supplied with personal protective equipment such as gloves and aprons to prevent the risk of the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At 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's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were properly trained and supported. This was a breach of regulation 18 (Staffing) 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 18.

- People felt staff had the necessary knowledge and skills to support them effectively.
- Training and induction processes were in place to support staff learning and development.
- Training was linked to current practice. For example, through relevant, current 'train the trainer' moving and handling courses with the local authority.
- Staff felt the registered manager and nominated individual were supportive and had the necessary expertise to support their learning.
- Managers carried out competency checks; a system of supervisions and appraisals had been introduced and the registered manager was implementing these.

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

- Staff were knowledgeable about the people they supported and could describe how they met people's care needs.
- Significant improvements had been made to assessment documentation and recording. We discussed with the registered manager and the nominated individual assessments needed to be consistently applied throughout the service. We have looked at this in further detail in well led.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their drinks and meals where required.
- People's dietary requirements were considered as part of the assessment process; information was recorded in people's care records.
- Staff worked with other professionals to respond to any changes in people's care needs.
- Information about people's health care conditions was recorded.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider had updated information and documentation regarding consent.
- People's consent was obtained before staff provided them with support.

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.

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 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

- Improvements to staff consistency, punctuality and timekeeping had impacted positively on service provision. This was reflected in the feedback we received.
- People were satisfied with the service they received from staff. People described good personal and professional relationships and said staff were kind and helpful.
- Staff spoke positively about their work and spoke with affection about the people they supported.
- Staff were knowledgeable and could describe the approach they may take to coax people gently and promote their health and wellbeing.
- Staff were committed to providing people with the best care possible. Staff were keen to further their knowledge and skills to enhance the care they offered.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and respected their choices. People said staff always checked out their preferences with them before they provided care.
- Care plans contained detailed guidance for staff in respect of maintaining people's dignity. For example, when staff were assisting people to wash.
- Staff understood the importance of supporting people to maintain their independence and make their own decisions.

Is the service responsive?

Our findings

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

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'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;

- The provider had made significant improvements to assessments and care plans. Work was ongoing to introduce these improvements across the service.
- People's care and support needs were included in their care plans.
- People's care was person-centred. Staff could describe in detail what this meant to each individual they supported.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and were knowledgeable about their wishes.
- People told us they knew who to speak with if they had any concerns. Where needed people told us, minor issues had been dealt with, which helped to de-escalate complaints. The nominated individual was in the process of developing and improving monitoring systems including management systems to monitor complaints effectively. We have referred to this in more detail in well-led.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- Where needed staff supported people to access the local community; staff had sought specialist advice to ensure this was done safely.

End of life care and support

- People's end of life wishes, and their care preferences were discussed and recorded. Records took account of people's protected characteristics, culture and spiritual needs.

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 remained the same. This meant 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.

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

At our last inspection we found the provider had failed to develop robust governance systems. Records were not always accurate, fully completed or updated. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Improvements had been made to the care plan system. However, we found the changes were not reflected in all care plans. This created a risk that staff did not have the required information to care for people safely. For example; a person using oxygen did not have a risk assessment in place. The provider's checks had not picked up on incomplete or inaccurate records, which we found on inspection.
- Management systems were not sufficiently embedded to effectively monitor the quality of the service and drive improvements. Where action had been taken systems were not in place to ensure these were introduced in a considered way, so the provider could monitor progress and demonstrate sustained improvement.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout this report we acknowledge the positive changes the provider has made since the last inspection. They have welcomed support from the local authority and improvements have been made. The provider is committed to embedding the systems they have introduced to ensure consistency across the service and to ensure sustained improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to provide feedback on the service through questionnaires. The registered manager and nominated individual also gained feedback through visits to people's homes. The

nominated individual said they were looking at ways they could tell people about the action they had taken in response.

- Staff reported the nominated individual and registered manager were approachable and supportive.
- Staff were involved in staff meetings where they could share ideas, receive information and discuss complex cases.

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; Working in partnership with others

- When accidents and incidents occurred, these were appropriately reported to the local authority and CQC.
- The provider knew about the duty of candour and understood they had to provide carers with an explanation following any incidents or accidents.
- The provider worked co-operatively with relevant organisations and professionals.

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 established effective systems to assess, monitor and mitigate the quality and safety of the service and to evaluate and improve their practice.</p> <p>Accurate, complete and contemporaneous records were not consistently maintained.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>