



Inspection Report on

Deecare Ltd

**Unit 5
Pendle Court
Rowleys Park Evans Way
Deeside
CH5 1QJ**

Date Inspection Completed

21/05/2024

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About Deecare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Deecare LTD
Language of the service	English
Previous Care Inspectorate Wales inspection	9 March 2021
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support provided and feel they receive the right support to meet their needs. People mostly receive continuity of care with the same team of carers who understand their needs and know them well. People said they are involved in the development of their care and support plans and are supported to remain independent in their own homes. Care plans are easy to follow, but improvements are required to make sure they are clear on the support people need with their health and mobility and any relevant risk assessments are put in place. Care staff record the support they provide, but improvements are needed to ensure the service follows best practice around the administration of medication.

Care staff enjoy working at the service and are enthusiastic about their role. Recruitment checks need improving to confirm new staff are safe to work at the service and continue to have up to date Disclosure and Barring Service (DBS) checks in place. Improvements are required to ensure relevant records including assessments, reviews, correspondence with professionals and complaints are kept and are up to date. The Responsible Individual visits the service regularly and works with the management to drive improvements within the service.

Well-being

People are supported by care staff who treat them with dignity and respect and encourage them to maintain their independence. Feedback from people includes *“Every care is absolutely excellent”*, *“I would be hard pushed to say what could you improve on it”*, *“Everyone makes me feel comfortable”* and [the] *“Carers are my family”*. People told us they feel able to speak with management if they have any issues and these are resolved quickly. Overall, personal plans promote independence, but improvements are needed to ensure they are clear on how best to support people and for relevant risk assessments to be put in place. The service provider does not currently have Welsh speaking care staff and documentation is not currently available in Welsh.

People told us they are supported to maintain their health and well-being and care staff contact the relevant health professional on their behalf where needed. Professionals we spoke with told us the service act promptly and inform them of any concerns. We saw the service makes referrals to the relevant health care professionals when required. Records are not consistently maintained in line with regulations regarding assessments, reviews and complaints, improvements are required to make sure these are kept up to date.

People said they feel safe with care staff who are friendly and caring. Care staff are up to date with safeguarding training and many staff are familiar with the safeguarding procedures. Safeguarding referrals are made to the relevant agency when required but there is not a clear record of complaints or any action taken. Improvements are required to ensure medication is administered in line with best practice. Improvements are needed to ensure all staff are robustly vetted before they start working at the service and have up to date Disclosure and Barring Service (DBS) checks.

People are supported to maintain relationships which are important to them. The care provided enables families and friends to have a break from their caring role and remain involved. We spoke with relatives who told us the service gives them *“peace of mind”* and the care staff *“go above and beyond”*.

Care and Support

Overall, people are provided with care and support through a service which considers their personal wishes and outcomes of some risks. Personal plans are worded using person centred language and are easy to follow. We found plans promote some independence by encouraging people to have choice and control over their care and support and enabling them to do what they can. Care staff record the support provided within the daily documentation. People mostly receive continuity of care, with the same team of care staff who provide the support at the correct times. Care staff we spoke with know people well and understand people's needs, wishes and preferences. Not all personal plans accurately reflect people's needs or are clear on how to mitigate risks to people's health or mobility. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We received positive feedback regarding the service from people, their relatives and external professionals. People told us "*They accommodate my needs and do what I want*", [I am] "*Very pleased with it*" and the support is "*Physically and mentally good for me*". People said they receive a copy of the schedule, so they know which care worker is due and when and are mostly kept updated about any changes to the rota. We spoke with relatives of people who receive support from the service, they told us the service meets the needs of their loved ones. Care staff keep them updated of any changes or concerns and they are involved in reviews of peoples care and support. External professionals spoke positively about the service, feedback includes "*They are really patient centred*", [care staff] "*Develop good rapport with the person*" and "*they were absolutely amazing*". They told us care staff engage regularly with their profession and follow any advice or instructions provided.

The service promotes hygienic practices and manages the risk of infection. We found there is sufficient Personal Protective Equipment (PPE) available to care staff. There is an up-to-date infection control policy in place which is clear on the procedures to follow and is in line with current guidance.

Improvements are needed to ensure the service has safe systems in place for medicines management. The majority of care staff are up to date with medication training, but medication competency assessments are not completed to ensure care staff are competent to safely administer medication. The service provider has a medication policy in place, but it is not in line with guidance and legislation. The service provider has not ensured current best practice is followed with the administration of medication, this is an area for improvement and we will follow this up at the next inspection.

Leadership and Management

The service provider has governance arrangements in place to support the running of the service. The RI completes their regulatory visits and a record is kept of this, which includes speaking with the management about ways to improve the service. People and their representatives are approached for their views on the service through regular surveys. People we spoke with told us management are responsive to any feedback provided. The service provider does not consistently keep and maintain relevant records regarding assessments, reviews, correspondence with professionals and complaints, while no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are supported by staff who receive some training and feel supported but not all staff are robustly vetted before they start working at the service. Care staff are appropriately registered with Social Care Wales, the work force regulator. Most care staff are up to date with mandatory training, the manager has assured us they will arrange training in specialist areas to enable care staff to meet people's individual needs. We spoke with care staff, they told us they feel supported in their role. The majority of staff we spoke with told us they have regular supervisions and appraisals and these provide an opportunity to discuss issues and receive feedback on their performance. Feedback from staff includes *"They are constantly there, the communication is very good"*, [the job is] *"incredibly rewarding"*, *"I have always loved the job"* and *"I feel genuinely supported"*. We found the service provider does not consistently complete the recruitment checks. This includes obtaining identification and references before care staff start working at the service. Not all staff have an up-to-date DBS check in place. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Care staff are provided with sufficient travel time and time to spend with people who use the service, to ensure their needs are met. Care staff told us they have enough time at each visit to meet people's needs. They said if people's needs change, the service provider is proactive to make sure people have the right amount of time at each visit.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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15	The service provider has not ensured personal plans accurately reflect people's care and support needs and the steps required to mitigate risks.	New
58	The service provider has not ensured there are arrangements in place for all medicines to be administered safely.	New
35	The service provider has not ensured all care staff are robustly vetted before they start working at the service and that all staff have an up to date Disclosure and Barring (DBS) check in place.	New
59	The service provider has not ensured all relevant records are kept and are maintained.	New

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