

Dependable Care LLP

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## Inspection report

Offices above the Windsor Castle Inn  
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Tel: 08000016027

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15 March 2021

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05 May 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Dependable Care LLP is a domiciliary care agency providing personal care to people in their own homes aged 65 and over at the time of the inspection. At the time of our visit, the agency supported 27 people.

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

The provider and registered manager had made changes since the last inspection which will need to be sustained overtime. People's experiences of care had not always been consistent, the registered manager had recognised this and had taken steps to improve this.

People's risk had been identified and recorded, however, some people had different experiences of care staff at weekends. People felt safe and received their medicines as needed. The overall management of preventing infection control was effective.

People's needs were known and recorded, by staff who had been recruited safely, trained and supported in their role

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 April 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dependable Care LLP on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service. 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 well-led?**

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

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## 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 Expert by Experience completed this inspection. 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 homes. 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

This inspection was unannounced.

Inspection activity started on 11 March 2021 and ended on 17 March 2021. We visited the office location on 15 March 2021.

#### 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 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 eight people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, care coordinators and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, call times and quality assurance records.

# 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 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.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- People told us the staff during weekdays made them feel safe, however, people told us they felt calls were rushed by staff at the weekend. One relative told us, "We have a time slot, they come later some days than others. They don't always stay for the whole amount of time."
- People's feedback differed in the staff who provided their care. Where people received regular staff, they were pleased with the care. One person told us, "Some carers are brilliant, they get on with their job, nothing's a problem. Others, who come at weekends, are not so good."
- We saw from the recent staff meeting minutes the registered manager was aware of people's feedback about call timings. The management team had already taken steps to improve call recording and timings and recruited more staff. These changes will need time to demonstrate continued improvements.
- Staff provided examples of potential signs of abuse and how these would be reported to management or direct to the local authority safeguarding team.
- The registered manager ensured staff were aware of how to protect people from the risk of abuse.
- The provider had completed safe recruitment checks for staff prior to starting work. This included references and criminal record checks.

Assessing risk, safety monitoring and management

- Risks were not consistently managed. Where people required the use of a hoist for safe transfers, there were people who felt less confident with certain staff's guidance and support. The registered manager provided evidence all staff had received moving and handling training, along with competency checks. The concerns have been addressed by the registered manager since the inspection.
- Staff were supported to provide risk-based care and referred to care plans for how best to provide people's care. One relative told us, "My husband has come on wonderfully well with having the same carers."
- People's risks were assessed prior to getting their care. This was reviewed after the first four weeks and then every six months. One person told us, "We talk about things like how I want to be transferred and we agree between us."
- The management team checked staff competencies by unannounced visits while they provided care in people's homes to check safe care was provided.

Using medicines safely

- Where people required support with their medication, the management team had clear records of administration.
- The management team had identified improvements and were implementing an additional electronic

recording system.

- There was clear oversight by the management team to ensure people received their medicines as expected.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment effectively and safely and checking staff were using this in people's home.
- We were assured the provider was accessing testing for staff.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The management team were able to show changes had been made in response to concerns or complaints raised. These included the introduction of additional monitoring tools and new systems to improve written daily records.



# 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 meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to understand quality performance monitoring. 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. There was now a clear management structure in place and two care co-ordinators were also involved in checking the quality of care people received. The checks were recorded and where issues had been identified, this had been followed up.

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

- People were mixed in their views on how their care was monitored and if they had been asked for feedback. The registered manager evidenced care quality calls to people and where needed, implemented changes. One relative told us, "When I've raised concerns, the supervisor has taken it on board and spoken to the staff involved."
- The provider's policy was to provide an annual survey, however people had only been receiving care since November 2020. One person told us, "A customer satisfaction form would be beneficial." The registered manager told us they will consider the best option to receive feedback following this inspection.
- There was a new management team in place who were currently defining their roles and responsibilities. There were systems to review the care provided and oversee staff practice. These improvements to records and oversight will need to be sustained, with continual monitoring of risks to note any changes needed.

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

- People were positive about the registered manager and the staff who supported them. One person told us, "This company has started a turnaround for me, I am now getting some help. The manager is an absolute angel."
- The registered manager welcomed feedback and listened to people. One person told us, "The office [staff] are all very friendly. The manager is well experienced. Yes, I would say I'd recommend them."

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

- The provider's had recorded and responded to complaints received. The provider understood their legal responsibility to offer an apology when things went wrong.

- Staff recognised the importance of providing care in an inclusive way and told us they were accepting and welcoming of people's lives and histories.

#### Continuous learning and improving care

- Staff were supported to learn and improve their skills and knowledge. One staff member told us, "We have three monthly competency checks and if we make a mistake, we do a reflection."

#### Working in partnership with others

- The provider was keen to develop professional working relationships with other health and social care professionals and was exploring ways to build on these. For example, looking at ways to improve communication as staff were not always there when district nurses completed their visits.
- The registered manager demonstrated how they linked with other industry associations and networks to ensure they remained up to date with any changes in legislation or good practice guidelines.