

Dependable Home Care Services Limited

Dependable Home Care Services

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: Dependable Home Care Services provides personal care and support to people living in their own homes. At the time of inspection 27 people were receiving support with personal care and 19 staff were employed by the service including the registered manager.

People's experience of using this service: People spoke highly of the care staff who visited them from Dependable Home Care Services. People's privacy, dignity and independence was promoted. Positive relationships had developed between people receiving support and care staff.

The registered provider had a complaints policy in place. Information about the complaints process was provided to people from the initial contact. We identified that although complaints had been actioned, feedback was not always recognised as a complaint. We discussed this with the manager and they told us they would address this without delay.

There wasn't a centralised log of communication from professionals and others for people receiving a service. This was immediately remedied following the inspection.

The provider had safeguarding and accident reporting processes in place that the staff were fully aware of and followed.

The service was a small, family run business which had worked with other social care professionals to improve and provide quality care. The provider told us that they never accepted a care package unless they were confident that they could meet the person's needs to a high standard.

Care plans and risk assessments were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required with input from the people using the service. We saw that people and their relatives were involved in supporting staff to understand how people wished to be cared for.

People told us that for the most part, their support was provided by the same staff which meant they were supported by staff they were familiar with and comfortable with. This was good practice. People told us staff turned up on time and that they received the support they needed.

Recruitment processes were in place and pre-employment checks were carried out. Staff employed by the service received an induction into their job role and were appropriately, trained and supported to meet people's needs safely.

Medicines were administered safely and in accordance with the service's policy.

The service worked closely with other health and social care professionals and feedback we received said

that the provider was flexible in the support that they provided.

The registered provider was complying with the principles of the Mental Capacity Act (MCA) 2005 and we saw that people had consented to their care.

Quality assurance processes were in place and the provider had up to date policies in place to guide staff practice.

People also had the opportunity to share their thoughts, opinions and suggestions about the support they received and we saw that the manager and staff used this feedback to learn from and improve the service.

Rating at last inspection: This was the first inspection of the service since it registered with CQC.

Why we inspected: This was a planned comprehensive inspection as part of CQC's inspection schedule.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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.

Dependable Home Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Dependable Home Care Services provides personal care and support 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:

We gave the service 24 hours' notice of the inspection site visit because it is small and we needed to be sure that staff would be in the office when we visited.

We visited the office location on 12 March 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people using the service and three relatives to ask about their

experience of the care provided. We spoke with three care staff and the registered manager. We also received feedback from other social care professionals and a training provider.

We reviewed a range of records. This included five people's care records and medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. Staff spoken with knew what action to take to protect people from harm and would not hesitate to whistle blow if they were concerned.
- People told us they felt safe because they received safe care and could talk to staff if they needed to. One person told us "I'm as safe as anybody can be."
- We saw that the provider had safeguarding policies in place for staff guidance.
- People's care files held information on who was in the person's care team with photographs. This meant that people were fully aware of who was coming to their home.

Assessing risk, safety monitoring and management

- The registered manager had good knowledge of all of the people using the service. However, there was no way of seeing communications and actions as there were no centralised records kept of this other than in people's individual care files. We discussed the importance of keeping monitoring logs in a central area with the registered manager and the benefits for ongoing risk monitoring. The registered manager immediately actioned this and the day following inspection had implemented a new process.
- There was appropriate risk assessments in place for risks that may arise whilst supporting a person. These were detailed and offered guidance for staff on how to keep people as safe as possible.
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people. Examples included use of oxygen and risks of falls.
- Environmental risk assessments that included the internal and external aspects of a person's home were also assessed to ensure that any risks in the person's home environment were addressed.

Staffing and recruitment

- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies to address any issues with poor staff practice.
- People we spoke with told us that staff were usually on time and stayed for the amount of time they should. This indicated that the number of staff employed by the service was sufficient to meet people's needs.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the procedure staff needed to follow when administering medication.

- Staff had completed medication administration training and had their competence assessed regularly to ensure they were safe to manage people's medicines.
- Medicines were stored safely in people's homes and people told us they got their medicines when they needed them.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training and personal protective equipment (PPE) was freely available. For example, disposable gloves and aprons.
- People we spoke with told us the staff always used their PPE when providing support and never turned up without it.

Learning lessons when things go wrong

- We saw that comments people had made about not being properly notified of unexpected changes to the staff team visiting them had been taken on board by the manager and addressed.
- The registered manager regularly worked in the community with staff and so was able to monitor the ability of staff to provide people with the support they needed. This ensured that any staff training or development needs were picked up and addressed. An example of this was regarding body maps following on from the registered managers identification of staff knowledge needing to be improved.

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

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

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that people had consented to their plan of care and people we spoke with told us their consent was asked for by staff before support was provided.
- The registered manager was able to tell us about the support people received and whether they had capacity or not for specific decisions.
- The manager was aware of their responsibilities with regards to the MCA and people's care.

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

- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Detailed care plans were developed from initial assessments and included input from other health and social care professionals when required including social workers, GP's and the mental health team.

Staff support: induction, training, skills and experience

- The registered manager accessed Age UK Herefordshire and Worcestershire for some aspects of staff training.
- Staff completed regular online and face to face training in areas relevant to their roles, to ensure they could support people effectively. Staff were required to attend what the provider considered mandatory training including moving and safe handling people, food hygiene, medication and first aid.
- Staff were also required to attend additional training specific to their roles.
- New staff had completed a comprehensive induction which met the government's recommended

induction standards. Staff competence was assessed during the induction process.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- People were protected from risks associated with poor nutrition.
- People who had specific dietary needs such a gluten free diet had information about this in their care files. This ensured the staff had the appropriate information to effectively support those with dietary needs.

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

- Care records showed that staff communicated with other health care professionals when needed including GP's, the mental health teams and social workers.
- Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had access to equality and diversity training.
- People's equality and diversity needs were assessed from the outset and measures were put in place to effectively provide the support that was required.
- One relative we spoke with told us "They listen to [person]. It makes [persons] life different by the way he is treated by them [staff]."
- People were able to tell us how staff supported them with patience and care. One person told us "They ask me how I am every time they come in, they are marvellous."
- Staff told us and we saw that care records contained information about the people they were caring for that enabled them to develop a good understanding of people's needs, wishes and preferences. One relative told us, "I was always complaining about the last two companies but ever since [registered manager] has taken over it's been brilliant."
- We saw how care plans documented how a person's abilities could vary throughout the day and how staff could support the person in response to this.

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

- The registered manager regularly provided the support in the community and was able to ask people their opinions about their care and gather feedback personally.
- People were involved in the decisions that needed to be made about their care from their initial contact with the service.
- People were encouraged to share their feedback about the quality and safety of care they received. Quality review forms and quality questionnaires were circulated on a regular basis to enable them to do this
- Care records indicated that the care and support people received was tailored around their wishes, needs and preferences. This was confirmed in the discussions we had with people using the service.

Respecting and promoting people's privacy, dignity and independence

- Care files held information about how to encourage people to be independent, for example cleaning their own teeth or how to support them to eat independently.
- One person told us how they had been fully independent before needing support in their home and that staff from Dependable Home Care Services encouraged them to stay as independent as possible.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- People we spoke with told us how their privacy and dignity was respected during their personal care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place. However, we identified during the inspection that although the registered manager had responded to issues raised by people using the service, these issues had not always been recognised as a complaint and not recorded as such.
- We discussed this with the registered manager and they told us they would address this without delay.
- People and relatives, we spoke with told us that they felt comfortable raising any concerns with the registered manager. A person told us they manager had been very responsive when they had an issue with the care they received.
- People told us they were provided with information about the complaints process and who to complain to if they needed to. One person told us "If you have a problem they try and help you."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support from regular members of staff. Staff were familiar with the needs of the people they supported. Staff provided care and support that was tailored around people's preferences and wishes. One person told us "I write in the care file [registered manager] checks it and adapts."
- Staff were introduced to people before they began supporting them. Staff 'shadowed' more experienced staff so they could begin to familiarise themselves with the different aspects of support people required.
- People told us that they were involved in the care planning process and staff received regular updates if any changes to a person's health and well-being was identified. One relative told us how they were "Involved in the care reviews and I read the care plan regularly."
- We saw that the provider had documented the person's view of their support needs in their care file. For example how they enjoy company and may need additional support due to a hearing impairment.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection nobody required any specific support in this area of care. However, we saw that this area of care and support was identified at the assessment and could be supported on request.

End of life care and support

- The service had previously provided end of life support and had worked with other teams to ensure appropriate support was given when needed.
- We saw that training was available to staff to ensure they were able to provide the appropriate care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received care and support that was tailored around their support needs and wishes.
- We received positive feedback from other health and social care professionals about the service.
- People were involved in the care they received; staff knew people's preferences and what people expected.
- The registered manager was responsive to the feedback we provided during the inspection and acted on this immediately following the inspection.

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

- The registered manager demonstrated that they understood the information that they were required by law to share with CQC. For example, information about any serious injuries people experienced or information about potential safeguarding incidents.

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

- Staff told us they felt listened to and that the registered manager was approachable.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service.
- One person told us "I wish I'd found the service earlier." A relative we spoke with told us "They are the best we've ever had."

Continuous learning and improving care

- We could see that the registered manager analysed feedback from people using the service and made changes to the care provided to ensure that people's views were responded to.
- We saw how issues that were identified during care delivery was used as a learning tool for the staff as a whole.

Working in partnership with others

- The registered manager worked in collaboration with other healthcare professionals to ensure good outcomes for people. One member of the mental health team we spoke with was able to tell us that Dependable Home Care Services had given good support. They told us that the service had continued to work in a challenging situation with innovative ideas to enable the person to continue to live independently

in the community.

- We spoke with a social worker who was able to tell us how the provider worked closely with them to ensure they were delivering a safe, effective, caring and responsive service.