

Dependability Limited

Dependability Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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:

Dependability Limited is an agency providing personal care to people who lived in their own homes in the community. The agency also provided occupational therapy services to people living in the community. CQC does not regulate or inspect this aspect of the service. At the time of the inspection, 14 people were being supported with personal care (washing, dressing and help to take their medicines). The agency employed eight care workers to provide this care. All the people lived in Hertfordshire. The majority of people were older adults, although some people were under the age of 65 years and had physical disabilities.

This was the only branch of the provider. The director of the company was also the registered manager.

People's experience of using this service:

The provider did not always ensure the safe management of medicines, because they did not assess the risks associated with these or make sure information about medicines and their administration was clearly recorded.

The provider's systems for improving the quality of the service and mitigating risks were not always operated effectively. This meant that people did not always experience safe or effective care.

There had been improvements in the way in which the provider recruited staff. However, some of the evidence of their suitability had not been obtained until after they started working at the service.

The provider did not always make sure people's consent to care and treatment was evidenced.

The staff had not always completed the training which would give them the knowledge and skills to provide effective care.

People using the service, their representatives and external professionals were happy with the service. They said that it met their needs and they felt safe with the staff. Their needs were described in care plans and these were updated to reflect changes in their needs and circumstances.

There was an emphasis on supporting people to maintain and develop their independence. The agency also provided an occupational therapy service, where they assessed people's needs relating to equipment and mobility. They worked with other healthcare professionals to make sure people had the right support and equipment to gain skills and remain as independent as possible.

People said that the staff were kind, caring and they had good relationships with them. The staff felt supported and said they had the information and support they needed. The staff said they were in regular

contact with the registered manager and felt confident about their work.

Rating at this inspection:

We have rated the key questions of, 'is the service safe?', 'is the service effective?' and 'is the service well-led?' as requires improvement. We have rated the key questions of, 'is the service caring?' and 'is the service responsive?' as good. The overall rating of the service is requires improvement.

We found breaches of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. You can see what action we have asked the provider to take within our table of actions.

Rating at last inspection:

The last inspection of the service was 4 December 2017 when we rated the service as requires improvement. This was because we found the recruitment of staff was not always carried out safely.

Why we inspected:

We conducted this inspection of the service as part of our planned schedule of inspections based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information.

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 ●

Dependability Limited

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:

The inspection visit was conducted by one inspector.

As part of the inspection we contacted people who used the service, their relatives, staff and other stakeholders for their feedback about the service. Some of the phone calls to people using the service and relatives were made by an expert by experience. 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:

Dependability Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and some adults under 65 years who have physical disabilities and/or mental health needs.

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 12 February 2019, to see the registered manager and office staff; and to review care records and policies and procedures. We made phone calls to people who used the service and their representatives on the same day.

What we did:

Before the inspection we considered all the information we held about the service. This included the last inspection report and the provider's action plan in response to this. We looked at notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We looked at the provider's website and other public information about the provider.

During the inspection we spoke with the registered manager and occupational therapy manager. We looked at the care records for four people using the service and the staff recruitment, training and support records for four members of staff. We also looked at other records used by the provider to manage the service. These included quality monitoring records, records of complaints and meeting minutes.

We spoke with three people who used the service and the relatives of four other people. We received feedback from three care workers and two external professionals who work with the service.

Is the service safe?

Our findings

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

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

- At the inspection of 4 December 2017, we found the recruitment of staff was not always carried out safely. At this inspection of 12 February 2019, we found improvements had been made. However, some of the checks on staff suitability were not thoroughly completed before the staff started working at the service. For example, one staff member started work at the service after the provider had obtained only one reference, although they received a second reference for the member of staff nine days later. The registered manager told us that this member of staff did not work unsupervised until the second reference had been obtained. A second member of staff had recorded employment with three different adult social care providers from 2005-2013. There were no references from these employers. The staff recruitment file did not show that the provider had sought references from these employers who would be able to comment on the staff member's conduct in an adult social care setting. Following receipt of the draft inspection report. The provider told us they had tried to obtain these references before our inspection but had been unsuccessful. However, they carried out additional checks following the inspection visit to confirm the staff member's suitability.
- Other improvements relating to staff recruitment were noted. There was evidence the staff had completed application forms, that the provider had requested evidence of their identity and eligibility to work in the United Kingdom and checks on any criminal records from the Disclosure and Barring Service. Staff were invited for a formal interview and this was recorded.
- The provider deployed enough staff to meet people's needs. They had a small number of people using the service and they all lived geographically close to each other meaning that the staff did not have long travel time between visits. However, one relative told us that there had been an incident where the care worker had not arrived at all for the visit. They said that as a result of this the person was left in bed without having any food or drink from 7pm one evening until 10.45am the following day when another relative visited. The provider kept a record of late and missed visits, which included details of what had happened. The registered manager explained they had apologised for the incident and investigated what had happened. Although they had not raised this as a safeguarding alert. The registered manager told us that another care worker was sent to the person as soon as they were alerted about the error.
- One person told us that some of the care workers did not arrive on time and could be up to 40 minutes late. They said they had spoken with one of the managers about this and things had improved. Other people told us the care workers were usually on time and stayed the correct length of time. Some of their comments included, "They always arrive on time, they are the best agency I have ever had, and they are dependable",

"They are generally on time" and "I think they are mostly on time, they always do more than they are supposed to do." Two people who we spoke with told us the agency did not contact them to let them know if the care worker was running late, although the relatives we spoke with said that they had received calls to let them know.

- We discussed the incidents of missed and late visits with the registered manager. They explained that they had investigated these and spoken with the staff concerned. There was no alert system in place at the time of the inspection to prevent reoccurrence of these incidents. The registered manager said that they relied on people using the service, or their representatives, to let them know if a visit did not take place. However, they had purchased an electronic call monitoring system and were hoping that they would be able to start using this after they had received training regarding this. They said that the system would send automatic alerts to the managers if the care workers did not arrive for a visit on time.

Using medicines safely

- Some of the people we spoke with received support with their medicines. One relative told us that they were not always happy with this support. They explained that the person being cared for was prescribed pain relief to be taken every four hours. They said that the timing between the visits did not always allow for a four-hour gap and, as a result, the person sometimes took two doses too close together."

- There was insufficient information to ensure that staff administered people's medicines safely. The registered manager told us that three of the four people whose care plans we viewed were assisted to take their medicines. However, we did not see evidence of safe medicines management in any of their files.

- There were no assessments of the risks associated with people taking medicines. One person's care plan stated they were prompted to take their medicines. There was no assessment in respect of this. Another person had been assessed as having fluctuating mental capacity in July 2018. This meant that they were sometimes not able to make or understand decisions about their care. However, there was no assessment regarding the risks associated with medicines for this person. There was no assessment for the third person either. We discussed this with the registered manager who said they were not aware they needed to assess the risks relating to medicines. The registered manager told us the fourth person, whose care plan we looked at, managed their own medicines. There was no assessment relating to this or the risks of them forgetting or failing to take their medicines.

- There was no information about people's prescribed medicines within their care records, or this information was inaccurate or incomplete. The assessment for one person, dated the 19 November 2018, listed six different medicines they had been prescribed. Some of these had been spelled incorrectly and there was no recorded dose, route of administration or reason for the prescribed medicines. There was one other document within the care records which was a photograph of a dosset box (container for multiple different medicines) taken on 14 November 2018. There were eleven different medicines listed on the dosset box label, although two had been crossed out. Five of these were the same as the medicines listed in the assessment. There was no information about the person's medicines in their actual plan of care and the only reference was the statement, "Administer medicines" at each planned visit.

- The second person's assessment and care plan did not contain any details about the medicines they were prescribed with the exception of the name of one type of medicine in their assessment. The person's care plan stated that the staff should, "Give medication and record on medication chart" and, for one particular medicine, "Give evening medication and leave 10pm medication beside [person] with a glass of water."

There were no other details and no recorded assessment of risk relating to the medicine that was left with the person.

- The provider's records of medicines administration were not sufficient to evidence people had received their medicines as planned. There were no administration records for two of the people who were supported with medicines, both had started using the service in November 2018. The registered manager told us that medicines administration records were at the people's homes. There was no record to indicate that these had been checked or audited to make sure people had received their medicines as prescribed.
- The third person had started the service in October 2018. There were no records of medicines administration until 5 December 2018. The medicines administration records did not include details about the person, such as their date of birth, record of any allergies or GP details. There was no dose or route of administration for one of the prescribed medicines. The records included two different instructions, "Given by carer" and "To be left with [person] to take." It was not clear which medicines these instructions related to.
- The medicines administration records were dated from 5 December 2018 – 8 January 2019. There was no evidence of administration since this time. With the exception of four recorded doses, one of the medicines had either not been signed for or recorded that the person had refused for any other administration time. There was no information to state that this medicine was a PRN (as required) medicines which may not be needed every day. There was no evidence of any investigation of follow up by the registered manager to find out why this medicine had been consistently refused or not given.
- The medicines administration records for 2-8 January 2019 had additional columns and boxes drawn on by staff with the dates 9-11 January 2019 hand written in these. The boxes had been signed but they had been recorded in such a way that it was not clear which medicine they related to. There was no recording for some or all of the medicines for the evening of 19 December 2018 and the morning of 26-29 December 2018. Some of the entries on other days included a tick, which was not one of the approved codes the chart stated staff should use. One entry contained words which could not be read, and a number of entries had been crossed out. This meant that it was not clear whether people had received their medicines as prescribed.
- From 19 – 25 December 2018, the person had been prescribed antibiotic medicine. There was no information about what type of medicine this was, the dose or route to be taken. Furthermore, there was no signature to show the lunch time dose had been administered on three occasions.
- Failure to ensure that medicines were appropriately recorded, that the risks associated with these had been assessed and that administration was clearly recorded put people at risk of receiving care and treatment which was not safe and did not meet their needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained that most people using the service only needed prompting with their medicines and not actual administration by the staff.
- The registered manager told us they had improved the medicines administration records by developing a short course medicines form which could be used for one off and short-term prescriptions, such as antibiotics. They said that these would be further improved in the future when they introduced electronic

record keeping which would be linked to a system the registered manager could monitor in real time.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care workers who visited them. The relatives we spoke with also said they felt people were safe. Some of the comments included, "I definitely feel safe" and "[Person] likes them coming in, [they] feel absolutely safe."
- The provider had a procedure in safeguarding adults The staff were supported to understand this through training and meetings with the managers.
- The registered manager told us that sometimes care workers purchased small amounts of shopping on behalf of people using the service. We saw evidence that these purchases had been recorded in the daily care notes for one person but not on a separate sheet of financial transactions. This meant that the records could not easily be viewed and audited. Whilst there was no indication that anything untoward had happened, having clear records dedicated for financial transactions would be a better safeguard for people.
- The registered manager spoke about a situation where they had identified a person was at risk of self-neglect. They had responded appropriately highlighting the risks to the local safeguarding authority.

Assessing risk, safety monitoring and management

- One professional talked about an accident where someone had fallen. They explained the way in which the agency responded was appropriate, monitoring and managing the risks to the person.
- The care plans we viewed included assessments of risk relating to people's health, care and the environment in which they lived.
- The provider had a contingency plan for different emergency situations. This included what the staff would do if they found someone had fallen or collapsed, what to do if equipment broken down or aggression against the staff. The registered manager described the processes for adverse weather and transport problems. These ensured that the staff would be supported to be able to travel to their care visits.

Preventing and controlling infection

- People using the service and their relatives told us that the staff washed their hands and wore protective gloves when providing care. The staff told us they had received training around infection prevention and control. They said that supplies of gloves, aprons and other protective clothes were available at people's homes. One member of staff said, "We are provided with uniform and have access to disposable gloves and aprons in the clients' homes. I have had training about infection control." The audits carried out by the registered manager to assess how well the staff were working included making sure they had good hand hygiene and followed infection control procedures.

Learning lessons when things go wrong

The provider had responded appropriately following accidents and incidents. There was evidence the care workers had contacted emergency services (when necessary) and provided support and treatment when people had fallen. They had also analysed the cause of accidents and been proactive in making

arrangements to prevent further reoccurrence. For example, they had identified that one person had fallen when trying to get out of bed to use the toilet. They had recognised that the continence aids the person had were insufficient and this had led to the person being worried and feeling the need to get out of bed. The provider had contacted the continence service and requested a reassessment of the person's needs. In another example, they had identified a person would benefit from different equipment to support their mobility. They had worked with the person, so they felt confident using this.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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. We checked whether the service was working within the principles of the MCA.
- The provider had not always obtained people's written consent to their care, treatment, use of photographs, use of key safe codes or administration of medicines. Care plans included forms for consenting to people's data being stored and shared with other professionals. Although this did not specifically include staff using a message service on their mobile phones to share information.
- The registered manager told us that they used to have a consent form which enabled people to sign consent to their care and treatment but that they now used a different form which did not cover this. They said that they would reintroduce a form that asked for people's consent to their care plan and other areas.
- People told us that they agreed with their care plans. The registered manager told us that all but one person had the mental capacity to make decisions about their care. There was evidence they had been involved in the assessment process and creating their care plans. One person had been assessed as having fluctuating levels of mental capacity. This assessment was in their care records and there was evidence that their representatives had been involved in making decisions in their best interests about the person's care.

Staff support: induction, training, skills and experience

- The staff told us they received the training they needed and had taken part in inductions when they started working at the service. Their comments included, "We had an induction and a meeting, I was introduced to one of the clients and given training on manual handling and medication", "I had shadow training, three days with the manager and a care staff employee with each client" and "I want to take up [a qualification in care] which my manager is looking into now."

- The provider employed their own manual handling trainer who provided training and assessed staff competencies. The registered manager had also developed a number of training packages which for courses which they ran for the staff. They had also signed up for an online training provider for staff to complete computer courses.

- The registered manager showed us a record which stated the training the staff had undertaken. Two of the care workers were not listed on the record so we had no information about the training they had completed. Five care workers had not undertaken training regarding safeguarding people from abuse, dignity in care, the Mental Capacity Act 2005, equality and diversity, infection control or person-centred care. The registered manager told us that the majority of these staff had experience and training from other providers and they would undertake the training with Dependability Limited in the near future. Following receipt of the draft inspection report, the registered manager explained that some of the training records viewed at the inspection were not up to date. They told us that all staff were in the process of completing a range of training relevant to their roles.

- New members of staff had shadowed experience workers when they started working at the service. The registered manager had attended visits to observe them and had signed off records to show that they were competent in different aspects of their role.

- The registered manager described how they offered support to the care workers which included supporting one care worker who has specific needs around communication and information. They explained how they provided clear guidance and checked back the member of staff had understood.

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

- The provider had carried out assessments of people's needs before they started using the service. The assessments included information about the person's mental and physical health needs, home environment, ethnicity and social needs, self-care, skin integrity, mobility, equipment used and the type of service they required. Care plans had been developed to reflect these assessed needs. People using the service and their representative's views had been recorded in assessments.

- The registered manager and occupational therapy manager often carried out the assessments together. This meant the occupational therapy manager could assess any equipment needs and make sure people could be safely cared for by the agency. The registered manager told us they introduced care workers before they started to care for people. They explained the matched care workers to people depending on their skills, knowledge and personalities.

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

- People who received support at mealtimes told us that they were happy with this support. They said that the care workers offered them choices and prepared the meals they asked for.

- Information about people's dietary needs was included in their care plans where relevant.

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

- People's healthcare needs were recorded in their care plans and there was evidence the provider had

worked closely with other healthcare professionals to make sure people's needs were met. The registered manager had made referrals to other healthcare professionals when they had identified people's needs.

- The agency had helped advocate on people's behalf when other professionals were slow in responding to meet their needs. For example, when the provider had identified a continence need and there had been a delay in supplying people with the equipment they needed to enable them to be safer and more independent.
- The occupational therapy manager assessed people's needs for specialist equipment or resources and liaised with other professionals to make sure people received these.
- People's care notes included evidence of regular liaison with other professionals and the registered manager following up referrals.

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

- People using the service and their relatives told us the staff were kind, caring, polite and respectful. Their comments included, "Definitely caring", "The [care workers] I have are very good" and "You couldn't ask for better, they are never in a rush and always wait for [person] to respond."
- People told us that they were asked if they had a preference for the gender of their care workers. This was also recorded in their care assessment.
- People said their needs were met and they were able to request changes to their care or if they were unhappy with the care workers who were assigned to them.

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

- People told us the staff respected their choices and allowed them to make decisions about their care. One relative commented, "The carers are very respectful, they always ask [person] 'what would you like?' or 'would you prefer...?'"
- One professional completing a satisfaction survey for the provider in February 2019 had commented, "I feel the views and wishes of the client and family are respected at all times."
- People using the service and their relatives told us they had been involved in developing their care plans. People also said they were consulted regularly to make sure these reflected their needs.

Respecting and promoting people's privacy, dignity and independence

- One person told us that about the way in which the care workers supported them to be independent. They said that they helped them in the community and provided care and support if they became unwell whilst out of the house.
- People said that the staff respected their privacy. One relative told us, "We had a few issues at the beginning. The carers did not always shut the curtains, so people from the street could have seen [person] using the commode. Also, we have asked them to leave the light on at 4pm, and sometimes they forgot and [person] was left sitting in the dark. I have left notes to remind them. They do leave the light on now." The other relatives told us people's privacy was always respected and the care workers made sure doors and

curtains were closed.

- The registered manager said that they employed staff who spoke a range of languages but at the time of the inspection, all of the people using the service spoke and understood English.
- People were supported to maintain and develop their independence. The agency employed an occupational therapy manager who assessed when people needed different equipment to help maintain their independence. The care plans included information about what people could do for themselves and when they needed help and support. The agency had supported some people to access the community and events that they would not otherwise have been able to attend.

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.

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

- People using the service told us that their needs and preferences were being met by the agency. Relatives and external professionals confirmed this.
- The provider had asked people who used the service and other stakeholders to complete surveys about their experiences. The relative of one person had completed a survey writing, "Dependability takes account of [person's] needs both in terms of personal care and wellbeing. They are able to advise on the support available for the elderly and communicate with the GP and hospital when necessary, making sure that things are in place quickly and efficiently." Another relative had written, "The new care team visited [person] in hospital and arranged all new equipment for care at home so [person] could be more independent and safe. Lots of encouragement has changed [person's] life. I am very impressed with them."
- The service centred around providing enablement and supporting people to do things for themselves. This was demonstrated through the care plans, assessments and through the examples we discussed with the registered manager. These included One person who had mental health and mobility needs and had experienced a number of falls. The agency had worked with the person to make sure they had the right equipment in place to meet their needs, learnt how to do things for themselves and ace the community. In other examples, the registered manager told us that people had been supported to complete their own shopping and attend leisure activities.
- One professional told us the agency did more than was expected of them, supporting people to access the community.
- The registered manager had developed a care plan for each person. These listed the tasks the care workers needed to complete. We saw that these had been reviewed and updated when people's needs had changed and after three months. The registered manager told us they were reassessing people's needs more often. The provider had responded to changes in people's needs. Logs of contact with other healthcare professionals in one person's care file showed that the staff had identified the person was confused over a number of days. They arranged for the GP to visit the person and carry out a test to see if the person had an infection which needed treating.

- Copies of care plans and other information about the agency were left in people's homes so they could view these.

- Only logs of care visits for one person whose file we looked at were available. These showed that the staff

had followed the person's care plan, checked on their wellbeing and made sure they had enough to eat and drink each visit.

Improving care quality in response to complaints or concerns

- People told us they knew who to speak with if they had a concern about the service. They told us that they felt listened to. People who had raised concerns said that they were dealt with. One relative told us, "I always speak with [the registered manager], she is very approachable, and we chat, she comes up with suggestions."
- The provider kept a record of complaints and concerns and how these had been investigated and responded to. The registered manager told us how they had made improvements to one person's service following a concern they had raised.

End of life care and support

- At the time of our inspection, no one was being supported at the end of their lives. Although the registered manager told us they worked closely with the palliative care teams and other professionals when needed. The registered manager, who was a nurse, told us they were planning to undertake some learning sessions at a local hospital to make sure their knowledge about palliative care was up to date with best practice.

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

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

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

- The provider's checks and audits did not always identify or mitigate risks to people's safety. Information around supporting people with medicines did not include assessments of the risks associated with these. Furthermore, where information about administration had not been recorded clearly, the provider's checks had not identified this and therefore they were not able to assure themselves that medicines were managed safely.
- The registered manager said that they checked medicines administration records and logs of care visits regularly, but this was not recorded and copies of completed information had not been returned to the agency offices, so they could be analysed and areas for improvement noted. The provider had not always ensured that staff undertook training to understand their roles and responsibilities and they had not obtained consent for the provision of people's care, such as administering medicines and providing personal care. Whilst there had been improvements in recruiting staff in a safe way, these were not always robust enough to make sure the staff were suitable before they started working at the service.
- The registered manager told us they conducted audits where they observed care workers providing personal care. We saw evidence of these audits, however, there was no evidence of audits for four of the care workers and no audit for one care worker since April 2018.
- The service was rated requires improvement at the previous inspection and continued to be rated this following the inspection of 12 February 2019. This meant the provider's systems for assessing the quality of the service and making improvements had not always been operated effectively.

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

- The registered manager told us that they undertook a lot of monitoring visits to observe the care workers but that they did not always record these. They also said that they worked alongside the care workers providing care.
- The registered manager explained that they had purchased an electronic care planning, scheduling and

call monitoring system, but that they had only recently started training to use this so the system was not operational at the time of the inspection.

- The registered manager was a qualified social worker and a nurse. They set up the business to provide occupational therapy services across the United Kingdom 25 years ago. The provision of personal care was set up more recently and was based in Hertfordshire only. The registered manager kept themselves updated with good practice guidance and training refreshers. Their nursing qualification remained valid. They were supported by the occupational therapy manager (a qualified occupational therapist) and a manual handling trainer who provided training and support for the staff.
- The provider had paid for an external provider to help them develop policies, procedures and quality monitoring systems. These were updated to reflect changes in legislation and guidance.
- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People using the service, their relatives and other stakeholders spoke positively about the service. Feedback we received as part of this inspection and through the provider's own quality monitoring systems showed this.
- People using the service and their relatives told us they thought it was a good agency. Their comments included, "They are really good", "I give the carers eight out of ten", "I think they are good and they understand", "I am glad I have found them they are fantastic" and "This is the third agency I have used, and they score very highly. They are top notch."
- One external professional who we spoke with told us that they thought the agency supported people well. They said that they were involved in caring for a person who had found other care providers difficult to accept. They said the person was very happy with the agency and care they received. The professional also commented that the registered manager was involved in planning and reviewing the person's care.
- Another external professional told us, "I am super impressed with Dependability." They completed a satisfaction survey for the provider and forwarded this to us. This included the comments, "I have been extremely impressed with Dependability as a company. [The person I work with] was very reluctant to accept support from [their] old care agency which saw [their] health take a huge decline. Since Dependability have taken over [their] care package, [the person's] health and wellbeing has gone from strength to strength and they very much work to enable this service user to maintain [their] independence."
- The staff told us that they liked working for the agency and they felt supported. Some of their comments included, "What I like about the work mainly is the people I care for. I thrive knowing I am helping make their lives better. I am building lovely relationships with most of my service users. The company is very flexible with the times that I can work", "I enjoy encouraging clients to maintain independent healthily happy lifestyles", "I like that the clients are happy with my service and that I will learn and move up to be a field supervisor" and "It's a good company to work with and they make sure they are giving the best service for their clients."
- The staff told us that they had regular contact with the registered manager and could speak with them if they had any concerns. Some of the comments from the staff included, "I see my manager every three

months and I speak with them regularly. I am able to ask for any support needed", "I am in contact with my manager every time I am at work, we contact each other via a [group message service]" and "My manager carries out unexpected audits and checks in clients' homes while we're giving care."

- The registered manager and occupational therapy manager told us they regularly liaised with people using the service, families and staff. There was evidence people had been engaged in developing and assessing their care plans and the provider had asked all stakeholders to complete satisfaction surveys about their experiences. These gave positive feedback about the service.
- Some of the comments from people using the service and their families made directly to the provider through surveys and compliments included, "I am very grateful for the way you scooped me up and provided for me - support care, help and advice. I know it's your business, but you made it personal to my needs not just at the beginning through changes in my health. I have had a lovely team of carers who have aided my recovery and for whom I'm also grateful", "I believe in the carers – they have been good for me", "The agency go above and beyond to meet my needs" and "All very nice girls and very helpful."
- The surveys completed by the staff included comments such as, "Dependability is a good company to work for", "We make a difference in our clients' wellbeing and everyday life", "Strong support and leadership within the company" and "I am proud to be part of the Dependability team."

Working in partnership with others

- The external professionals we spoke with and those who provided feedback directly to the provider, spoke about the strong links and joint working they had with Dependability Limited. This was evidenced in individual care records which showed how the registered manager had advocated on behalf of people to make sure they received the service they needed from others.
- The registered manager kept their training and qualifications up to date by working alongside other providers to make sure they developed their practice and knowledge.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure that care and treatment was provided in a safe way for service users because they had not ensured the proper and safe management of medicines.</p> <p>Regulation 12(1) and (2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not ensure that systems and processes were operated effectively to assess, monitor and improve the quality of the service or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17(1) and (2)(a) and (b)</p>