

Dependable Health Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dependable Health Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 30 people, this included older people and people living with physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people were not always adequately assessed or managed. Medicines were not always managed safely. There were enough staff to meet people's needs, but not always to achieve consistency for people. The service worked in partnership with health and social care professionals, however advice was not consistently recorded in people's care plans. People and their relatives were involved in assessing and reviewing care however, people's care records were not always person centred.

Quality assurance systems were in place, but they were not always robust or effective. Processes were not in place to assess the quality of audits being carried out.

Systems were in place to safeguard people from the risk of abuse. People and their relatives consistently told us the service was safe. Recruitment practices were safe and there was a system in place to record, respond to and learn from accidents and incidents.

People's needs were assessed prior to their support commencing and outcomes identified. Staff received regular supervisions and ongoing training, to ensure they had the right knowledge to support people effectively.

People were treated well by kind and caring staff, who supported people to maintain their privacy, dignity and independence. The provider had a suitable system in place to manage and respond to complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, medicine management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made a recommendation about improvements in the content of care plan records.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dependable Health Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by an inspector, an assistant inspector and 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 February 2023 and ended on 13 February 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 20 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 4 relatives about their experience of the care provided. We also spoke with 8 members of staff including; the nominated individual/registered manager, administrator, and 6 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and 2 staff files in relation to recruitment and staff supervision.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always adequately assessed or managed.
- People's care records contained risk assessments, but they did not always contain information for staff to support people safely. For example, we reviewed care records for 3 people and found risks associated with their moving and handling equipment, had not been adequately assessed. This meant there was insufficient information for staff to meet this person's needs safely.
- People's care records and risk assessment did not always contain accurate information. For example, we reviewed 1 person's care plan and choking risk assessment which provided different information for staff on how to support them with fluids safely.

Systems were not robust enough to assess and manage risks to people's health and safety. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager assured us they would immediately review people's risk assessments and care records and update them, where necessary.

Using medicines safely

- Medicines were not always managed safely.
- People did not always receive their medicines as prescribed. For example, we reviewed 1 person's medication administration record (MAR) and found their pain patch was applied incorrectly on 2 occasions in a 4-week period. This meant this person's pain management may not have been effective.
- Staff were not always given guidance on how to safely administer people's prescribed creams. For example, we reviewed 1 person's daily notes and found staff were administering creams for this person. However, their care records did not contain any information for staff on how, when or why they should administer the creams.

Systems were not robust enough to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a further breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff responsible for administering medication received training and their competency to manage medicines was assessed during regular spot checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- People and their relatives consistently told us they felt the service was safe. Comments included, "The staff are lovely. I'm quite safe with them" and "Excellent – very satisfied, very safe."
- Staff received training about how to safeguard adults from abuse and were aware of their responsibility to report concerns immediately.
- When necessary, the registered manager made referrals to the appropriate agencies, such as the local safeguarding authority.

Staffing and recruitment

- There were enough staff employed to safely meet people's needs.
- Staff told us they had enough time to travel between calls and to meet people's needs during each visit, without feeling rushed.
- People and their relatives gave consistently positive feedback about staff punctuality. However, we received mixed feedback regarding the continuity of people's care. Comments included, "I have two staff members four times a day. There's a sort of team, so I do see the same faces mostly", "It seems to be different staff every day" and "The staff change a lot."
- The provider had a suitable system in place to recruit new staff. The staff personnel records we reviewed contained the appropriate background checks, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- There were systems in place to prevent and control the spread of infection.
- Staff were trained in infection prevention and control and the provider had an appropriate policy in place.

Learning lessons when things go wrong

- Systems and processes were in place to report, monitor and learn from accidents and incidents in the event they arise. Lessons learned were shared with staff during regular team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had a system in place to ensure people's needs were assessed prior to their care and support commencing.
- Outcomes for people were identified and their care and support reviewed.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to care for them effectively.
- New staff underwent an induction, which included a mandatory training programme, shadow shifts and observations of their practice.
- Relatives told us they had confidence in the abilities of the staff team. Comments included, "Staff have a lot to do. All of them seem to know what they're doing" and "The district nurse came in and trained them to manage [relative's] catheter, they have lots of other skills and it all works well."
- Staff told us they receive regular supervisions, which they found useful, and felt well supported. One staff member told us, "[Registered manager] does supervisions and spot checks regularly. [Registered manager] is supportive."

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

- People's nutritional needs were considered during the assessment and care planning process.
- Staff received training in meeting people's needs, who required specialist support with food and drinks. One relative told us, "My [relative] lost their appetite and went downhill quickly. The dietician got involved and worked with the [staff] to encourage [my relative] to eat, they showed me how to fortify food. We make a good team."
- The service had a process in place for making referrals to other agencies when people required support with their health needs. However, we found when advice was given by professionals, this was not always recorded in people's care records.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within the principles of the MCA. The registered manager was aware of their legal responsibilities under the MCA.
- Care records we looked at demonstrated people's capacity to consent to their care had been assessed and best interest decisions were made where required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by kind and caring staff.
- We received consistently positive feedback from people and their relatives about the staff team. Comments included, "Staff have a laugh and a joke, they are all invariably kind and careful", "Working with my [relative] is challenging because of their Alzheimer's. The staff are very reassuring and help to keep them calm" and "Staff manage to remain kind and caring, even with my [relative's] rather negative commentary."
- Staff had received training to ensure they provided care and support in a way that respected people's equality and diversity.

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

- People were supported to express their views and make decisions about their care, as far as possible. A person told us, "Staff communicate with me brilliantly. We chat and have a laugh."
- People and their relatives were involved in decisions about when and how people were supported by staff. A person told us, "The [registered manager] came to see us. Together we came up with a list of things I needed done and what I wanted."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, dignity and privacy.
- People's relatives spoke positively of the support staff provided to help promote people's independence, wherever possible. Comments included, "We've got all the support equipment now and the team are slowly helping [my relative] to get back some of the skills they lost" and "[My relative] was in a bad way when they eventually came home from hospital, they couldn't walk at all. The staff have been brilliant in encouraging [relative] to take literally small steps, but they have made a start."
- Staff we spoke with gave examples of how they respect people's privacy and dignity. One staff member told us, "We ask what people want us to assist them. We ask them whether they are comfortable, we respect their dignity, respect whenever they decline something. We value their dignity and their decision making."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider regularly reviewed people's care plans to ensure the information was accurate and up to date. However, we found care records were not always clear as to who was responsible for meeting people's needs.
- Care plans were prepared in conjunction with people and their relatives. However, they did not contain any information in relation to people's life histories, their likes and dislikes, or their wishes and preferences for how their needs should be met.

We recommend the provider considers how care records can be developed in a personalised way to reflect people's individual needs, wishes and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were considered during the assessment process and guidance for staff, where necessary, was included within care records.
- The registered manager confirmed information could be made available in a range of formats. For example, in large print, braille or in different languages.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy and process to be followed if a complaint was received.
- People and their relatives consistently told us they had no concerns about the service but felt the registered manager would address any issues.

End of life care and support

- The provider had a suitable policy in place. However, at the time of the inspection, no one supported by the service was receiving end of life 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- The provider had failed to establish effective quality assurance systems. Audits were being carried out on a regular basis, but they had failed to identify the issues we found during this inspection.
- The registered manager had not implemented a system to check the quality of the audits being carried out, or the accuracy of people's care records. This meant people's care records were not always clear and lacked information for staff to support people safely.

Governance systems and processes had not been fully established and operated effectively. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff team understood their responsibilities and wanted to achieve good outcomes for people.
- Systems were in place to ensure lessons learned were shared with staff, such as during team meetings.
- The registered manager knew when to notify CQC of certain incidents and understood their regulatory responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibility under the duty of candour. They worked alongside the local authority, to consult and share information, where necessary.
- The registered manager and staff were knowledgeable about working in partnership with other agencies involved in people's care and support. Records showed us that health and social care professionals were involved in people's care. However, professional advice was not always documented in people's care records.

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

- The service promoted a positive and open culture.
- People and their relatives spoke positively of the care and told us they would recommend the service. Comments included, "The staff are really, really friendly, very obliging. Of course, I would recommend them" and "Yes, I would recommend them, the staff are so reliable."
- Staff spoke positively of the support they received from the registered manager. One staff member told us,

"The [registered manager] is very receptive if you have a concern, they quickly come back to you. It makes life easier when you are in the field, when you call the [registered manager] you get quick advice, they're so supportive."

- Outcomes for people were identified during the care planning process. However, records were not always person centred.

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

- The provider engaged with people, their relatives and staff members on a regular basis.
- There were systems in place to ensure both written and verbal feedback was obtained from people and their relatives. This was done through a combination of quality assurance surveys and regular reviews of people's care.
- Staff were regularly engaged by the registered manager through a range of meetings; such as team meetings and one to one staff supervision.
- We reviewed evidence of staff meetings taking place, which were well attended and demonstrated how staff were engaged in discussions about the service. One staff member told us, "We have monthly meetings. They are useful because that's where we get to share ideas and experiences. We also get updates from the office on what is happening and how best we can do it."

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>Systems were not robust enough to assess and manage risks to people's health and safety or to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2) (a) (b) and (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes had not been fully established and operated effectively.</p> <p>Regulation 17 (1) (2) (a) and (b)</p>