

Dependable Care LLP

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## Inspection report

The Business Centre  
Edward Street  
Redditch  
Worcestershire  
B97 6HA

Tel: 08000016027

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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

This inspection took place on 19 March 2019 and was announced. We gave the provider 48-hour notice so we could be sure someone would be available to meet with us. The inspection was completed by one inspector. This inspection was the first inspection since the organisation registered with us on 10 October 2017

About the service:

UK Central Group is a domiciliary care agency. It provides personal care to people living in their own homes. On the day of inspection, the agency was providing care to six people. There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People's experience of using this service:

People told us they felt safe with the staff who supported them. People told that staff were kind and considerate. Relative spoken with told us that the staff were respectful. There were sufficient staff available to support people and calls were completed on time. People reported no missed calls so people's care needs were met.

People had support with their medication when required from staff. We found that the medication administration records did not always reflect how staff supported people. Staff had completed training in the safe administration of medication and various other training. However updated training was not always completed in a timely manner to ensure staff skills were updated.

Risks associated with people care had been assessed to protect people from the risk of avoidable harm. Risk assessments were not always updated when people's needs changed to ensure continuity of monitoring. Staff were aware of how to protect people from the risk of abuse and confirmed who they would report any concerns to, including external agencies if required. The registered manager ensured only suitable people worked at the agency. Recruitment checks were completed and included references and checks with the Disclosure and Barring Service. (DBS)

People confirmed the care they received met their individual preferences and choices. Care plans were reflective of people's current needs. There was a complaints procedure to enable people to make complaints and people spoken with were aware of these procedures. People told us they felt that the registered manager and staff would address any concern they had.

People and their relatives told us that staff were very kind and caring and treated them with dignity and respect.

The registered manager was keen to improve the service for people. However, systems to monitor the quality of the service provided were not sufficient to ensure that people received a consistently good service.

This was a planned inspection.

Rating at last inspection: This was the service first inspection since registration on 10 October 2017

Why we inspected: This was a planned inspection.

#### Enforcement Requirement Notice

The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

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.

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

## 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** ●

# Dependable Care LLP

## 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 was completed by two Inspectors.

Service and service type:

UK Central Group Limited is a Domiciliary Care service providing support to people living in their own homes.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

'We gave the service 48 hours' notice of the inspection site visit to ensure someone was available to assist us with our inspection.

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. During our inspection we spoke with five people or their relatives three staff, and the registered manager.

We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of 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.

### Using medicines safely

- People supported by staff to take their medication could not be assured that they received their medicine as prescribed.

Codes were used on medication administration records [MAR] so staff could sign to say that the person had taken their medicines. Three medication records looked at showed a code with the letter L, the registered manager told us that this code meant staff would leave the medication out for later. The medication risk assessment for all three people did not explain this code. Staff spoken with told us that the code meant that the person had refused their medicine. This showed that the registered manager and staff had different views of what the code should be used for.

- People spoken with felt they were supported as required with their medication. For example, one person told us staff make sure they come on time because I have my medication after food.

### Systems and processes to safeguard people from the risk of abuse.

- Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would report them to the manager. If I was not satisfied they had been dealt with I know I can go to outside and report to other authorities like the CQC or the council." Staff had received training in safeguarding people from harm.

### Assessing risk, safety monitoring and management.

- Risk assessments were in place to mitigate the risk of avoidable harm. We saw good details about the way people were to be supported to avoid injury, however when new risks were identified although staff were aware of the actions to be taken records were not always updated in a timely manner.
- Staff spoken with were aware of the risks involved when supporting people. One staff member told us that the care plans and risk assessment in people's home give the information to support people to minimise any injuries and they told us they would tell the registered manager if they had any concerns about a person.

### Staffing and recruitment

- Recruitment checks were completed to ensure staff were suitable to work with people including Disclosure and Barring Service. (DBS) These help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People were happy with the staff who supported them and told us that staff arrive on time.
- There was enough staff to provide the support to people. Staff told us spot checks were completed by the registered manager to ensure safe working practices, but these were not always recorded.

### Preventing and controlling infection

- Staff had received infection control training and had access to protective personal equipment such as gloves and aprons. Three people told us that the staff always have gloves with them.

#### Learning lessons when things go wrong

- The registered manager told us that there had been no incidents, concerns or issues to be able to measure what action would be taken. However, the registered manager could describe what action would be taken. For example, if a person had a complaint then information would be used to improve the service for that person and assess if other felt the same.

# 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

RI The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found that care was provided to people with their consent. People we spoke with told us that staff involved them in making choices and decisions about their care.
- People told us that staff always asked before supporting them. One person told us, "Staff have never done anything before asking me, I tell them what I want and they help me". A relative told us, "I told them all about [named person] and they do what [named person] needs they still involve her even though she has dementia, still ask her permission".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests, for example, to keep them safe and when it had been legally authorised under the MCA 2005. In order to deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the court of protection for the authorisation to do so.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Records showed training that should have taken place had passed the date when training should have been updated.
- The registered manager acknowledged that some dates had been missed and following the inspection the registered manager told us all staff that required updates in training, times and dates had been booked.
- Staff could give examples of how training had impacted on the care they provided. For example, one member of staff explained how moving and handling training gave them the confidence to know how to support people correctly.
- The registered manager told us that staff had supervision, spot checks and practical observation to assess their work and ensure people was receiving care as they should. However, records did not confirm this. For example, staff records looked at showed for one staff supervision had taken place in May 2018 and there was no record of any further supervision taking place. The registered manager told us that she communicates with staff daily.

We saw in one staff file supervision had identify a performance issue there was no record of the outcome. The registered manager told us that she had discussed the issue verbally with the member of staff but had



not recorded the outcome which was confirmed by the staff member.

- Staff told us they were well supported in their roles and could discuss any concerns, progress or peoples changing needs with the registered manager.
- People spoken with told us that they felt the staff were trained and one person told us, "They do the things I need doing and some of them need skilled staff so I think they do have training, it looks that was anyway".

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

- People's dietary needs and preferences were included in their care plans.
- People were supported by staff to maintain good nutrition and hydration.
- All staff we spoke with told us, that they supported people with their meals but was guided by the person. One staff member told us, "It's important to listen to the person how they like their meals prepared".

Staff working with other agencies to provide consistent, effective, timely care

- People spoken with told us that staff normally arrived on time stayed for the duration of the call time that had been allocated. We had no reports missed calls from the people we spoke with. All the people spoken with told us that staff were reliable.

Adapting service, design, decoration to meet people's needs

- The service provided was to people in their own homes. Risk assessment had been completed to ensure staff were aware of the risk involved when supporting people in their own homes. For example, equipment that was used in supporting people. The registered manager completed a risk assessment at the beginning the service.

Supporting people to live healthier lives, access healthcare services and support

- Care records showed were healthcare professionals were involved and when they visited. Relatives spoken with confirmed that their relative's healthcare needs were being met and any concerns were reported to them so they could support their relative. One relative told us, "They [staff] keep me well informed about [named person] health".

# 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

Good: 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 told us they were involved with decisions about their care and support needs and felt staff supported them to improve their ability to live independently.
- People told us staff treated them with respect and dignity when they supported them with personal care. One person told us "I feel comfortable with my carer",

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

People and their relatives told us that staff were kind and caring. One person said, "The staff are kind, they're very nice." Another person said, "They [staff] are very good. They [staff] chat and talk to me, they always ask if I need anything else done." A relative said, "They go out of their way to help, they're brilliant, they are all very obliging, they are definitely very kind and caring, they are all very nice."

- Staff told us that they support people the way they want and will ask people's permission about their care. One staff member told us, "We do what it says in the care plan, but if people ask us to do other things we do them. People change their minds of what they want support with each day."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and dignity when they supported them with personal care. One person told us, "The staff are very good, very kind and always cheerful." A relative said, "I think [named person] does feel comfortable during personal care, they have never said otherwise."
- Staff spoken with gave us examples of how they support people with their personal care needs to ensure that people privacy is respected. For example, ensuring that they discuss with people what they want, making sure that curtains are drawn, and people are covered when supporting them with a bath or shower.

## Is the service responsive?

### Our findings

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

Good: 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's care plans we looked at contained information about the care and support required to keep them healthy. The wishes of people, their personal history and other health professional's advice had been recorded so staff had the information to support people based on their preferences.
- People told us they were involved in their care and how they wanted support to be given. One person told us, "They [staff] listen and make changes when I ask them to, for instance time of calls". One relative told us, the staff do change the way they support [named person] as and when required".
- Staff spoken with demonstrated they had a good understanding of people's needs, preferences and requirements, as detailed in their care plans.

Improving care quality in response to complaints or concerns

- People and their relatives were provided with the information they needed if they wished to make a complaint. One relative told us that they had raised some issues, and action had been taken immediately and the problem sorted. Another person told us I have no complaints, if I did staff would sort it."

# 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.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care.

- Systems and arrangements were not always used to monitor and improve the quality and safety of the service.
- There was some monitoring of the service but there was no structure plan to enable the registered manager to assess and monitor the service provided to people. The monitoring that had been completed was not fully effective as they had failed to identify some areas requiring improvements. For example, we found that staff training was not updated when required
- We found that supervision did not show actions taken when there were issues with staff performance. The registered manager told us that she discussed the concerns with the staff member but had not recorded the conversation so the registered manager could monitor the person progress and identify if there was a need for further support. Medication administration records were completed, but the codes used were not clear. For example, the registered manager told us one code used was when the staff left the medication out for later. The staff view of this code was when people refused their medication. This meant that there were inconsistent instructions.
- The registered manager had audited MAR. However, the lack of clarity of the codes would not give staff clear instructions on what to use the code for. All staff confirmed that they had received training in supporting people with their medication. Staff told us that they did on line training to keep up to date with current practice and medication was only administered from a monitored dosage system [blistered pack], this meant that the medication was pre-packed by the pharmacy and then sent to the individual.
- The registered manager understood their responsibilities of registration with us. We found notifications were received as required by law. The registered manager agreed with our findings during the inspection and told us that an office manager was in the process of being recruited to and would take over the monitoring of the service as she also provided care for people, and felt this had contributed to the failing found during the inspection. The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

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

- Surveys were sent out to people and we saw that positive comments were received; however, the registered manager did not use the information as part of their monitoring of the service provided.

Working in partnership with others; continuous learning and improving care

- The service had good links with the local community and the service worked in partnership. For example, relatives and healthcare professionals were involved and referral were made when required. Following the inspection, the registered manager sent us an action plan detailing what action has been taken since the inspection. All training has been booked to ensure staff skills are continually updated. Medication administration records have been changes to give staff clear instruction. A new structure for staff supervision has been completed.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place for gathering, recording and evaluating the quality and safety of the service provided.</p>