Dependability Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	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, 20 people were being supported with personal care. Most people were older adults, although some people were under the age of 65 years and had physical disabilities.

People's experience of using this service and what we found
The registered manager had updated their systems to help ensure they had an oversight of staff practice and undertook spot checks. They checked how staff administered medicines and addressed any concerns with them.

The registered manager and the occupational therapy manager met people to assess their support needs prior to offering a service. They assessed the risks to people and put measures in place to mitigate the risk of harm.

People and relatives' comments were mostly positive about the care workers. They told us care workers usually arrived on time and care was usually undertaken as they wanted it to be done.

Staff were provided with training to support them to undertake their role.

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

The registered manager and occupational therapy manager were well informed about health and social care provision. They supported the care workers to access appropriate health and social care on people's behalf for their well-being.

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

Rating at last inspection (and update)
The last rating for this service was requires improvement undertaken on the 12 February 2019 (published on 08 March 2019). At that inspection we found two breaches of the regulations in relation to safe care and treatment and good governance.

The provider completed an action plan after the last inspection to show what they would do by 30 April 2019 to improve.

At this inspection they were no longer in breach of Regulation 12 safe care and treatment and Regulation 17 good governance. This was because there had been improvements in the management and administration of medicines and risk. There were improvements in auditing and oversight. However, the registered manager had not always sent notifiable incidents to the CQC which is a legal requirement and there were still some measures which could be taken to make the recruitment process more robust. This had meant well-led was still requires improvement. Safe, effective, caring and responsive were good and good overall.

Why we inspected
This was a planned inspection based on the previous rating

We found no evidence during this inspection that people were at risk of harm
Please see the sections of this full report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
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**

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector undertook this inspection over three days.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We met the registered manager at the office location on 6 and 7 February 2019 where we spoke with the occupational therapy manager and the occupational therapist and two care workers. We looked at the care records for three people, and three staff recruitment, training and support records. We also reviewed records

of safeguarding adults, complaints, incidents, accidents and quality monitoring. On 12 February 2019 we telephoned and attempted to speak with 16 people or relatives who used the service. We were successful in speaking with three people and six relatives. We also received seven written feedback forms from relatives of people who used the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely
At our previous inspection in February 2019 we found a breach of the regulations in relation to safe care and treatment. This was because the provider did not always ensure the safe management of medicines. They did not assess the risks associated with these and their administration was not clearly recorded. At this inspection the provider had addressed these concerns.

●Since the last inspection the provider had introduced an electronic medicines administration system. We checked and found there had been a, "teething period" but the provider had continually reviewed the processes until the system was being utilised in a safe manner.
●Medicines administration records reviewed were completed appropriately. People's care plans stated what medicines were to be administered by staff and risks to people were assessed. Care plans stated when people were administered, "when required" medicines. There were guidelines for staff reference. The provider ensured where medicines were prescribed for a limited time or only on certain days of the week, this was indicated clearly on the system to avoid staff error.
● Staff received medicines training and were observed to help ensure they were competent. Staff told us, "I've had [medicines] training and passed all my units but I don't give medication at the moment," and "I did the medication training and then the director came out to one of my clients and watched me [administer medicines]."
●The registered manager reviewed medicines administration in, "real time" and checked medicines were being administered as the care plan stated. Care workers flagged up to the management team when there were changes made by health professionals.

Assessing risk, safety monitoring and management
At our previous inspection in February 2019 we found a breach of the regulations in relation to safe care and treatment. this was because 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. During this inspection we found this had been addressed and risks to people were identified and measures put in place for staff guidance.

●The registered manager met with people and relatives to assess and identify risks to people. Risk assessments were reviewed every six months or sooner depending on people's changing circumstances.

●People's risk assessments included, medicines, eating and drinking, environment, behaviour, tissue viability and moving and handling. The registered manager identified measures to mitigate the risk of harm to people and provided guidance for staff. For example, when someone was assessed as at high risk from a physical condition such as sepsis there was a list of symptoms, so staff could take quick action to obtain appropriate health support.

Staffing and recruitment

●The provider followed their recruitment policy and procedure, but some aspects were not always robust.

●The provider requested applicants completed an application form and attended an interview to assess their aptitude for a caring role. They followed up staff references by emailing the referee and speaking with them on the phone. They kept notes of the conversation. We noted one employment referee used their private email address and raised with the registered manager it was preferable to ask for the employer's email address to assure the validity of the referee.

●The provider undertook checks of identity and criminal records checks. When there was a question about prospective staff suitability, they had a further meeting with the candidate to discuss the issue and decide if they were a fit person to employ.

●We saw such a meeting had taken place and the brief meeting notes evidenced risk had been weighed up and discussed and further checks had been put in place. However, there was not an actual risk assessment in place. On the second day of inspection the registered manager provided us with risk assessments which reflected the initial meeting notes and clearly outlined the measures taken to monitor staff performance.

●All people and relatives told us staff did not miss care calls and most said staff usually arrived on time. Their comments included, "They arrive on time. It's not a problem at all," and "They come on time, they are quite good at that." One relative had experienced some late calls and several relatives told us some calls were scheduled earlier than their family member needed and had asked for this to be reviewed by the provider and social services.

● Staff told us there were enough staff to meet the care calls of all people using the service. Their comments included, "I think we could always do with more staff, but I never feel put upon or stressed," and "I get enough time to travel between calls. I'm on time the way I like to be. If I was running late, I would tell the office and they would help if needed straight away."

● Since our last inspection the provider had introduced an electronic log in and out system for care workers. They monitored the start and finish time of care calls. The system print-out was also monitored by a local authority who purchased care from the agency. The registered manager told us if there was a substantial time discrepancy, they would address this with individual staff.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt care was delivered safety. Their comments included, "Oh yes safe, I think so," and "[Family member] is quite happy. Yes, care is done safely."

● The registered manager had reported safeguarding referrals and discussed their concerns with the local authority. They had oversight of safeguarding concerns and had logged and recorded outcomes, so they could identify trends in the service provision.

●Care workers had received safeguarding adults training. They told us how they would recognise and report concerns. One care worker said, "I would look at people's body language for example they might flinch, that would alarm me, or they might tell me [they had been abused]. I would tell my manager straight away. If they didn't do anything I would go higher in the organisation or tell the CQC."

Preventing and controlling infection

● Care workers had received infection control training, so they could avoid cross infection. People confirmed care workers used personal protective equipment when providing care. One person told us, "Yes

they use gloves."
●Some care plans reviewed contained reminders for staff to practice good food hygiene. For example, "Table to be cleaned with antibacterial spray." At the end of the electronic daily notes staff were asked to confirm how many boxes of gloves remained in the person's house so there would always be an ample supply.

Learning lessons when things go wrong
● The registered manager told us since the last inspection, in response to their rating of requires improvement, they had reviewed their systems and processes. They had introduced electronic systems and phone applications [Apps] to help ensure they could evidence good oversight of people's care and support.
●The registered manager told us they had learnt to double check and make sure people had the right medicines being administered. In particular, if people had visited a health clinic or had been discharged from hospital. They said, "We are more on the ball than we were a year ago. We understand the system now, we don't just believe, [what we are told]. We always check, we always thought it was all more joined up than it is. We now expect the mistakes and we check, we have developed a good relationship with the pharmacy."

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

At our inspection in February 2019 the provider had not always obtained people's written consent to their care and treatment and to their data being stored and shared with other professionals.

●The registered manager was now working in line with the MCA. People who had the capacity to do so signed consent to their care plans, use of their photo, to be administered medicines and for information to be shared with professionals.
● People's care plans stated if relatives held lasting power of attorney (LPA). LPA gives people the legal right to choose a representative to act on their behalf should they no longer have the capacity to make decisions.
● Staff had received MCA training. Their comments included, "Yes I did MCA in the training. Really it is about how much someone understands. I try and break it down into what they can remember." Staff described how they gave people choices in their day to day lives.

Staff support: induction, training, skills and experience
At our inspection in February 2019 the provider had not always evidenced staff training so we could not be sure they had the skills and expertise to carry out their caring role. At this inspection we found this had been addressed.
● Staff attended an induction session and completed the care certificate. This is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
●The registered manager had encouraged and supported staff to succeed in becoming a care worker. One care worker told us, "I feel I have accomplished something in getting my [care] certificates, it has helped my confidence. [Registered manager] has helped a lot and doesn't give up on you."
●The registered manager had conducted a staff skills audit to help ensure staff were competent to

undertake all practical aspects of their role. They explained they observed staff practice and did not assume a staff member had a specific skill until they had observed they were competent.
●The provider employed their own manual handling trainer who provided both theory and practical training and assessed staff competencies.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●The registered manager visited people prior to offering a service to help ensure they could meet their support needs. Relatives confirmed they had been visited prior to the service commencing. ●We observed during our inspection the occupational therapy manager went out with a care worker on the first visit to a new person. They told us they or the registered manager always tried to attend on the first visit following an assessment. This was to ensure all information from both the local authority and the person was accurate. They described they discussed any changes which might be required resulting from the first visit and with the person's agreement, amended the care plan.
Supporting people to eat and drink enough to maintain a balanced diet
●Care plans contained guidance for staff to manage conditions like diabetes which had dietary requirements. Care workers told us how they encouraged people to eat a healthy diet. One care worker told us, "I offer sugar free jelly with apples and bananas in it rather than sweet biscuits, I remind them why it's better for them, but I do give them the choice."
●When people were at risk of not eating or drinking enough it was clearly stated in their care plan for staff to encourage both food and fluids. The plan contained some of the person's food preferences, so staff were able to offer this to them. Staff recorded in people's daily notes what fluids and food were consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●The registered manager and director liaised with health professionals on behalf of people. For instance, they contacted the GP, district nurses, occupational therapist and the pharmacist. Relatives told us the registered manager had given good advice about their family members care in order to support them.
●People's care plans referenced their everyday health care support including pressure ulcer care and dental care. For example, care plans reviewed described people's preferred dental equipment such as an electric toothbrush. When products had been advised by the dentist, guidance about how to use those products were contained in the person's care plan.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us, "They [Care workers] are very friendly, we have a chat. They are looking after us well", and "They are very pleasant…they are nice," and "Friendly, very nice people... I'm very happy" and "Homely that's what they are."
- Most relatives' comments were positive, stating care workers engaged their family member well. They found care workers were good and stated for example, "Some [Care workers] are more chatty than others but all are pretty good." One relative told us not all care workers understood their family member's sense of humour as well as others but found the care workers were, "well informed…and felt they were receiving better care." Another relative had found an individual care worker was not always engaging their family member. They had reported this concern to the registered manager.
- Care workers told us how they built a positive working relationship with people. One care worker said, "I'm very, very, patient. I don't raise my voice and if someone is upset, I might give a little cuddle. I reassure them, I'm calm around them. I always ask about their past like about their children."
- Care plans were person centred in terms of people's preferences and support. They contained brief information about people's diversity requirements. Care plans stated if people preferred male or female care workers. Care workers were able to tell us how they prepared food in line with people's choices. They described how they respected people's traditions. For example, they always used shoe covers to respect people's cultural practice of not wearing outdoor shoes inside their own home.
- Care workers had also supported a person to attend the funeral of a person close to them. This meant the person had been able, with staff support, to attend a personal significant event and take part in a cultural and religious ceremony to say good bye to their loved one.

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

- People confirmed care workers asked their preferences. Stating for example, "They will do anything I want." Care workers told us how they always gave people choices and for example offered choice of clothes and of meals. One care worker said, "If for example they have a ready meal I always show a choice of two and ask which would you prefer? Or if I'm cooking, I ask what they want or give a choice, would you prefer egg on toast or a salad sandwich. I never just assume."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their dignity was upheld. One person said "Respectful,

yes they are."

●Care workers told us how they maintained people's privacy and dignity. One care worker said, "I always close the curtains and shut the door, if I'm washing them before I call for assistance to move them, I always put a towel around them."

● The provider employed an occupational therapy manager who assisted with the running of the service and assessed when people needed more support to remain in their own home. This included identifying equipment to help maintain their independence. The care plans included information about what people could do for themselves.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

●Care plans reviewed were person centred about how people wanted their care provided at each call, but they lacked detail in terms of diversity support and in people's background history.

● The registered manager had identified this as an area for improvement and showed us a new form they had implemented for one individual to reflect a good level of background information and some diverse information so staff could understand people within the context of their life.

● Even so, people's care plans had clear information and a good level of detail about each care call and what was expected to take place. This included for example, individual meal preparation, personal care and support to get ready for bed. All care plans we looked at had been reviewed every six months or sooner in response to changing care needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The provider supported some people to continue to attend their day activities where they socialised and met with their friends. They supported people to be ready for their transport to the day centre. Care workers attended the day centre to support them with personal care and administer medicines. The registered manager told us care workers had been flexible and when needed had attended at an earlier time than scheduled to provide personal care.

●Staff had supported one person to go out into the community on occasion to a café or local shops. This had helped prevent social isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●The provider gave people a service user guide. This was "user friendly," written in plain English and gave information about the service and what they could expect. Information in the guide informed people about how to complain, raise a safeguarding alert and contact details of the management team.

Improving care quality in response to complaints or concerns

●People and relatives told if they had a concern, they would contact the management team who they felt would address their concerns. Their comments included, "I speak to [registered manager or occupational therapy manager], they are generally ok," and "Oh yes I would ring them up, [Registered manager] is a bit

strict with the carers, they have to be, but they are quite good."

●The provider had a complaints procedure and policy. They kept a log of complaints, so they had an overview of how concerns were addressed. A recorded complaint about a care worker not attending for their care call had been investigated and an apology was given. The provider had looked at the electronic records and found the care worker was an hour late. They had apologised and reassured the relative they would phone them should a care worker be running late in future.

End of life care and support

●At the time of our inspection the registered manager confirmed they were not currently offering end of life care to people.

Requires Improvement

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At the last inspection in February 2019 we found a breach of regulations in relation to good governance. This was because we found the provider did not have effective systems to assess, monitor and improve the quality of the services provided to people.

At this inspection the above concerns had been addressed. Whilst we have not found a further breach of regulation 17 good governance, we did find the provider still requires improvement.

●We found the provider has not always met their regulatory obligations. This was because during the inspection we noted several safeguarding concerns had been reported to the local authority, but the registered manager had not notified the CQC. There is a legal requirement to report those safeguarding concerns which occur whilst a service is being provided in the carrying out of a regulated activity or as a consequence of the carrying on of a regulated activity.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are considering what further action we take for the provider's failure to send notifications in a timely manner.

●In addition, although the provider was following their recruitment procedure and had met to discuss risk the process could be made more robust by using risk assessments to determine how they would continue to monitor staff suitability.
●Notwithstanding the above. The registered manager reviewed care plans, risk assessments and medicines administration for each person every six months and in response to changing circumstances. They also undertook checks throughout the week to help ensure staff were administering medicines in an appropriate manner.
●We saw some evidence of these checks when the registered manager logged into the system and communication with care workers about people's medicines on a staff app. Following the inspection, the registered manager sent us more information to demonstrate when they had adjusted people's medicines in line with their changing support needs.
●Staff confirmed the provider undertook spot checks to help ensure they were working in an appropriate

manner. One care worker told us, "[Registered manager] will come on a visit but won't tell us. You know you have to be at your job all the time… [Registered manager] will give feedback if something is wrong but praise you if you get it right."

●We saw evidence of spot checks taking place at intervals throughout the year. The registered manager told us they were working towards one visit each month for each care worker.

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

●The registered manager understood their duty of candour and told us how they would be open and transparent should something go wrong. They would disseminate information to people, relatives and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●People and relatives told us the registered manager and office staff were approachable. They all knew how to contact the office and were familiar with both managers. Their comments included, "Any problems I tell [registered manager]" and "I phone [registered manager], they normally sort everything out."

●Staff all told us they felt well supported by the registered manager. One care worker said, "I am very well supported, I had supervision two weeks ago, yes it was helpful, what I asked for has been put into place." The supervision monitoring tool demonstrated staff had received supervision on a regular basis.

● The registered manager had looked at new ways to engage staff and make learning more accessible and ongoing. They had set up a virtual classroom. This was in the early stages of design, but initial sessions included a safeguarding adults and health and safety video from the fire service. There were questions for staff to answer and a graph illustrated staff responses and where further input was required.

● The provider has developed a monetary incentive system to recognise good staff performance. They rewarded staff with a bonus based on their work performance and evidenced by the planned monthly spot checks and feedback from people, relatives and professionals.

Continuous learning and improving care; Working in partnership with others

●The registered manager kept their learning updated. They had completed a six-week course on the new electronic care planning programme so they could fully implement all aspects of the system. They have also kept their professional registrations updated and are Registered with The Nursing and Midwifery Council and Social Work England.

●The provider told us they worked in partnership with people and their relatives to provide good quality care. They liaised and acted on advice from health and social care professionals to promote people's well-being.