Dependability Limited

Perivale Office

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

This inspection took place on the 4 December 2017 and was announced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The service is a domiciliary care agency and is registered to provide personal care to people living in their own houses and flats in the community. It provides a service to older adults, some of whom could be living with dementia, physical disability, sensory impairment, learning disability, and autism. At the time of our inspection, the provider was offering a service to two people.

This was the service's first inspection following their registration with the Care Quality Commission on the 7 December 2016. 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.

Perivale Office is part of the provider Dependability Limited.

During our inspection, we found the recruitment of staff was not always carried out safely. This was because the provider had not obtained and recorded some staff references in a robust manner. We found one breach of the Regulations with regard to Fit and Proper Persons employed. You can see what action we have asked the provider to take at the back of the report.

People had risk assessments in place for staff guidance to identify measures to mitigate the risk of harm.

The registered manager and office staff undertook regular checks and audits to assess the quality of the service provided. However, our findings during this inspection showed that these had not been effective in the area of recruitment.

There were enough staff deployed on duty to meet people's support needs. Staff had received training and supervision to support them in their role.

The registered manager, office staff and care staff understood their responsibility to report safeguarding adult concerns so appropriate action could be taken to investigate and deal with cases of allegations of abuse.

People and relatives spoke very positively about the service they received and described staff as kind and caring. Staff demonstrated an empathy with the people they supported and understood both their physical and emotional support needs. The provider placed an emphasis on supporting people's emotional wellbeing as such staff spent time talking with people and ensured they felt listened to. Staff demonstrated

they respected the people they worked with and maintained their privacy and dignity.

It was a strength of the service that the office staff was a qualified occupational therapist and physiotherapist, as such they were knowledgeable about people's moving and handling support needs and advised people and their relatives how to access other services to obtain equipment and adaptations.

Staff supported people with their health needs and kept good records for people's health monitoring. They supported people to eat and drink healthily.

The registered manager was aware of their responsibility under the Mental Capacity Act 2005. People gave their written consent to care and treatment. Care staff asked people for permission before supporting them and gave people choices to promote independence.

The registered manager completed assessments of people's care prior to the service commencing and people's care plans were individualised.

People and relatives told us they knew how to complain and felt the registered manager would respond to their complaints in an appropriate manner. The provider asked people for feedback on the quality of the service provided.

The provider had a clear vision for the future of the service and the registered manager kept their training updated and shared their knowledge and learning with staff to benefit the service offered to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The provider did not operate robust recruitment processes, particularly in making sure the appropriate employment references were received to determine the applicants' suitability for the role before employing them.

There were risk assessments in place for staff guidance to mitigate the risk of harm to people.

Staff had undertaken medicines management training and administered medicines in safe manner.

The provider ensured there were sufficient staff on duty to meet the needs of people using the service.

The registered manager and staff understood their responsibility to identify and report safeguarding adult concerns. The provider had systems in place to investigate and learn from incidents and mistakes made.

The provider ensured staff followed good practice guidance in infection control.

Is the service effective?

Good

The service was effective. The provider understood their responsibility under the Mental Capacity Act 2005. Staff obtained people's consent when offering care and support and supported people to make choices and retain their independence.

Staff received training and supervision to equip them to undertake their role.

The registered manager assessed people's needs prior to offering a service and in response to changing circumstances.

Care staff supported people with both their physical and emotional wellbeing. They supported people to eat healthily and have sufficient drinks to remain hydrated.

Is the service caring?

Good

The service was caring. People and relatives described staff as kind and caring. Care staff supported people to express their views and to make decisions.

People were supported to maintain their dignity and privacy.

Is the service responsive?

Good

The service was responsive. The provider ensured people had person centred care plans that were specific to their support needs.

People knew how to raise concerns and complaints. The registered manager had systems to address and investigate complaints appropriately.

People's needs in relation to end of life care have been assessed and recorded.

Is the service well-led?

Requires Improvement

The service was not always well–led. Although the provider undertook regular audits they had not appropriately managed the recruitment process.

The provider had a clear vision for the development of the service. The registered manager was utilising the knowledge, skills, and experience from their Social Work and Nursing background to provide a good quality service to people and their relatives.

The registered manager was well informed about other services available to people and worked in partnership with other services to benefit people and their relatives.

Perivale Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 December 2017 and was announced. We gave the provider 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

One inspector carried out the inspection. During our inspection, we looked at two people's care records. This included their care plans, risk assessments, and daily notes. We looked at one person's medicine records and reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with two support staff, the registered manager, occupational therapist team manager, and occupational therapist who were involved in the day to day management of the service.

Following the inspection, we spoke with one person and another person's relative who used the service.

Requires Improvement

Is the service safe?

Our findings

The provider had procedures in place for staff recruitment. Staff completed an application form that detailed a full employment history and attended an interview to assess their knowledge and aptitude to work as a care worker. The provider made checks that included confirmation of their identity, and requested information from the Disclosure and Barring Service about any criminal records.

However, the provider had not always ensured that applicants had the appropriate employment references before they were employed. Out of the three staff whose records we looked at, two did not have appropriate references. One member of staff only had one employment reference and another only had a note that a verbal reference had been received. The content of the verbal reference was not recorded to state who made the reference, the time, date and if the reference was satisfactory. There was no risk assessment to assess if the verbal reference was sufficiently robust to employ the staff member. Therefore, the recruitment of staff was not always carried out safely.

The above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments to ensure they remained safe in their home whilst receiving care from the provider. The provider ensured moving and handling risk assessments were updated appropriately and observed staff moving and handling people to ensure they adhered to the risk assessments. Other risk assessments included environment and skin integrity that contained guidance for staff to prevent harm to the person. We found risk assessments were comprehensive. For example, moving and handling risk assessments were thorough and detailed staff numbers and the equipment to be used to help the person with moving. People's risk of falls had been highlighted within their safe handling plan.

The provider ensured that there were enough staff to meet people's needs and keep them safe. The registered manager and office staff provided staff cover in emergencies or if there was an unallocated call. People told us there were no late or missed calls. One person described when they required support to attend early hospital appointments the registered manager would visit them earlier in the morning to support them to get ready in time. There was a consistent service as both care staff and office staff were familiar with the people they supported. Care staff told us that the calls were in the same area and as such, there was no difficulty in travelling between the calls and that there was sufficient time allotted to each call to complete tasks. One care staff said, "Yes more than enough time. I have a conversation with [service user's name] and do some tidying if there is time remaining."

People and relatives told us they felt safe. One relative said, "I think they are safe definitely." Staff had received safeguarding adults training and told us that they knew how to recognise and report possible abuse appropriately. The service was relatively new and as such, there had been no safeguarding adult concerns reported at the time of our inspection.

The registered manager demonstrated they understood their responsibility to report safeguarding adult

concerns to the local authority and the CQC. They told us they spoke with staff to discuss care calls and checked daily notes and incident reports to ensure they identified possible concerns. We saw that incident reports were kept centrally so the registered manager had an oversight of all incidents that had occurred. They demonstrated they understood the need to have an oversight of safeguarding concerns once they did occur. They told us how they would learn from mistakes and how they were updating their systems as the service developed.

Staff had received medicines administration training and we received evidence following our visit that they had been observed by the office staff supporting people with medicines administration to ensure they were competent. When we visited the offices, one person received support from care staff with their medicines. Their care plan contained guidance for staff to tell them what each medicine treated, what dosage and at what time of day medicines should be given. Most medicines were in a blister pack and there was pain relief medicine that was to be given when necessary. The guidelines for the pain relief were clear for staff to follow. The care plan stated how the person preferred to take their medicines, "Give medication and a glass of orange." The medicines administration record was made to a large size so staff could clearly write when they had given the medicines. The provider checked medicines administration records to ensure errors were not made.

Staff had received training to support them to practice good food safety and infection control. Staff confirmed that the provider ensured there were adequate supplies of protective equipment. People's care plans gave guidance for staff of the need to practice good infection control and stated for instance, "Please use gloves" and "Clean mattress with anti-bacterial cleaner. Make the bed with fresh clean sheets." Care plans specified where staff were to dispose of contaminated refuse. The registered manager and office staff undertook checks to ensure staff were using protective equipment appropriately.

Good

Is the service effective?

Our findings

The registered manager had completed thorough assessments of people's support needs. They had worked with people and when appropriate their relatives, to identify people's needs and what assistance people required to help meet these needs. In addition, the registered manager had taken note of professional assessments such as a mental health assessment to understand the person's mental health support needs. The registered manager and office staff had a good and current knowledge of people's legal entitlements and were able to signpost people to appropriate services.

People described staff as well trained one person told us "They are well trained and they all deliver the same high standard of service." Staff we spoke with confirmed they had received induction training that included health and safety, food hygiene, medicines, dignity in care, basic life support, information governance, MCA, and safeguarding adults. We saw evidence that the registered manager had completed moving and handling competency assessments for care staff observing them using different pieces of equipment in people's homes. Staff told us that the registered manager and office occupational therapist had worked alongside them to show them how to support people in the correct manner. Staff told us they were well supported by the registered manager and office staff. They confirmed that they had received supervision sessions and had opportunities to raise concerns and ask advice on an ongoing and informal basis.

The registered manager was a qualified social worker and nurse and the office staff were an occupational therapist and physiotherapist. As such, they had a good knowledge of other services and gave advice and support to relatives and people to obtain the equipment and services they required. One relative told us, "They are very knowledgeable about what could be available for my family member and told me how I could get something. They supported me and also gave their contact details to the other services and could talk about the correct specifications [of equipment] required."

Staff were able to tell us how they supported people to access appropriate health care. One relative told us, "The care staff know [Service users name] and seem to completely understand them. So when they are feeling unwell and have a lot of pain they have good knowledge of the problem and they give the right support." The relative confirmed they were kept informed by e-mail as requested of their family member's progress. If there was an immediate health concern, then the registered manager would phone and leave a message and then the relative would know it was urgent. The relative described that the care staff had not just completed the tasks identified with their family member but had "worked on their wellbeing." We saw evidence that the registered manager and office staff liaised with health professionals on people's behalf. For instance, the registered manager had met with a specialist bladder and bowel nurse and district nurses.

The registered manager had followed up recommendations made by health professionals and there were good records of health care recommendations and visits. Staff kept health records where appropriate. For instance, skin integrity charts and charts of bowel movements. This was to monitor health concerns and to provide evidence to visiting health professionals.

People's care plans were specific about their preferences and the support they required to eat and drink. For

instance, that they preferred decaffeinated coffee and soya milk. Care plans gave examples of what should be offered at each visit such as, for a light lunch, "A sandwich of choice or light snack such as scrambled eggs." Healthy eating was promoted. One person's care plan described offering a "piece of fruit" with each meal or as a snack, and suggested a "packet of baked crisps" as a healthier option to other snacks. One person told us because of their medicines treatment they sometimes required encouragement to eat. They described the registered manager would bring their own blender and make them "Really lovely smoothies" to tempt them to eat. They felt that this was very thoughtful and caring of them.

People were supported to drink enough and guidance in the care plan was explicit for example to offer a "hot drink of choice" and to ensure people had enough to drink in between calls. One care plan stated "Leave [service user's name] with water and a hot drink."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

People using the service had the capacity to consent to their care and treatment. As such they had signed consent forms with regard to their care and support, information sharing and when appropriate medicines administration. Staff were able to tell us clearly their understanding of the MCA and described how they obtained people's consent before offering support. Staff told us the people they worked with usually agreed to the care offered but that it was their choice if they wished to refuse. They explained if people did refuse, they would report to the office. Staff described offering people choices. One staff member said, "I ask what fruits do you want? Would you like to wear something different today? Do you want to read or watch the TV?" The registered manager demonstrated they understood their responsibilities under the MCA and described when they would and how they would undertake a mental capacity assessment and when they would undertake a best interests decision.

Good

Is the service caring?

Our findings

People and relatives spoke very highly about staff. One person said "They are amazing and adaptable and willing to do anything to help" and "They are genuinely nice people." A relative told us "Such a relief with this current provider ….they give me peace of mind." They said that their family member had dementia and could at times become upset and challenging to manage. They described the care staff as, "Very, very patient and the way they speak to them is lovely" and "I am very happy. They are very kind and have [service user's name] best interests and their emotional wellbeing at heart."

The provider demonstrated they stressed the importance of people's emotional support as well as attending to designated care tasks. As such, one person's care plan stated, "If there is time over talk with [service users name] about events from the news, the weather etc." Staff told us how they worked with people to build a good relationship with them. Their comments included, "I always have a smile. I say hello and have a conversation. I ask are you ok? Is everything fine?" and "They are a human being and almost like a family member. You see them all through the week so you build a rapport."

One staff member told us they recognised that one person spent a lot of time on their own. They had with the registered manager's agreement brought fish and chips and ate them with the person. They said the person was, "Really, really happy" and enjoyed the activity. The staff member explained the provider had supported the person to apply for a ramp to the entrance of their home so they could leave and enter their house in their wheel chair in a safe manner. The staff member and the person had plans to visit the fish and chip shop when the ramp was in place as this was an activity the person said they would enjoy.

People and relatives who used the service were given a service user handbook at the initial assessment. This provided information about the services values and aims. Also relevant information about the service in terms of what they could expect with regard to quality of service. The registered manager and office staff visited regularly this gave people an opportunity to talk about their care and support. People's care plans detailed how people communicated. Both people being supported could use and understand verbal communication. One care staff demonstrated a good understanding how the person's dementia affected their short term memory and of the need to remain a familiar person in their life by visiting often. They told us "I visited so [service users name] still knows and recognises me, I went to check they were ok."

Staff had received training in dignity in care and told us how they ensured people's privacy and dignity. One person said, "They support my dignity and are always respectful when washing and dressing me." A relative told us that the care staff had found storage places for the many boxes of continence goods that had been taking up space in their family members living area. They said that this gave their family member more space and dignity as the need for this product was no longer on display and was now discreet. They described that their family member had been using a commode that had been situated near a window and the care staff had moved the commode to another part of the living area so that the person now had more privacy.

Good

Is the service responsive?

Our findings

People had person centred care plans that contained a photo of the person with the name they liked to be called. A brief history described important parts of their life such as their previous employment and people in their life. This gave staff a sense of the person and helped them understand the person in the context of their life. Care plans detailed people's interests for instance, "Entertaining visitors and watching TV." In addition, care plans contained the person's goals. Aims and goals identified in care plans included being able to go for walks, painting, and drawing.

Care plans detailed people's ethnicity, religion, status, and sexuality. People could decide what they wished to share. Staff demonstrated they were aware of people's cultural diversity in relation to their support needs. One staff member told us they had planned with one person their Christmas celebrations, and had discussed a Christmas tree and Christmas dinner and was ensuring they had presents to open. They were supporting the person to celebrate what was to them an important festival. People's preferences were recorded, for instance, stating which gender of staff they preferred to receive care and support from.

One person and a relative confirmed that reviews of the package of care had taken place when there were changes of circumstance. They stated they had always been consulted and were fully involved in the care planning. Care plans clearly identified what staff needed to do to meet people's needs but also stated that care staff must check if there was anything else the person would like to be done once tasks were completed. Tasks to be completed were clearly detailed as to what should take place and when, where equipment was kept and the person's preferences. The activities of daily living had been assessed and as such it was identified what people could do for themselves and where they required support. Care staff confirmed care plans contained sufficient detail to tell them what was required. One staff member told us, "Oh yes everything is in there from the medicines to the duties we need to do."

The provider had a complaints policy that was contained in the service user's handbook given to each person using the service. The handbook stated people and relatives should contact the registered manager to raise a complaint. One relative told us "Yes I could raise a complaint. I feel it would be discussed with [registered manager.] Things I wanted attended to were listened to." There were no recorded complaints at the time of our inspection. The registered manager explained no formal complaints had been made and any minor concerns raised had been rectified immediately. The registered manager was able to describe how they would acknowledge, investigate, and rectify if a complaint was made. They demonstrated they understood the need to have an overview of complaints to identify any systemic issues so they could address these to prevent reoccurrence of complaints.

People's care plans contained their end of life wishes. Plans stated who should be contacted in the event of an emergency. One person's care plan contained a "Do Not Attempt Cardiopulmonary Resuscitation" [DNACPR] in the event of their death. This document had taken the person's end of life wishes into account and had been signed appropriately by the person and their GP.

Requires Improvement

Is the service well-led?

Our findings

The provider carried out checks on an ongoing basis to ensure that people's documents were reviewed and contained the correct information. In addition, staff documents including training, supervision, and recruitment were checked. However, we identified one area where the audits had not been very effective as recruitment processes were not very robust because the provider had not always obtained appropriate references and had not recorded information to track and ensure the recruitment process had been followed.

During our inspection, we found that the office staff monitored the daily notes, medicines records, and health records on an ongoing basis to ensure the quality of the service. The registered manager explained that their occupational therapy provision Dependability Limited was audited by the British Standards Institute (BSI). They intended to include Perivale Office into the BSI 'scope' with the intention that they would audit as an external professional body to offer another level of scrutiny.

People and relatives who used the service confirmed the provider consulted them and that they were encouraged to give feedback on the quality of service offered in general and at reviews. They confirmed they found the registered manager and office staff took note of their comments. The provider had sent out questionnaires to people using the service just prior to our inspection. In addition, they had carried out staff surveys to obtain their views of the service and to encourage them to make suggestions for improvement. Professional people's surveys had also been sent out, however there had not been a response to the surveys sent at the time of inspection.

Staff confirmed that they were well supported by the registered manager and the office staff. Their comments included "I feel well supported in terms of the job role, they always pick up [the phone] it gives me a sense of security knowing I'm not going in by myself, someone is always a phone call away" and "They are attentive to their employees and the service users, which is good."

The registered manager told us how they believed it was important for them and office staff to continuously learn and to share that learning to improve the service provided. They described they had in 2017 completed "Return to nursing" training. We saw that they had incorporated their own learning into staff training. They had trained staff on the "6 Cs." That is compassion, care, competence, communication, courage and commitment as identified in "Leading Change, Adding Value; a framework for nursing, midwifery and care staff." The registered manager told us they also had undertaken end of life care training as part of their nursing training and intended to share their learning with the care staff in future training with the aim, "To offer high quality end of life care to people using the service."

The provider worked with both health and social care professionals and private brokers on behalf of people and their relatives. The registered manager described that they had established links with some local authorities and were aiming to increase the sustainability of the Perivale Office through existing networks that were already familiar with their other business enterprises. The provider had a clear vision in terms of the high quality provision they wanted to develop. Their vision was based on the occupational therapy

experience, skills, and knowledge base of the registered manager and office staff.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Reg19(1)(2)(a)(b) The provider was not carrying out robust checks to ensure the staff were suitable to work at the service, before offering them employment.