

Dependable Care Services Ltd

# Dependable Care Services Limited

## Inspection report

Kingsmill Industrial Estate  
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Tel: 01884669006

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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 care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 15 people using the service.

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

People told us staff treated people with kindness and respect. Comments included, "They are all lovely, they come in and get on with it" and "I have no complaints, they treat me very well and make sure I have everything I need."

Since the service registered there had been a couple of managers. The new manager at the time of the inspection told us at the beginning of the inspection they were going through a process of change across the service. In their new role they had identified there were areas of concern that required addressing and had formulated a service improvement plan (SIP), setting out what needed to be achieved, by whom and by when and shared it with us.

The provider and manager were open and approachable. They acknowledged that things had been wrong and were taking action to improve and prevent re occurrence. They both recognised the importance of communication with people who use the service and staff.

At the time of the inspection there was not a manager registered with CQC. The manager told us they would be starting the process of applying to become the registered manager.

Medicines had not been safely managed. The manager had identified this and had put in place new systems to improve medicine management at the service.

Staff understood how safeguarding was part of their role and knew to report concerns. The new manager had identified a few safeguarding concerns which had not previously been followed up. They had reported them to the local authority and notified CQC as required. Systems were being put in place to ensure safeguarding concerns were acted upon appropriately going forward.

When people started using the service a welcome visit was completed and environmental risks assessed. Their care needs were assessed, and new care plans had been completed but these were still work in progress. The local fire service had agreed to undertake an annual visit to speak with people about their fire safety.

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.

Enough staff were employed to meet people's needs. The manager had identified that staff had not always been recruited safely. They had implemented new systems to improve staff recruitment and induction. Staff were receiving supervision and were being kept informed about changes being made.

The manager and the provider were improving staff training and had sourced a new online training provider and were looking for additional face to face training. Five staff had been enrolled on higher qualification training in health and social care to help them within their roles.

A system to record any incidents and accidents that occurred had been put into place, and then lessons learnt as a result which was shared with staff. People said they knew the provider and would let them know if they were not happy. They were confident the provider would take action.

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

Rating at last inspection and update

This service was registered with us on 11 May 2021 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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 Care Services 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A manager had been appointed and was in the process of applying to be registered with CQC.

#### 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 provider or manager would be in the office to support the inspection.

Inspection activity started on 6 June 2022 and ended on 30 June 2022. We visited two people in their homes on the 13 June 2022 and the location's office on 7 and 14 June 2022.

### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. This included statutory notifications and other information received. 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 all this information to plan our inspection.

### During the inspection

We visited two people in their homes to ask about their views about the care they received from the service and to review their care records.

We spoke with the manager, the deputy manager, team leader and carer. The director of the service was also present throughout the inspection.

We contacted all eight of the staff including those we had spoken with at the inspection by email to ask their views about the service and received a response from five of them.

We reviewed a range of records and documents which included 2 people's care records and risk assessments, training information, two staff recruitment files, provider service improvement plan (SIP) and quality management policy and procedures. We received feedback from two health and social care professionals about their views about the service provided to people they support.

# 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.

### Using medicines safely

- The manager explained they had identified medicines had not been safely managed. They had produced a service improvement plan setting out the actions being taken to improve medicine management. They were implementing a new standard operating procedure (SOP) to improve medicines, this included a medication risk assessment. Medication administration record (MAR) had been put in place for people with their photograph. They had implemented competency assessments as part of staff inductions and reassessment of competency every six months.
- The manager was confident they were able to monitor any missed medicines as staff used an application on their phones to record medicines given and people had their medicines in blister packs, so staff could observe if medicines had not been administered. They had recorded on their service improvement plan (SIP) they were introducing a medication error form for staff to complete.
- People told us they were supported to take their medicines safely by staff.

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

- Staff understood how safeguarding was part of their role and knew to report concerns. One staff member told us, 'I reported a safeguarding matter once before due to a client of mine having a minor fall when she was on her own. There were no injuries sustained however it was reported straight away as duty of care.' Another staff member told us; they had raised a safeguarding concern, but it had not been acted upon.
- The new manager had identified a few safeguarding concerns which had not previously been followed up. They had reported them to the local authority and notified CQC as required. During the inspection the manager took a call from a local authority safeguarding officer. It was evident they were working closely with the officer and taking appropriate actions.
- Staff had completed safeguarding training as part of their induction and had further training planned. To improve staff understanding of their safeguarding responsibilities, as part of new staff inductions, the manager had put in place a safeguarding quiz for them to complete to ensure they understood their safeguarding responsibilities.
- A safeguarding tracker had been put in place to monitor any safeguarding concerns raised and actions taken and if there was any learning as a result. For example, a person had been inappropriate with a staff member and changes had been made as a result to protect staff and the person.

### Assessing risk, safety monitoring and management

- Incidents and accidents were reviewed by management to identify immediate action needed to prevent

reoccurrence. The manager had started a falls tracker to be able to monitor any accidents, trends and themes.

- When people started using the service a welcome visit was completed. At this visit staff assessed environmental risks in people's homes to identify any hazards. The manager said they had been in touch with the local fire service who had agreed to undertake an annual visit to speak with people about their fire safety.
- The provider had identified the risks to staff as lone workers. They told us they had ordered, torch alarms, first aid kits and powerpacks for mobile phones for all staff, so they had some protection when working alone.

#### Staffing and recruitment

- Staff had not always been recruited safely. The manager had put in place a recruitment check list to monitor new staff had all of the required checks in place before they started to work alone. They had completed interviews with new staff which were recorded and showed they had assured themselves they had the skills and good character required by the provider.
- Employment files included details of references from previous employers, medical questionnaires, evidence of right to work and identity.
- Disclosure and Barring service (DBS) checks had been sought for staff, these are criminal record checks that employers undertake to make safer recruitment decisions.
- We were told there had been some missed visits which the manager was aware of due to a staff member not following the correct procedure. They confirmed since the new management team had been in place there had been no missed visits as they were monitoring visits and would go out themselves to fulfil any gaps.
- At the time of the inspection, staff had an application on their phones which they pressed when they had arrived at people's homes which then showed up on the provider's computerised system. This system did alert to the management team if a visit was missed. The manager told us about an electronic monitoring system they were going to be using. They had attended a training course and said it would flag up in 15 minutes if a visit was missed.
- The provider had purchased new mobile phones, so staff would no longer use their own mobile phones because of GDPR (General Data Protection Regulation).
- People were not informed about who and when staff would visit. The new electronic system would generate a timetable which the provider said they would send to people via email or send a hard copy.
- The provider told us like many providers they were having difficulties recruiting enough staff. They had enough staff to meet their contractual obligations. They had also made an application to be able to employ staff from overseas.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had access to plenty of personal protective equipment (PPE) at the providers office. The management team carried additional PPE in their cars to restock staff who were not car drivers and able to get to the office.
- Staff knew how to use PPE safely. One person told us, "They always wear those masks, I don't like them."

#### Learning lessons when things go wrong

- The manager had put in place a new system to record any incidents and accidents that occurred, and then lessons learnt as a result which was shared with staff.

- The provider and manager had identified they were not allocating enough time between people's visits for staff to travel. This meant people's visit times would need to be cut short or people received late visits. The new electronic system they were putting in place would calculate the time needed to be allocated to travel, whether that was walking or by car. This would then be taken into account when allocating visits.

# 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 management team worked with the local authority when assessing people's needs prior to them starting a service with the provider. A plan of care was put in place and then a care plan developed when staff got to know people's needs further.
- People's preferences, likes and dislikes, past life histories and background information were recorded in their care documentation.

Staff support: induction, training, skills and experience

- Improvements were being implemented to the providers induction process. A staff member had been designated to be the induction lead and would work with all new staff until they felt confident to work alone. The manager told us, the new lead had "wonderful" skills at supporting new staff and identifying if they needed additional support and if they were suitable carers.
- The provider and manager had sourced a new online training provider and were looking for additional face to face training. After the inspection visit the manager wrote to us to tell us they had arranged courses with the local hospital. Staff confirmed they had completed online training and had further training planned. One staff member said, "I have received training such as online training, shadow shifts and supervision shifts" and "I have received multiple courses of online training provided by dependable care." A new member of staff told us, "I have already done my first aid, safeguarding and also training within my role and I have many more to complete as in this industry training never stops!"
- The manager had enrolled five staff on higher level health and social care qualifications and had accessed training specific to people's needs. For example, 'professional boundary training'.
- Staff had received supervision with the manager or one of the management team. Newly recruited staff had regular meetings with the manager while on their probation period.

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

- Where needed staff were helping people to have a meal and drinks. If people required this help from staff it was recorded in their care plan with information on their needs, likes and dislikes.

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

- People were supported by staff who were aware of their healthcare needs. They worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed. One health and social care professional told us, '(Manager) manages the service day to day offered to meet with myself and my client once he was discharged and living back at

home. She wanted to get a better idea of his support needs, get to know him as a person and establish a positive working relationship with us. I thought this was good. They have also contacted me when they have had concerns and fed this back to me.'

#### 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.

- No one being supported by the agency was being cared for under the Deprivation of Liberty Safeguards (Community DoLS.) The manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe.
- Staff checked with people on every visit that they continued to consent.
- The manager understood the principles of the MCA and how it applied to their work. They had put in place a simple pictorial reminder for staff about recognising people's capacity, unwise decisions, best interest and least restrictive options.

# 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 told us staff treated people with kindness and respect. Comments included, "They are all lovely, they come in and get on with it" and "I have no complaints, they treat me very well and make sure I have everything I need."
- The provider and manager led by example to make sure people were always respected and cared for with kindness.
- Staff had information on people's backgrounds and life history which helped them understand people's needs.
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know the people they supported well.
- The provider told us how the team often went over and above their job role to make people feel special. They gave an example that on Christmas day, meals and gifts were delivered by the provider to everyone they support who did not have family who would ensure they were able to celebrate.

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

- People were involved in their care. Staff supported people to make choices about their care and involved them in decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity at all times.
- Care plans were written to encourage staff to promote independence. Staff talked to us about how they encouraged people to do as much for themselves as possible. A health and social care professional told us about the two people they support, 'Both clients are having their independence promoted.'
- To praise and encourage staff for prompting people's independence the manager was sending thank you cards to staff. They gave an example where one staff member had been working with a person to get them to go out of the house on a regular basis.

# 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 manager had identified people's care plans did not contain enough detail to guide staff to meet their needs. To address this, they had completed a quick snapshot view of people's needs and new care plans for everyone they supported. This was produced using information from the local authority commissioner's assessment records.
- The care plans were being regularly reviewed and updated when changes happened. The manager showed us that any new information was in blue to ensure staff were aware of changes. They said, "Our care plans are not where I want them to be yet, but they are getting there".

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 communication needs had been identified and recorded. There was clear guidance in place for staff to know how to best communicate with people.

Improving care quality in response to complaints or concerns

- Information was provided to people about how to raise concerns or make a complaint.
- People said they knew the provider and would let them know if they were not happy. They were confident the provider would take action.
- The manager said they had dealt with one complaint since taking on the role, which had been resolved to the complainant's satisfaction.

End of life care and support

- Nobody had been supported with end of life care by the service at the time of our inspection.
- Where people wanted their wishes and preferences for end of life care known, this was recorded in their care plan.
- The manager told us about the work they had undertaken in a previous role regarding developing a program of end of life care which they intended to implement at Dependable 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the service registered there had been a couple of managers. The new manager at the time of the inspection had recently been promoted to the role at the beginning of May 2022. They told us at the beginning of the inspection they were going through a process of change across the service. They had identified there were areas of concern that required addressing and had formulated a service improvement plan (SIP), setting out what needed to be achieved, by whom and by when and shared it with us.
- At the time of the inspection there was not a manager registered with CQC. The manager told us they would be starting the process of applying to become the registered manager.
- It was evident from speaking with the provider and manager and looking at the SIP the service had not been operating safely. For example, safeguarding's raised with the previous manager had not been investigated, recruitment checks had not always been completed and staff training not completed. The new manager had been taking action to resolve these issues. For example, they had been working with the local authority safeguarding team regarding safeguarding concerns, improved recruitment checks, improving the on-call process and documentation to demonstrate safe recruitment and staff training.
- The manager had appointed a new deputy manager and team leader and was working with them to understand their roles and responsibilities. They had enrolled both new staff on a higher health and social care qualification to help them further develop their roles. The manager told us with the management team in place they were now in a position to go forward and was developing the new staff to undertake more senior positions in the company in the future. They said, "Brilliant now I have (deputy manager and team leader) who know what they are doing".
- The provider was sending out a letter to people to inform them of the new management structure and contact telephone numbers.
- The provider told us about the frustrations they had encountered since registering with CQC. In particular trying to find the right manager. They said they were committed to providing a good service to people. They told us, "It is the love of the job that makes me want to do this job and the people I support." They told us they are always contactable and would cover any care visits if needed. They visited the office every Friday to speak with the management team and to undertake spot checks. However, these were not recorded.
- The provider, manager and management team took a hands-on approach by regularly working alongside staff, visiting people, and covering staff absence. They had a good understanding of people's needs and were dedicated in their role.
- We received mixed feedback from staff about the service. Two staff raised concerns about medicine

management, missed visits, safeguarding concerns not being addressed, not getting enough time between visits, poor on call responses. These issues were all things the manager had told us they were aware of and were addressing as recorded in the service improvement plan (SIP). Other staff told us, "The team at dependable care are very close not only relationship wise but contact wise too, we're always able to share anything with our management team, they're very approachable and understanding" and "since working with dependable care in such a short amount of time I have never enjoyed a job more. This job is definitely suited for me and management team have really made me feel welcomed and supported."

- Care plans were audited every month by the deputy manager. They completed reviews of four people's care plans and therefore every four months everybody's care plans were audited.
- A program of audits was being introduced. This included a monthly audit of people's petty cash money where staff were required to complete shopping tasks.

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 provider and manager were open and approachable. They acknowledged that things had been wrong and were taking action to improve and prevent re occurrence.
- The manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and manager recognised the importance of asking the views of people who use the service and their relatives. At the time of the inspection surveys had been sent out to people and their relatives. We were sent the outcome of this survey. They had received 11 responses which were mainly positive. The manager told us they would be sending letters out to make people aware of the survey's findings and any actions taken as a result.
- The manager was very keen to ascertain the views of the staff. They were holding regular meetings to discuss changes and ask their views. They told us that staff wanted a two-week rota in advance so they had taken this on board and the new computerised system would be set up to issue a two-week rota in advance.
- Staff were kept informed about changing information on a secure 'What's app' group where important information was shared.
- The service worked in partnership with professionals when needed to ensure people were in good health. One health care professional told us, "(Manager) shows a genuine interest in getting the service right for the person. They have also been very flexible and patient at the start, when my client was acclimatizing to having care support. The staff's professionalism and patience and caring attitude helped them establish a good relationship with him."
- The manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.