

Dependable Homecare LTD

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dependable home care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 7 people were receiving a regulated activity of personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks to people had been identified but not always mitigated. For example, people's specific health needs or concerns had been highlighted but information wasn't always available for staff to follow. However, staff knew people well and how they wanted and needed to be supported.

The registered manager did not have an effective system in place to ensure care plans and risk assessments were up to date and held accurate information. The registered manager had not ensured staff had read and were aware of the content of the care plans and risk assessments. Staff had told us they had not seen any risk assessments, however, knew people well and how to support them.

People and their relatives told us they were happy with the care and support they received. One relative told us, "[Relative] is always very happy with the carers."

Staff knew people well and understood their health concerns. Staff told us they knew how to support people who had a catheter or who were prone to pressure sores.

The registered manager regularly sought feedback from people and their relatives. The registered manager also told us this feedback would be given to staff as part of their continued learning.

People were kept safe from the risk of harm and abuse. People's medicines were given on time and people were supported with medicines in the way they chose.

Staff had undertaken training relevant to their role to ensure they could support people effectively and appropriately. Staff worked well with other organisations and professionals such as district nurses.

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.

Staff knew people well and how they wanted to be supported. People and their relatives told us staff were caring and kind. Staff supported people to be independent and ensured they promoted people's choices and preferences.

Peoples care plans contained personal information such as their life history and hobbies. End of life care planning was discussed where appropriate with people and their relatives.

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

Rating at last inspection

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

Why we inspected

This was a planned inspection based on the date the service was registered.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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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

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This 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 a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration date. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well. We used all this

information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of care provided. We were only able to talk to one person due to people being in hospital, on holiday or unavailable. We spoke with four members of staff including the registered manager, the owner and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People's health risks had been identified but not always mitigated. For example, one person needed support with mobility equipment. The registered manager assessed two staff were needed. However, only one staff member was attending the support call at the persons request. The registered manager has not ensured the risk to the person and the staff was appropriately mitigated to reduce the risk of harm or injury. Staff told us they did not always feel confident using the equipment on their own.
- Some people had been identified as at risk of falling. There was no risk assessment or guidance in place to inform staff on how to help mitigate risk or what to do in an emergency.
- Risks from the environment had been assessed but not always mitigated and information in place for staff to follow. For example, where it had been identified staff could come into contact with body fluids, there was no guidance or risk assessment to inform staff of how to reduce the risk spreading infection or cross contamination.
- Although there was a lack of guidance for staff, staff understood the risks to people and knew how to support people. For example, one staff member told us, "[person] is prone to pressure sores, [person] has an air mattress and some cream to help prevent sores developing."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely to reduce the risk of transference of infection. One person also told us, "The staff always wear their PPE."
- Staff had received training in preventing and controlling infection. Staff also had training in personal protective equipment (PPE) and how to wear it correctly. One relative told us, "They always wash their hands and wear masks."
- Staff were continuing to undertake lateral flow tests on days where they provided support to people.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm and/or abuse. People and their relatives told us they felt safe. One relative told us, "[Relative] is very happy, they have never let us down". One person also told us, "They are all good carers."
- Staff knew how to identify and report concerns. Staff felt if they raised concerns to the management team they would be acted upon.
- There had been no safeguarding incidents that needed referring to the local authority. However, the registered manager was able to tell us what they needed to do if there was a safeguarding concern.

Staffing and recruitment

- The registered manager ensured there was enough suitably qualified and competent staff to support people. People told us that staff, the majority of the time, turned up on time and their calls had never been missed. People told us if the staff member was running late, they would get a phone call to inform them.
- One relative told us, "They have never missed a call, they are good with the times". One person told us, "They all turn up on time, if someone has gone sick, sometimes they can be a bit late but I'm always told".
- Staff told us they would phone the registered manager or the owner if they were going to be late to a call. One staff member told us, "Since I started I have never missed a call, I would phone [registered manager] if I was going to be late to a call."
- The registered manager ensured staff had a DBS in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines as prescribed. Staff were able to tell us what support people needed with their medicines.
- Medicine administration records (MAR) were completed. The registered manager used an online system for recording and monitoring medicine management. The system flagged to the staff member if they had not completed the medicine record and prompted them to do so before leaving the person's home.
- Staff had completed training regarding medicines. The registered manager carried out spot checks and competency checks to ensure staff continually followed up to date medicines guidance.

Learning lessons when things go wrong

- Staff knew how to report incidents. The staff told us there had not been any incidents or the need to complete the incident reporting process.
- The registered manager had a process in place to report and escalate incidents, although they had not needed to carry out an analysis or audit for incidents yet.

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

- People's health and welfare needs had been assessed. This included looking at people's health needs, as well as areas such as communication and medication. Assessments were used to develop care plans and plan the resources needed to support people.
- The registered manager told us that when people's needs changed, either staff called the office to inform them, or made a note on the system which then alerted staff.
- The pre-assessment for people's needs took into consideration any protected characteristics under the Equality Act 2010 such as sexuality, gender and culture.

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

- Staff supported people to eat and drink where it was needed. Some people did not need support with this. Staff told us how they supported some people to eat and drink. One staff member told us, "I always make [person] their breakfast and cup of tea exactly how they ask me to do it."
- Staff supported people who live with diabetes. Staff told us they encouraged a healthy diet that was low in sugar to support people with their diabetes management.

Staff support: induction, training, skills and experience

- Staff had undertaken training that was needed to support people effectively. For example, staff completed training in oral health, safeguarding and how to use mobility equipment such as a hoist. Staff had also undertaken training for specific health risks such as diabetes.
- New staff undertook an induction and shadowed more experienced staff to get to know people and their support needs. However, one staff member felt they needed more shadowing. They felt they needed more support and shadowing when using mobility equipment and the registered manager was happy to support this.
- Staff received supervisions and felt supported by the registered manager. One staff member told us, "I have had a supervision and I could speak about any worries."

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

- Staff supported people to access health care where this support was needed. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. One relative told us, "I don't know what I would do without them at the moment, they never let me down."
- Where healthcare professionals such as district nurses were involved in people's care staff were aware of this. Staff liaised with healthcare professionals as required. One staff member told us, "[Person] has the

district nurses to attend to their pressure areas, we make sure if there are any problems, we contact them ."

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 and found that they were.

- People with relatives who stated they had Power of Attorney (POA) and were legally able to make decisions on their behalf were checked by the registered manager.
- People's capacity was assessed where there was reason to believe they might not be able to consent to receiving care. Where people could not consent, decisions were made in their best interest. These decisions and the reasons for them were recorded.
- Staff told us they ask for the person's consent before starting any personal care. People also told us that their consent was asked for by staff prior to starting any personal care.

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 and their relatives told us the staff were kind and caring. One person told us, "The staff are very good to me." One relative also told us, "[Relative] is really happy with the carers."
- Staff knew people well. One staff member told us, "We get along really well, we know how each other are feeling and can support each other."
- People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, people were asked questions relating to their protected characteristics before the support from staff started.

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

- Staff supported people to make choices regarding their care and support. For example, if people preferred a certain staff member or certain gender of staff, the registered manager would facilitate this where possible.
- People and their relatives told us they were involved in decisions regarding their care. Staff knew people well and how they wanted to be supported. For example, one staff member told us, "We always make the bed a certain way, it's how they like it."
- Staff also told us people felt comfortable to express their choices. For example, one staff member told us, "[Person] likes to watch you doing the jobs around the house and tell you how they want it done ."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured they supported people to be as independent as possible. Staff told us how they encouraged a person to do more things around the home themselves. The person worked with staff by splitting the tasks around the home.
- Staff told us they have built a good level of trust and promoted people's dignity. For example, one staff member told us it took a while for one person to trust them with personal care and they would often refuse. However now they trusted the staff member to provide support with their needs.

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

- Staff knew people well and understood their likes and preferences. Care plans included some person-centred information such as people's personal goals. For example, to have personal care every day to keep 'clean and fresh'. Care plans also included some information about people's history, such as hobbies and what they used to do for work.
- People's care and support was changed when needed in response to people's individual circumstances. For example, if people needed extra support calls after an operation, the service would do their best to facilitate this.

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.

- The registered manager was aware of the accessible information standard and told us staff shared information with people in their preferred method. For example, this could be verbally or written.
- People's communication needs were assessed, and the support provided was person-centred. The service did not support anyone currently who needed information in a different way. However, it was outlined in people's care plans if they needed the use of glasses or hearing aids.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. However, there was a process in place to ensure complaints would be acted upon.
- People and their relatives told us they knew how to make a complaint if they needed to. One relative told us, "I would be more than happy to raise any concerns if I needed to but at the moment, I have no need to."

End of life care and support

- People were offered the opportunity to express preferences for their care at the end of their life if they wanted to do so. This included information about people's preferences prior to death as well as during dying and after they had passed.
- Where people had decisions in place stating they did not want to be resuscitated in the event of a life-threatening incident such as a heart attack there was information for staff about this. This was to ensure staff knew to respect people's wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager did not have an effective system in place to ensure care plans and risks assessments were up to date and accurate. There were a number of risk assessments that were not in place for people's specific health risks. The registered manager did not have a system in place to ensure staff had read and understood the care plans and risk assessments. Staff told us they had not seen any risk assessments but knew people well and how best to support them.
- People's care plans were not always up to date and some lacked information about the person from their initial assessment. For example, people who had been identified as at risk of falling, did not have a falls risk assessment in place.
- The provider used an electronic care planning system. The system and the information inputted needed some improvements to ensure care plans and risk assessments were up to date. Paper copies of the care plans were available if there was an emergency, however the paper care plans did not always reflect the electronic system.

The provider had failed to have effective systems to monitor the quality and safety of the service and mitigate the risks relating to people. Records were not all accurate and up to date. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did have systems in place to effectively monitor and audit medicines and care calls. An electronic system was in place which provided live updates on care calls and would flag to the system if a staff member was late or had not arrived. An overview of care calls could be viewed to identify any trends or patterns. People and their relatives told us there was never a missed call and staff were rarely late to calls.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.

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

- Most staff were positive about their role and the support they received from the registered manager. Some comments included, "We are always given enough time to travel" and, "We can ask for extra shadow shifts if we need it." However, some staff felt the registered manager was not always available for them to

contact due to the registered manager supporting people in care calls. The registered manager told us if they were unavailable then the owner was contactable, this included out of hours.

- People told us they were always informed if their call was going to be late. People were also told if their normal carer would not be attending or if someone new was coming to shadow the regular staff member. People told us they appreciated this communication.

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 was aware of their responsibilities under duty of candour. A duty of candour incident is where something goes wrong with people's care. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- There had been no incidents and we did not identify any duty of candour events.

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

- The registered manager carried out 'spot checks' for staff. This included asking for feedback from people during the care call about their care and support. For example, during one spot check, one person told the registered manager they knew how to make complaints and the majority of calls the staff arrived on time.
- The registered manager also sought feedback from people and their relatives regularly via phone calls. These phone calls were seen as a 'check in' to make sure people were happy and if they needed any changes in their care and support.
- One relative told us, "[Registered manager] gives me regular updates fortnightly, [registered manager] will also give me a call or a heads up if there is any concerns."

Working in partnership with others

- The service was working in partnership with a number of organisations to support people with their health and wellbeing needs. This included the GP's and district nurses.
- Where people had ongoing health needs staff had participated in community team led training, for example where one person needed support with their catheter.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective systems to monitor the quality and safety of the service and mitigate the risks relating to the health.</p>