



# Dependency Tool Supporting Information



## Legislation and Regulation

Underpinning Legislation such as the Health & Social Care Act underpins Regulation that guides the Care Quality Commission. Regulation 18 focuses on Safe Staffing along with strong links being made to Regulations 9, 12, 13, 15 and 19. It is essential, therefore, that a service can show safe staffing.

Regulation 18 states:

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.
2. Persons employed by the service provider in the provision of a regulated activity must:
  - receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform
  - be enabled where appropriate to obtain further qualifications appropriate to the work they perform
  - where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

Elements of safe staffing are also included in:

- Regulation 9: Person-centred care
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 15: Premises and equipment
- Regulation 19: Fit and proper persons employed.

Safe staffing is about having enough staff, who have the right values and skills, to deliver high quality care and support. It involves:

- having safe staffing levels, including putting contingency plans in place
- recruiting the right people, with the right values, skills and experience to deliver safe care and support
- doing the right recruitment checks
- ensuring staff are competent and safe to do their role.<sup>i</sup>

**This guide will focus on the first element of safe staffing: having sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of the home.**

## Pre-Implementation

Before you commence using the tool, you need to:

- decide whether the assessment will be divided into different care areas, care units or floors
- agree if you want to or need to implement any 1:1 care hours into the tool
- review any additional support needs that people have
- identify how the shift patterns operate
- identify the skill and competency of each staff member
- decide how often the dependency tool is going to be reviewed
- decide who completes it and how do they know what the individual's care needs are.

## Getting Started

The service will need to implement an effective system to determine how many staff are required. The most common way to evidence this process is through the use of a dependency tool.

There is no single ratio or formula that can calculate the answers to the staffing ratios required over the range and scope of care homes. The right answer will differ across and within organisations, and reaching it requires the use of evidence, evidence-based tools, the exercise of professional judgement and a truly multi-professional approach. Above all, it requires openness and transparency within organisations and with the people you support and the public.<sup>ii</sup>

All dependency tools are a guide as to what the home would require without any consideration to other factors.

When you are using a dependency tool you will need to take into consideration the following:

- **The environment.** If the home is spread over a number of floors or a number of different units with specialised need, it may be more effective to complete the dependency tool for each distinct area rather than the home overall.
- **The skill mix required.** Do some of the care tasks you complete require a skilled worker, e.g enteral feeding, medication administration? Some of these tasks may be considered the responsibility of seniors/team leaders/level 3 workers. This requirement must be factored into the outcome of any dependency tool.
- **Non-direct care tasks.** Dependency tools generally assess the staffing levels required to meet the needs of the people being supported. If your home requires staff to regularly take on additional duties as part of their normal working day, such as supervision of other staff, quality assurance tasks, liaising with other professional, attending care reviews or domestic tasks, this will need to be factored into the assessment outcome.
- **Planned rota.** Completion of the dependency assessment is the first step to being suitably staffed. You will also need to think about how and where staff are deployed and be clear that you have suitably skilled staff identified on the rota; for example, does your rota detail the following:
  - the person in charge of the shift
  - the person responsible for administering medication
  - First Aider
  - Fire Warden
  - where required, the person responsible for providing specialised care; for example, administering epilepsy emergency medication, enteral feeding, accompanying people to hospital visits etc?

## Using the Tool

Enter the date you are completing the tool in the top left corner of the worksheet (in red).

List all residents using a Unique Identifier (in line with GDPR and Data Protection requirements) in the first column on the relevant month's worksheet.

Using the information and categories detailed on the Baseline Assessment Information, assess each resident for their baseline care needs.

Enter the assessed category number for each resident on the column headed 'Baseline Assessment' (orange column) on the worksheet.

If the person has contracted general 1:1 hours, these can be entered into the 1:1 Support Hours (blue column).

Using the prompts and information provided in Additional Support Needs, assess how much time is required (if any) to support the person in these areas on a daily basis.

Add the number of minutes required for each additional support need in the relevant column (early, late, night) on the worksheet.

The total number of care hours required per day will be shown in the pink box at the bottom of the worksheet.

Where time-specific support has been recorded (early, late, night), this will be shown in the next three boxes.

Add the number of direct care hours you are providing, according to your planned rota, in the purple box.

Detail the number of staff who are providing direct care per shift in the boxes below.

Add the number of residents the home is supporting.

The worksheet will calculate the ratio of staff per resident.

## Referencing

<sup>i</sup> Guide to Safe Staffing, Care for Skills Nov 2018.

<sup>ii</sup> How to ensure the right people, with the right skills, are in the right place at the right time, NHS England Nov 2013.

## Further Reading and Guidance

[www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing)

<https://www.skillsforcare.org.uk/CQC-provider-support/Delivering-good-and-outstanding-care/Safe-staffing.aspx>

**Should you require any further guidance, please contact Care 4 Quality:**

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