

Dynamic Community Care Ltd

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Inspection report

206 Turners Hill
Cheshunt
Waltham Cross
EN8 9DE

Tel: 08454343434

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Dynamic Community Support Ltd is a homecare agency providing personal care to older people and people with physical disabilities. At the time of our inspection there were 3 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

Minor Improvements were needed to recruitment processes. However, the registered manager confirmed they had taken action to resolve this following the inspection. People received a safe service. The service had systems in place to protect people from harm. Risks to people were effectively assessed and documented.

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 had the training they needed to carry out their roles and to provide people's care in a safe way.

People told us staff were kind and caring and knew their needs well. Staff respected people's decisions and choices about their care. People were supported to eat meals of their choice and to maintain adequate nutrition and hydration.

People's care plans included an overview of their lifestyle and preferences. The service had a system for investigating complaints.

The registered manager's quality assurance processes were sufficient for the size of the service. and they were prepared to introduce additional checks when needed. The registered manager and staff team were committed to delivering a high standard of care.

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

This service was registered with us on 20 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Dynamic Community Care Ltd

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 1 inspector.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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.

Inspection activity started on 27 January 2023 and ended on 6 February 2023. We visited the location's office

on 30 January 2023.

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 information gathered as part of monitoring activity that took place on 13 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 1 relative about their experience of the support provided. We spoke with 5 members of staff including the registered manager. A variety of records relating to the management of the service were reviewed. This included 3 people's care records. We looked at 2 staff files in relation to recruitment.

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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We looked at the recruitment procedures followed for staff. Whilst most checks had been completed including completion of application forms, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) check, there were minor improvements required with recruitment.
- References were in place; however, they were dated after staff had started work. The registered manager explained they had unfortunately misplaced originals and had requested these again recently. References received were positive.
- Application forms did not always contain the full work history of staff recruited. The registered manager updated the application form to reflect work history was needed from staff members education. Following this inspection they informed us they had requested staff provide full work history and these documents were being received.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and knew how to apply it. One member of staff told us, "Safeguarding to me is looking after people properly and keeping them safe. If I was worried about someone being abused, I would follow the whistleblowing policy. Report to my manager or the local authority or CQC."
- The registered manager was aware of their responsibility to notify the local authority of any safeguarding concerns and a safeguarding policy was in place for staff to follow.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. One person said, "I find them very good; they come every morning and help me to wash or shower and get dressed. I do feel safe when they visit."
- Staff had the information they needed to support people safely. risk assessments were in place. The assessments covered, moving and handling, continence and skin care.
- The service had enough staff with appropriate skills to ensure people received a safe service. People using the service and relatives told us they always received their visits. One person told us, "They have always come." A relative said, "They always turned up and never let me down. It has always been the same two staff, but any new staff were always introduced to my [family member] and we never had a stranger arrive."

Using medicines safely

- Staff completed training in medicines administration; however, at present staff were not currently

administering medicines for people using the service.

- The registered manager had a medicine administration record available which they planned to use when needed.
- A medicines risk assessment was in place which informed staff what medicines people were currently self-administering.
- A staff competency assessment to administer medicines was also available to use when staff started to administer medicines for people.

Preventing and controlling infection

- The service had systems to prevent and control the spread of infection.
- Staff had completed training on infection prevention and control, COVID-19 and how and when to use personal protective equipment (PPE).

Learning lessons when things go wrong

- The registered manager ensured records of incidents and accidents were recorded and shared with staff to promote learning and prevent reoccurrence.

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 received an assessment which covered their physical and mental health, social and cultural needs. This ensured staff had enough information to meet people's needs in the way they wanted. A relative told us, "When they came to the first assessment, they told me they treat all clients like family, and they did."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion and ethnicity were identified as part of the assessment.

Staff support: induction, training, skills and experience

- Staff received the training they needed to support people effectively. Staff told us they had recently undertaken a full refresher training session. One staff member told us, "We have recently completed the care certificate. The training was very good and included practical manual handling training."
- Staff told us they felt well supported in their role and had received training, spot checks and supervision. They said the service listened to their feedback and they enjoyed working for this service. A staff member said, "I have had supervision and I did meet with the manager in the office and have had discussions by phone."

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

- People's nutrition and hydration needs were recorded in their care plans.
- Staff supported people to have access to food and drink that met their needs and preferences. A staff member told us, "I check what is available in their fridge and then find out what they would like to eat."

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

- The service ensured processes were in place to support people to get access to health care professionals.
- The service supported people by reporting any apparent changes in their health. A staff member told us, "If I notice any changes in people's health, I would let the manager know. If a person were to fall, we would call the ambulance, make sure the person is comfortable and let the office know."
- A relative told us, "They were well trained and advised me on things I had not thought about like pressure care, they advised me what I might need. When [person's] mobility was affected they advised on moving the room so it would be easier for [person] and staff."

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. 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.

- People using the service had capacity to consent to their care and treatment.
- The service had clear policies and procedures to ensure care was provided in people's best interests if required.
- Staff explained how they supported people to make choices and give consent taking into consideration their abilities. A staff member told us, "The Mental Capacity Act 2005 means we cannot assume a person cannot make a decision. We ensure people have choices. I ask them what they want."

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 relatives told us staff were kind and caring. One person told us, "They are very kind, you know they came all over Christmas to see me." A relative said, "My [family member] has just passed away but I would still like to give you feedback as they have been absolutely wonderful, they were like angels."
- Staff we spoke with understood what people's religious requirements and different cultural preferences were and had received training in equality and diversity. A staff member said, "We have one person who is a Christian, so we try to respect people's religion and treat people equally."
- A staff member described how they got to know people when they started working at the service. "We would always read the care plan before we start going to people, and we get time to talk with people."

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

- People, and their representatives had been involved in planning their care and expressing their preferences. One person said, "They do everything I ask of them."
- Care and support was provided how people wanted it. A relative said, "My [family member] lived on their own, but they communicated really well with them and kept me up to date."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff told us they treated people like members of their family. One staff member told us, "I make sure I close the door and curtains are drawn." Another staff member told us, "I have positive relationships with people so I will encourage them to be independent and reassure them. For example, I try to encourage people to come and sit in their gardens for a short while to get fresh air and will talk to them about the benefits of this."
- A relative told us, "They always maintained [family members] dignity and [family member] told me staff had kept their shirt on while they washed their lower half to keep them covered. They said they had no embarrassment with the staff."
- Care files included information about what was important to people and what they were able to do for themselves. For example, one care file recorded, "I can walk on my own, I can prepare and take my own food, I can comb my own hair."

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

- Each person had a care file which had been developed from their initial assessment. Care files contained information about people's needs and details of how they preferred their care to be provided.
- Care files were reviewed with people and their representatives.
- Staff told us they had access to all the information they needed prior to providing care to people. One staff member told us, "There is a care plan and I can look at the file before I go into people. It includes all information we need."

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 were recorded in their care files.
- Information could be provided in different formats such as large print or pictures depending on people's needs.

Improving care quality in response to complaints or concerns

- People were given information about how to make a complaint when they began to use the service.
- The service had not received any formal complaints. However, the registered manager stated if one was received, they would respond to it in line with their policy and procedures.

End of life care and support

- At the time of our inspection no one was receiving end of life care. Care files contained information about people's preferences at the end of their life.
- One relative whose family member had just passed away told us, "They have been wonderful and made the whole process much more bearable."

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they were happy with the service they received. One relative said, "They were recommended to me by a friend that uses them, and they have been very good."
- Staff knew people well and supported them in the way they had chosen. A staff member told us, "I think we give 100% and I think the service we provide is excellent. This company look after people and their staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to notify the appropriate authorities about incidents and safeguarding concerns.

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

- The management team undertook regular checks to help ensure high standards were maintained. Spot checks on staff practice and people's safety were carried out to monitor standards.
- The service was currently small, however, the registered manager understood additional checks would be required when the business started to grow. The registered manager showed us blank documents such as medicine competency checks, medicine audits and staff competency checks that they were intending to introduce.
- The registered manager was open and responsive to our inspection feedback. They were committed to continuous improvement.

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

- People were asked for their feedback about the quality of the service they received through telephone calls and visits. Formal feedback processes had not yet been established.
- People and relatives had left positive feedback on an online platform. One review recorded, "I cannot recommend this care company enough. They are thoughtful and progressive with their care and genuinely want to help my [family member] get back to health and independence. The respect and kindness they have shown is second to none. Thank you."
- The registered manager used team meetings and supervision as a way of sharing updates and communicating important information with the staff team.

- Staff members told us they were happy working for the service. One staff member said, "I think it is a very good service and so far, they listen to what I have to say." Another staff member said, "I do feel supported and they are easy to contact if I need something."

Working in partnership with other

- The service worked in partnership with healthcare professionals and other agencies when needed to enable effective care for people.