

Dynamic People Limited

# Dynamic People Homecare Services

## Inspection report

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London  
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Tel: 02084469091

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19 July 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to people who live in their own homes. It provides a service to older people and those who may live with dementia, mental health conditions, physical disability and sensory impairment.

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. At the time of our inspection the service was providing support to 191 older people.

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

People using the service, benefited from a service that was committed to providing safe and high-quality care and support. We were assured risks to people were identified and managed. Medicines were managed safely.

People were involved in their own care and support plan and were supported by a consistent staff team who knew their needs well.

Staff supported people to retain their independence in order to remain living in their own homes.

We received positive feedback from both people who used the service and their relatives about the quality of the care and support they received.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

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. The service practiced a compassionate culture which was committed to delivering high-quality care to people. This was underpinned by good governance and collaborative working to achieve positive outcomes for people.

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

The last rating for this service was good (8 April 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Dynamic People Homecare Services

## **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 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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#### 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 short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 July 2023 and ended on 24 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, and 3 care workers, We looked at 3 people's care records and 3 staff records including safe recruitment; we also looked at various documents relating to the management of the service.

Following our visit, we received further information from the registered manager, which included audits, evidence of spot checks and we also spoke to 7 relatives and 5 people who used the service by telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good, At this inspection the rating has remained the same, This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with, told us they felt safe using the service, comments included "My [partner] and I feel very safe when carers visit us. They are all very respectful, not pushy and very helpful." And "Yes [my relative] has no complaints. [They do] feel safe with [care workers] in [their] home."
- Safeguarding policies were in place to help protect people from the risk of abuse. Care staff understood their responsibilities to identify and report any concerns and they had confidence in the registered manager to deal with any issues appropriately.
- A member of staff told us "We protect people's well-being and check for signs, we discuss with our manager anything that raises a concern."

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers, and they knew their needs well.
- Most staff had worked with the provider for many years thus ensuring continuity in care.
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. Comments included "Yes there are enough staff. They are on time or if late they let me know." And "[My relative] only has one regular carer 6 days a week. [They] arrive on time or can be 10 minutes late or even early."
- Relatives told us they knew the staff well and had built good working relationships with them.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems

in place to ensure this was done safely.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People and relatives expressed confidence that the service was well run. We received comments such as, "it's well run, I have no complaints with the agency." "Whenever I have phoned, I get a courteous answer." And "I think it's pretty good actually. The actual staff we have had are very good"
- The registered manager and staff were clear about their roles and responsibilities and felt well supported. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- Staff told us they felt well supported and praised the managers of the service One staff member told us "It's a good place to work, they are always there to assist me."
- Staff consistently described a positive, supportive and inclusive culture within the service.
- Results from audits, investigations, spot checks and surveys were used to improve the quality of care at the service
- A feedback system was in place and formed part of the review process. This meant they were continually checking to ensure that people received the best possible care and support.
- The registered manager was aware of their responsibilities under the duty of candour and around notifying CQC. They had submitted all required notifications.
- Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of safe care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People using the service and relatives told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.

- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.
- The service had recently recruited a number of samalian care workers to provide culturally sensitive support

#### Continuous learning and improving care

- The provider improved care through continuous learning.
- There were quality assurance processes in place. Various audits were conducted by the registered manager including audits of medicine records, daily notes and infection control practices, while care plans and risk assessments were subject to regular review.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- Team and management meetings were used to share good practice ideas and problem solve.
- The number of missed calls were kept to a minimum by regular audits and an Electronic Call Monitoring system. Everybody we spoke to told us they had not had any missed calls.

#### Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.