

Dynamic Care Services Ltd

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Inspection report

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01 April 2019

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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

About the service:

Dynamic care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection three people were using the service. Everyone using Dynamic care received personal care.

People's experience of using this service:

- People told us they felt safe receiving support from Dynamic care and that staff were kind, helpful, respectful and genuinely caring.
- People told us they had regular carers who arrived on time.
- People's files contained detailed risk assessments which were reviewed regularly.
- People and relatives told us they were involved in the care planning.
- The provider followed effective recruitment procedures.
- Staff received training appropriate to their role.
- There were safeguarding and whistleblowing policies and procedures in place.
- People were being supported daily to make choices and decisions about their care and support and to be as independent as possible.
- People's right to privacy and confidentiality was respected.
- People's individual and diverse needs had been identified before moving to the service and plans of care had been developed.
- Staff responded to changes in people's needs.
- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.
- Audits were completed and reviewed regularly.
- People, relatives and staff told us they had regular contact with the manager and that they were approachable and friendly.

- The registered manager demonstrated an open and positive approach to learning and development.

Rating at last inspection:

At the last inspection the service was rated Requires improvement. (report published 27 March 2018)

Why we inspected:

This was a planned inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

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

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 Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Dynamic Care is a domiciliary care agency. It provides personal care to people living in their own homes. Everyone using Dynamic Care received the regulated activity; 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, three people were receiving personal care.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 March 2019 and ended on 1 April 2019. We visited the office location on 28 March 2019 to see the registered manager; and to review care records and policies and procedures. We also visited people in their own homes. We made calls to people, their relatives and staff on 29 March 2019 and 1 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important

events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 our inspection we spoke with two members of staff and the registered manager, two people using the service, and four relatives.

We reviewed a range of records. This included two people's care records, two staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- The provider had effective safeguarding and whistleblowing systems and policies in place.
- Staff had a good understanding of abuse and knew what to do to make sure people were protected. Staff training was up to date and relevant to the service.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- People and their relatives told us they felt safe. One person said, "I feel safe, they [staff] know what they are doing."
- People's files contained detailed risk assessments which the registered manager reviewed regularly.
- People and their relatives were involved in risk assessments and were supported to maintain their independence.
- The potential risks to each person's health, safety and welfare had been identified.

Staffing and recruitment:

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- There were enough staff to meet the needs of people supported by the service.
- People told us they had regular staff who they built relationships with.
- All staff had completed training in line with the providers policies and had competency checks to ensure they understood the training provided.
- A relative told us "Staff are brilliant." Another relative said, "Staff are very good."

Using medicines safely:

- People received appropriate support with their medicines.
- We looked at people's medication charts and this evidenced that staff managed medicines consistently and safely.
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's full consent.

Preventing and controlling infection:

- Staff told us they are provided with PPE (personal protective equipment) such as aprons, gloves and hand

sanitiser.

- All staff had completed training on infection control and were aware of good practices such as hand washing techniques and use of PPE.

Learning lessons when things go wrong:

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's incidents, as well as staff or relative accidents.
- Incident and accidents were regularly audited to look for any trends or patterns.

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

Good: 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 and relatives told us they were involved in the care planning.
- Assessments of people's needs were comprehensive and included people's choices and preferences in relation to all aspects of their lives.
- People and relatives told us that if the person refused care staff would respect that decision but still encourage the person.

Staff support: induction, training, skills and experience:

- A person told us, "Staff are really lovely, they will do anything I need."
- All staff completed an induction which included full training and shadow shifts. Staff told us the induction was Good.
- The staff training records confirmed they received training appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and the training provided covered all areas of their jobs.

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

- Relatives told us they were happy with the support staff offered regarding food preparation.
- One person told us, "They always leave me something to eat and drink."
- Care plans included information on nutrition and fluid needs, where appropriate.
- Staff received safe food handling training and were aware of people's dietary needs and preferences such as vegetarian and any support people needed.

Staff working with other agencies to provide consistent, effective, timely care:

- People and relatives told us staff turn up on time. One relative said, "If staff are going to be late, they always phone and tell me so I make arrangements if needed."
- People were supported by staff who they were comfortable with. Staff communicated well to ensure people they supported received continuity of care.
- A relative told us, "[person's name] alarm went off at home, [staff member] came out to support [person's name] to sort it out as we couldn't get there. That's really good care."
- Staff had completed a hospital grab sheet, for any person who required it. (A hospital grab sheet provides healthcare professionals with information about the person's individual needs in the event of an unplanned hospital admission.)

Supporting people to live healthier lives, access healthcare services and support:

- There was evidence that people's care was organised in conjunction with other health and social care professionals when required.
- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.
- A relative told us that staff were "brilliant" at identifying any health concerns and ensuring their care was tailored to the current need.

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 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 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 with appropriate legal authority.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

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

Good: 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 they felt supported. One person said, "Staff are nice, kind and gentle." A relative said, "Staff go above and beyond, we are very lucky."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. All care plans had detailed information regarding a person's communication needs.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People told us they are involved in their care planning.
- We saw evidence in care plans that people had been asked about their likes/dislikes, preferences and routines.
- People were treated respectfully and were involved in every decision possible.
- People, relatives and staff all told us that the service is interested in the whole family and try to engage as many people as possible in decision making.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. One person said, "Staff are gentle and tell me what they are doing."
- A relative told us, "They always help [person's name], if they need support or just reminding." Another relative said, "[person's name] is more confident now, staff have supported [person's name] to be more independent."
- A staff member told us what they do to promote people's privacy, dignity and independence, "I always gain consent before carrying out any tasks, close doors and curtains when needed and always let the person do as much as they can."
- People and their relatives, where appropriate, were involved in routine reviews of their care.
- The manager had a good understanding of advocacy services and how this could be used for important decisions, or if people required independent support to make decisions about their care or finances. An advocate is a trained professional who supports, enables and empowers people to speak up.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans explored people's needs, and considered people's history, interests, hobbies, and likes and dislikes. This helped staff provide care which was individualised.
- People were asked if they wished to receive personal care from staff of the same gender and their wishes were carried out.
- People, and where appropriate their relatives, had been involved in the development of care plans. A relative told us, "We are contacted with any updates, they treat [relatives name] really well."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

- The registered manager did not always log complaint outcomes consistently. The manager agreed to rectify this immediately. All complaints had been dealt with in a timely manner.
- People and relatives knew how to make a complaint. A relative told us, "They are good at dealing with issues, I had to complain about a staff member being late we had a meeting to sort it out."
- The complaint procedure was given to people informing them how they could make a complaint.

End of life care and support:

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support.
- The provider had a policy in place for supporting people with end of life 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- A relative said, "Staff are superb, communication with us is really good, and the organisation is very well run."
- The registered manager had implemented detailed handover forms to ensure everyone involved in a person's care had the information required to understand needs.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People's care plans and pre- assessments documented any preferences or cultural needs.
- People and relatives told us they were happy with the care received. We heard comments of "Effective and helpful," "Genuinely caring," and "Very professional."

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

- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, staff files and daily notes. The registered manager contracted an outside agency to complete these audits as the management team also completed care tasks. This ensured that records were up to date and meaningful.
- The registered manager understood their role and shared information with us about all aspects of the service including quality performance, risks and regulatory requirements.
- The service submitted relevant statutory notifications to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.
- Staff understood their roles and responsibilities, job descriptions were held in staff files.

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

- Everyone we spoke with knew who the registered manager was and how to contact them.
- A staff member told us, "[registered manager] is very supportive and understanding, I can always go to them to discuss anything."
- The registered manager collated feedback from people, relatives and staff monthly. These forms helped to make any changes needed to ensure good quality care.

Continuous learning and improving care, Working in partnership with others:

- The registered manager had completed an action plan, this included any feedback received. For example, competency checks to be started, additional training requested, memberships to external care agency.
- The registered manager kept up to date on improvements and training by participating in registered manager forums and signing up to social care update.
- The registered manager demonstrated an open and positive approach to learning and development.