Dynamic People Limited

# Dynamic People Homecare Services

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 8 and 9 August 2017 and was announced. At our last inspection in May 2015 the service was rated as good.

Dynamic People Homecare Services provides personal care services to people in their own homes At the time of our inspection approximately 214 people were receiving a personal care service.

The service had a registered manager who had been in post since the service opened in 1989. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run

People's needs were assessed and care plans were developed to identify what care and support people required. People were involved in their care planning and were able to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

People were safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service. A number of staff had worked for the agency for many years.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people. There were sufficient numbers of staff to safely meet people's needs.

The registered manager demonstrated sound leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the

experiences of people who used the service. We saw that regular visits and phone calls had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

Managers demonstrated strong values and a desire to learn about and implement best practice throughout the service. Care staff received regular supervision and appraisal from their manager. People were supported by staff who had excellent knowledge and skills required to meet their needs. The provider had their own training department which organised the training of all staff. This included providing literacy training for staff where English was not their first language, so that they could provide culturally appropriate care.

People were supported to eat and drink. Staff supported people to take their medicines when required and attended healthcare appointments and liaised with their GP and other healthcare professionals to meet people's needs.

The service had a complaints policy. People who used the service and their relatives told us they knew how to make a complaint if needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains safe. | **Good** |
| **Is the service effective?**<br>The service remains effective. | **Good** |
| **Is the service caring?**<br>The service remains caring. | **Good** |
| **Is the service responsive?**<br>The service remains responsive. | **Good** |
| **Is the service well-led?**<br>The service remains well-led. | **Good** |

# Dynamic People Homecare Services

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Dynamic People Homecare services took place on 8 and 9 August 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of two inspectors and two experts 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the assistant manager, a care coordinator, four care staff and the training manager. We also visited two people in their homes. We looked at eight care records and six staff records. We also looked at various records relating to the management of the service. After the inspection visit we spoke to eight people using the service and nine relatives. We also spoke to a further six care staff.

Good

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe and could speak with care staff if they had any concerns. Comments included "I know that nothing bad would happen to me" and "I feel very safe with staff". A relative told us, "He feels safe. He's not very trusting but all of the staff and office are very good."

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. We looked at the provider's training records which confirmed all staff had undertaken safeguarding training. This meant that staff had the knowledge and awareness of how to protect people from abuse. We saw that training was reviewed annually.

We were able to speak with the assistant manager with regard to a current safeguarding concern which was being managed by the local authority. We saw the provider had acted appropriately to keep the individual safe and had liaised professionally and effectively with the safeguarding process.

Medicines for each person were listed in care plans with dosage, usage and any potential side effects. For people who were prescribed medicine on an 'as needed' basis (PRN), there were clear protocols in place. For example, one person was prescribed a medicine for migraines that was to be used only when needed. The care plan gave clear instructions of the dosage of medicine to effectively manage the person's medical issue. The service carried out a regular medicines audit and looked at the storage of medicine in the person's home, whether it was safe and locked away, whether people had signed for their medicines and whether they had been seen by their GP for a medicines review. Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and their competency assessed. Staff supported to prompt and administer medicines to people using the service and this was recorded on Medication Administration Records (MAR) sheets. The agency had recently made improvements in recording system for medicines so that there were separate MARs for medicines supplied in blister packs. The care staff that we spoke to all said that they were confident administering medicines and knew what they were giving and why it was needed. Care staff described talking to people as they were supporting with medicines and saying what each tablet was for as they supported a person to take it. A care worker told us, "I organise the pharmacy to deliver to my client, and I encourage her to take her medicines."

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Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and people's nutritional needs. These formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring whilst at the same time supporting people to maintain their independence.

An appropriate recruitment policy and procedure was seen to be in place. Appropriate checks were undertaken before people began work. Staff files contained a completed application form and supporting

documents to demonstrate training and a pre-employment written test. Files also held a copy of the interview questions and answers which included a score for each answer. The completion of these documents demonstrated why the individual had been employed or not, and whether they held the appropriate knowledge and skills necessary to carry out their role.. Personnel files contained copies of photo identity, evidence of the person's right to work and a criminal record check (DBS) prior to starting work. DBS checks were on all staff files.

There was an accident and incident folder in the office to record where any staff accidents took place, we looked at the three most recent incidents, and each one had been signed off by the registered manager as being reviewed.

We spoke with people with regard to staff. Most stated they had had the same carers for a lengthy period of time. They stated staff were rarely late and were very complimentary about their respective care workers. One told us, "The communication is good and they communicate a lot with each other. I can see the difference between them and another company that we had."

There were sufficient numbers of care staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care staff supporting a person was increased if required. If care staff were going to be late or were unwell they would call in to the office so that the person using the service could be informed. There was a robust system in place for reviewing missed calls using an automated signing in system which recorded when care staff arrived at care visits and when they left. Each of the care coordinators had responsibility for a geographical area. The management team received bonuses for keeping down incidences of missed calls. We saw how each missed call had been logged and an action and an outcome recorded. This included an explanation for the missed call.

Good

# Is the service effective?

## Our findings

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.

The assistant manager explained the provider did not currently work with any person who lacked capacity. However staff we spoke with understood the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction and that additional training had been provided.

Staff supervision meetings took place every three months. These were recorded clearly and typed up. Actions resulting from each supervision meeting were highlighted and assigned to a named person to follow up at subsequent meetings. Appraisals took place yearly during which staff had the opportunity to discuss their performance over the previous year, their agreed targets and whether they had been achieved. Training requirements for the year ahead were discussed and other targets related to their performance at work were agreed. The one-to-one meetings gave workers an open opportunity to discuss any other issues and agree action plans, as needed. Systems were in place to test the capability and knowledge base of individual staff members. This helped to determine where additional support was needed.
Staff confirmed that they had completed a detailed induction before starting work, which they felt covered all of the essential areas. This induction followed the 'skills for care common induction standards' covering safe working practices. Records showed that new employees completed a ten day intensive induction programme and a three month probationary period, which could be extended, should any member of staff need additional time to demonstrate competence. Staff we spoke with talked us through the induction process, which incorporated a number of shadowing shifts. They told us it was very informative and helped them to understand their role and the important aspects of working with people who used this service.

Certificates of training were held on staff personnel files. The training matrix showed learning modules had been completed in areas such as medication, the Mental Capacity Act (MCA). Deprivation of Liberty Safeguards (DoLS), moving and handling, health and safety, communicating effectively, record keeping, infection control and safeguarding vulnerable adults. All care staff we spoke with had achieved a recognised qualification in care. Staff confirmed they had completed a range of learning modules since they started working with the provider and were able to give good examples of training they had undertaken. During our visit we were able to speak with the provider's Training and Development Manager. He showed us how all staff had attained levels in vocational training awards (NVQ). Training was completed in specific training areas within the building and delivered face to face. There was also a computer room where staff who did not speak English as a first language were able to learn and take qualifications in English and mathematics to enable them to successfully complete vocational and mandatory courses.

The Training Manger had attained a specific qualification for training within adult social care and used it as a

guide when developing induction and mandatory training programmes. These programmes had also been mapped from the Care Certificate Standards from Skills for Care. We saw all training programmes and results were audited annually and that staff were asked to complete feedback documents. Staff we spoke with were all highly complementary of the provider's training policy. One told us how she was being supported in her vocational training even though it meant she would have to leave the organisation on completion of her course. Comments from staff included "We have a lot of training; moving and handling, doing everything; writing everything", "The training here is first class" and "They take the training very seriously."

Where required there was information in people's support plans about people's needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. One person's support plan described how they were unable to eat certain foods for health reasons. Another had indicated a requirement based on religious needs.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

The service directly supported people to meet their health needs, and staff told us that if they noticed people's health had deteriorated, they would refer this to their line manager who would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would also contact the person's representatives when required. There was evidence in care support files which confirmed the provider was pro-active in making referrals to health and social care professionals and that staff sometimes accompanied people to their healthcare appointments.

Good

# Is the service caring?

## Our findings

People using the service and their relatives told us staff were caring and helpful. People's comments included, "My carers couldn't be any nicer", "They are a very nice group of people and they always come on time." One relative told us, "A very nice girl helps my mother. She is very pleasant."

People and their relatives told us that they mostly had same team of staff that visited them. They said this was of great help as staff understood their needs and their wishes and preferences. Staff we spoke to told us they found that supporting same people enabled them to provide person-centred care and establish positive working relationships. A care worker told us "I would treat them like I would want my own mother to be treated. Knowing when to help and when to do things."

The management team told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were mostly kept informed if visits were running late. This demonstrated respect by keeping people informed.

Everyone we spoke with said they were treated with respect and had their dignity maintained. Staff we spoke with were very clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their dignity and independence was "a priority". Another said "I let my client do as much as she can for herself, it helps develop her mobility." Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service. Files in the office containing personal information were seen to be securely locked in filing cabinets.

The care coordinator told us how she endeavoured to keep the same care staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people.  Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.  A care worker told us, "I have worked with one lady for seven years. I know her needs very well."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Comments from people using the service included, "I have the same carer, she knows me well and treats me with respect" and "When the carer changes me, she always asks my family to leave the room."

People using the service and relatives told us they had been involved in the care planning process and had a copy of their care plan in their home. One person told us, "I chose what I wanted and when they come, we

planned together my care together."

Good

# Is the service responsive?

## Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. A relative told us, "He was attacked about 11 years ago and he hasn't left the house since then apart from going to the day centre. They give him choices and they're good listeners. Sometimes they draw pictures for him to help him to understand more. They are very patient and they have excellent communication with him. They go on encouraging him by leaving him and then coming back a bit later to try again. They relate well to all the family."

People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process. There was evidence in people's care support files that these had been completed with the person and their family members. Staff told us the provider always tried to match their care support staff with each person. Care plans had been reviewed regularly and a detailed record of daily events was in place so that staff were aware of any up to date issues or concerns. The agency sought advice from a range of external professionals and supported people to make and attend relevant appointments. This helped to ensure people's health care needs were consistently met. We saw in care files that people had been asked how they wished their care to be delivered and in each case had signed to this effect.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw numerous examples of requests for increases in care hours following a person's changes in needs. We also saw numerous examples where staff had provided additional support for example dealing with housing repairs, taking people out and providing companionship.

Staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved. Additional forms such as medicine charts and weight charts were also available. People confirmed that they had copies of their care plans in their homes.

The service responded positivity to requests for culturally appropriate care, at the time of our inspection we saw that the agency employed care workers who spoke a variety of languages in order to facilitate effective communication. At the last inspection we saw that literacy and numeracy training was being provided for a group of Somalian women so that they could go on to become care workers for the agency. At this inspection we found that a number of these workers had now been supported to attain nationally recognised qualification in care

People we spoke with described the managers as open and transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. People who used the service and their relatives told us they knew how to make a complaint if needed. Comments included, "I would speak to the office. Over a year ago I did, I was not happy with the Sunday carer, they found me another carer" and "I would call the office but I don't have any complaints."

We saw that all recent complaints had been thoroughly investigated by the registered manager in line within the provider's policy.

Good

# Is the service well-led?

## Our findings

It was clear from the feedback we received from people who used the service and staff that the managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which the managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

There was a clear management structure including a registered manager who had been in place since the service began operating in 1989. People who used the service and staff were fully aware of the roles and responsibilities of managers and the lines of accountability.

We asked people if they felt the service was well-led and everyone said the service was well-led. One person commented, "Yes, I think they're quite a responsible company. They're very good and I would recommend them." Another person told us, "I'm very satisfied. I give them high praise, its 24 hour care and not easy for them to work with someone like my son and they do it very well, sensitively and their communication with each other is very good."

Our discussions with staff found they were motivated and proud of the service. We noted that many of the care staff had worked in the agency for many years. Staff comments included "My motivation is knowing that I'm doing a good job", "Everything is good. Management is good" and "It's not just the money. I love the job and working with people."

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt that manager was available if they had any concerns. A care worker told us, "They are very good managers and they give you all the support you need. They make decisions and always take the right steps." The office premises were spacious and we saw that there were several areas that care staff could use to relax, socialise or use the computers. There was also a prayer room available for staff that needed to pray through the working day."

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an Electronic Call Monitoring (ECM) system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks to observe care workers. People were also asked to provide feedback during the spot check and care records kept at the person's home were reviewed to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard. A staff member told us, "They

come and watch us working, they also ask my clients for feedback." The agency also obtained the views of people in the form of questionnaires. The latest questionnaires showed a very positive satisfaction rate in relation to the quality of care staff, reliability and timekeeping.

The registered manager completed a number of regular audits. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. For example we saw that the service had made improvements in a number of areas, including reducing the number of missed calls by reviewing and monitoring any missed visits and providing financial incentives and improvement performance targets for care coordinators. The assistant manager told us that her role had been newly developed so that the registered manager could concentrate more on her strategic role of improving and developing the service.

The agency was a member of United Kingdom Homecare Association the professional association of homecare providers. This was an important aspect of continual improvement and development of the service.