Dynamic People Limited

Dynamic People Homecare Services

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Overall summary

This inspection took place on the 22 May 2015 and was announced. At our last inspection in November 2013 the service was meeting the regulations inspected.

Dynamic People homecare services provides personal care services to people in their own homes At the time of our inspection approximately 200 people were receiving a personal care service.

The service had a registered manager who had been in post since the service opened in 1998. 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 said they were involved in their care planning and were happy to express their views or raise

Summary of findings

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 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 highly 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

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.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision.

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.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required 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.

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Summary of findings

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. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People who were unable to manage their own medicines were supported to take them by staff that had been trained to administer medicines safely

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Regular training and supervision was provided to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People were supported to attend healthcare appointments and there was liaison with other healthcare professionals as required about a person's health and wellbeing.

Is the service caring?

Good

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Outstanding

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received

Is the service well-led?

Good

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

Summary of findings

There was strong emphasis on continual improvement and best practice..

There were effective systems to assure quality and identify any potential improvements to the service.

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 22 May 2015 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 an 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.

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 information we received. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the service's office and spoke with the registered manager, the business manager, a care coordinator and a training officer. We also spoke with six care workers. 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 undertook phone calls to nineteen people that used the service.

Good

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. Comments from people included," 'I always feel safe. The carers are well trained and know how to care for me and understand my routine '' and ''I feel safe, I have had the same carer for a long time she takes good care of me.''

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. Several staff members we spoke with commented that because they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns. One care worker said, "You can tell if something isn't right, even if people can't tell you.'' Another gave us an example of how she had very quickly identified that a person who used the service was unwell just by the way she was."' Medical attention was quickly sought, which resulted in the person being admitted to hospital.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures to follow. The manager told us how "we are constantly reminding staff of the need to be aware of things which could be of concern, and to record everything."

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse, for example, if the mood of the person was different, "if they were withdrawn." They told us they would try to explore any possible reasons with the person and then inform their manager. Another told us how "sometimes the person is afraid to say anything, especially if it is a family member there is a problem with. I always tell them I have to tell the agency if I have concerns about them." Another care worker told us they had recorded bruising on a body map and informed the office straight away. The manager deals with matters like that. You have to be observant at all times."

One care worker told us how they were aware of how to whistle blow "I know what to do – contact the CQC either in writing or by phone and I don't have to give my name if I don't want to."

The manager told us how all medicines for those who used the service were in blister packs and "staff prompt, administer and support with medicines, which they currently record on a Medicine Administration Record sheet [MAR]." They also said the current system of recording was under review and explained that "since all medication is in the blister pack, there is no way in which the care worker can identify individual medication when they record on the MARs. For example, if a person spits some of the medication out, the care worker will not be able to identify which tablet it was, and as such, could not record this accurately. We are in the process of devising a simple form which will indicate whether medication has been taken or refused."

We saw correspondence on a person's file where the manager had raised an issue of concern with a GP in relation to medicines and the potential impact on the person's safety. We saw a subsequent response from the GP which gave clear guidance for the person and the care worker.

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. We saw that people's records contained risk assessments which were appropriate to their specific needs. For example, where a person had restricted communication, there was written guidance about communication for the care worker. Another risk assessment included the heightened risk of cross infection. In this instance, the guidance clearly set out what hygiene measures had to be taken by the care worker. There were also risk assessments pertaining to the appropriate use of equipment, including wheelchairs and beds.

We asked the manager how missed calls to those who used the service were managed. She showed us a computer programme where all missed calls were recorded and information collated each month by four care coordinators. She told us how each of the four care coordinators had responsibility for a geographical area. They received bonuses for "driving down incidences of missed calls." We looked at the analysis reports for the three months prior to

Good

Is the service safe?

our inspection. We saw how each missed call had an action and an outcome recorded. This included an explanation for the missed call, for example, 'transport difficulties; double booked.' The outcomes recorded included 'family did not want replacement; apology to service user; verbal warning to care worker'. We spoke with a care coordinator about the efficacy of this system. They told us "it works well; we get an accurate idea of whether there are problems in specific areas. The bonus incentive system is motivational too."

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People's dependency needs were kept under continuous review to ensure that staff members with the necessary skills, abilities and experience were always available to provide appropriate care and support. Staff we spoke with told us they believed there were enough staff to do the job. One told us "I am never rushed and I have time to get from call to call." We asked the manager how 'double-up' calls were managed. She told us "it's tough but I rota permanently and cluster calls. Long term rotering means people know what they are doing and can plan accordingly." A care coordinator told us how, where possible, calls are clustered within areas to enable the care worker to move easily from one person to the next. A care worker told us "double ups work really well, I do not have to wait around for my partner to turn up, we are both able to be on time."

We looked at staff records and saw how there was a safe and robust recruitment process in place. Each record had two references and an in-date Disclosure and Barring Service certificate. Where there had been a delay in references being returned, we saw evidence of this being pursued by office staff. Personnel files contained copies of photo identity, evidence of the person's right to work and a criminal record check (CRB) prior to starting work. Staff file we read also contained evidence of referral to the Disclosure and Barring Service [DBS]. This meant staff were considered safe to work with people who used the service

Good

Is the service effective?

Our findings

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We spoke with staff who told us if they had more immediate concerns about a person's health they "would call the GP, District Nurse or an ambulance, depending on what the problem is." Another care worker told us of a time when "I called the community nurse because the person's wound was deteriorating." Staff were aware of the need to encourage people to drink and eat. The manager told us where there were specific concerns, care workers recorded fluid and nutrition intake We saw that people were referred to dieticians as required. A care worker told us "I always make sure their drinks are accessible."

There were signed and dated consent forms on the care records of those who used the service. These included consent to the administration of medicine and consent to signing time sheets. We saw how those who used the service had also signed a form which indicated that the care worker did not handle any of their money, irrespective of the amount. The manager told us how this was a company policy and was there "to protect the client and the member of staff."

We saw evidence on people's records of liaison with other professionals such as GP, community nurse, occupational therapist and speech and language therapist.

People were supported by staff who had the knowledge and skills required to meet their needs. The Provider had their own training department which undertook the training of all staff. The manager told us how good training was "very important; the more you train your staff, the better the quality of service." A care worker told us "the training is very good. There is a teacher in front of you; none of it is e-learning like in so many other places." Another told us "I do a lot of training; even if I don't realise a course needs to be updated, the office always rings to remind me."

We were shown the computer system on which people's training was recorded. This included flagged dates when refresher courses were due. The manager told us how, in addition to the core training requirements a care worker must do, they can express an interest in other courses not provided by the in-house training department. We saw how some staff had done external courses in dysphagia, diabetes, feeding tube and eye drop administration. A care worker told us "we are trained to work as a team to give a good effective service to individuals."

The manager told us of a new initiative in the training department, where a six week literacy and numeracy course was offered to Somalian women who were potential care workers "to assist them into work, supporting Somalian clients in a culturally appropriate way." The manager told us she was "passionate about this project. I believe this is a way of empowering women who have never had the chance to work outside the home."

All staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. We spoke with a training officer about the induction programme which all new staff undertook. He told us how they did the 'Common Induction Standards' which took 12 weeks to complete. We were also told how the training department was "planning to follow Care Quality Commission recommendations and introduce the Care Certificate Standards from the Autumn to replace the CIS." The registered manager told us once a care worker completed the induction programme their suitability was assessed for them to "go straight into doing the Qualification Credit Framework as an additional career development move."

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Care workers could tell us how they "give plenty of choices to the client and then give them time to make a decision."

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision; one told us "supervision is very, very useful. We discuss my clients and training needs. When it is my appraisal, we talk about pay increments and plans for the year ahead." Another told us "it helps to talk about my work and how I am doing. I learn a lot during supervision."

We spoke with a care coordinator and the business manager and noted how there was no formal process whereby office staff had regularised supervision sessions. However, each said they did not consider this an issue "because the manager's door is always open. There is never

Good

Is the service effective?

a time when I could not go to her for advice or support." They told us they did have an annual appraisal. We spoke with the manger about this and she acknowledged that supervision for office staff was something which needed to be formalised to support the 'open door policy' which she operated at all times.

Good

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, “I am very happy, both with my carer, whom I love, and the agency. They are always helpful and caring, and do what I ask if possible” and “I get on with all of them” and ”I am very happy with my carer. She is prepared to do most things. She empties the commode, helps me bathe, always asking permission if she touches me. I trust her, we get on so well together.”

A relative told us ”I find the carers are well matched to my mum, she has dementia. Most are well trained and respectful and the personal routine they carry out for my mum is gentle, kind and they have a gentle way of dealing with her. They try to do things they know she likes and are loving towards her.”

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. The registered manager told us told us “we support service users to live at home independently and with respect and dignity.”

In discussion the registered manager said they expected staff to treat people who used the service “like they would their parents.” Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was “a number one priority”. Another said “it’s about how you would want to be treated. I ask them which dress they would like to wear or what food they would like.” 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 registered manager told us “We endeavour to keep the same support staff with service users for prolonged periods, so we use a permanent rota and use the same group of staff for people.” People who used the service confirmed that they usually had their care 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. One member of staff said one of the best things about the service was that “it is important that I have regular service users that’s why I have stayed for nine years.” 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. One staff member said, “You can make such a difference to someone’s life just by finding out what’s important to them.’’ Another said ‘’it’s so important to make people feel comfortable and ask them how they are feeling.”

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. One staff member told us how she had put up curtains for a person so they couldn’t be seen by their neighbours when they were carrying out personal care.

People using the service told us they had been involved in the care planning process and had a copy of their care plan in their home.

Outstanding ☆

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.

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 this during this inspection. We tracked the care of one person who was refusing personal care, we saw that the service had immediately made contact with relevant professionals and continued to liaise with the person who used the service and their family to review their care plan and ensure it met changes in their needs. On another occasion when a person had been left with no food during a period when a 'friend' was staying, the service provided food pending reimbursement. A care worker told us "when I saw that my client was looking unwell and didn't want to eat I called the district nurse myself."

Discussions with the registered manager and 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.

Records and feedback indicated that people usually received the same staff member, the registered manager told us "We try to minimise the number of carers to provide continuity, so we use a permanent rota." She told us the rota only changed during periods of sickness or annual leave.

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 and outlining how long each task would take, additional forms such as medicine charts and body maps were also available. People confirmed that they had copies of their care plans in their homes. A relative told us "they involve us when they need to always get involved if there are any changes," and another told us, "The managers are in regular contact."

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

The service also responded positivity to requests for culturally appropriate care, at the time of our 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.

We found that feedback was encouraged and 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. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

People who used the service and their relatives told us they knew how to make a complaint if needed. In the past 12 months the service had received a number of complaints and we saw that these had been thoroughly investigated by the registered manager. The registered manager told us "we have to learn from complaints, we check if there is a pattern." Complaint records we looked at showed that all action and learning from these complaints had been undertaken and an apology was sent to the person who used the service. This meant that people could be confident that their concerns and complaints would be listened to and used to inform and improve staff practice.

Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating in 1998. People who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

It was clear from the feedback we received from people who used the service, their relatives, and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which 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.

Our discussions with staff found they were highly motivated and proud of the service. A senior staff member told us "We work in a very lively and challenging atmosphere but everyone is calm, friendly and supportive."

Staff were very complimentary about the registered manager and comments included " She treats her employees very fairly" and "You can approach her at any time especially in a crisis, she always steps in."

We noted that most of the care staff had worked in the agency for over five years. One staff member told us "they are a very good place to work for that's why I have stayed." Another told us "I really love my job, it's a very good agency." The registered manager told us "sometimes it is not all about the money, it is how you treat your staff."

The office premises was light and 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 who needed to pray through the working day. The registered manager told us "we moved to bigger offices so that the care workers can come in here at any time to relax or discuss things; it helps with retention of staff."

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was available if they had any concerns. They told us, "They are very good people, they really care" and "The boss is the best. Her office is open at any time. This does not mean that she is afraid to discipline a worker though."

The registered manager told us about a number of initiatives she used to retain her staff. These included introducing a rising pay scale according to length of service and the availability of training and support for promotion to more senior roles. There was also a staff reward scheme where care staff would receive awards for things like, best time keeper, and best supervision record.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook a combination of announced and unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers and also spot checks done for service users. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to update risk assessments. One person who used the service told us, "[The manager] comes in to see us; just to check we are alright." 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 care staff member told us, "they often check up on us."

We saw that monitoring forms were completed during their spots checks, and these were attached to the person's care file. We saw that actions arising from the spot checks were logged.

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 system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

There was a regular audit done by the registered manager. 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 was making improvements in a number of areas including reducing the number of missed calls and improving support planning

Good

Is the service well-led?

systems The registered manager told us that she kept herself updated with new initiatives and guidance by attending regular 'provider forums' in three local authorities.

The service was also a member of United Kingdom Homecare Association the professional association of home care providers This was as an important aspect of continual improvement and development of the service.