

Dunamis Social Care Limited

# Dunamis Social Care

## Inspection report

Premier Business House, 43-45 Sanders Road  
Finedon Road Industrial Estate  
Wellingborough  
Northamptonshire  
NN8 4NL

Tel: 01933227135

Date of inspection visit:  
11 May 2023

Date of publication:  
03 August 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dunamis Social Care is a domiciliary care agency. It provides personal care to people in their own homes. The service provides support to people with dementia, people with physical disabilities, sensory impairment and people with a learning disability and autistic people. At the time of our inspection there were 25 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

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

#### Right Support:

People had been recruited into the service without references being verified. Systems were not in place to robustly check the recruitment process. We have made a recommendation about the recruitment of staff.

Staff training did not include topics staff needed to be aware of, such as training in dignity and specific health conditions. We saw no evidence of harm of this lack of training. However, there was a risk staff may not understand and act on people's health needs.

People had their needs assessed before care was delivered. People were supported to have maximum choice and control of their lives, this meant staff were able to support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

The service protected people from the risk of poor nutrition and dehydration. People were supported by staff to prepare meals and drinks to meet their needs.

The service worked with medical professionals. This included working with district nurses to assist a person with pressure area needs. People were confident their healthcare needs were met.

### Right Care:

People's care, treatment and support plans had not always been updated and did not show how people had been involved. The registered manager had identified care plans needed improvement and was in the process of updating them.

Staff had training on how to recognise and report abuse and they knew how to apply it. Systems and processes identified and protected people from abuse. People told us they felt safe with staff.

Medicines were managed safely. Electronic medication administration charts (eMAR) had been completed and showed people had their medicines as prescribed. Systems and processes flagged when records were not completed.

Staff had access to personal protective equipment (PPE) and people told us staff wore this appropriately, kept their homes clean and were regularly observed to wash their hands.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

### Right Culture:

Systems and processes were not always robust to ensure good governance of the service. Audits did not identify the concerns reported on during this inspection. This placed people at risk of not having their care needs met.

People told us the registered manager and staff were kind, caring and their needs were met. One relative told us, "Best care [our relative] has ever had. It has made a huge difference. We can appreciate how good they are."

The registered manager was open and transparent throughout the inspection. They told us their focus had been working with new staff.

Staff felt supported by the registered manager. Staff told us they were happy to work for Dunamis Social Care and people felt they received good care.

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 (published 8 July 2022).

### Why we inspected

We received concerns in relation to staffing. As a result, we undertook a focused inspection to review the key questions of good, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

The registered manager assured inspectors that they were managing their financial commitments and they had recently recruited regular care staff to ensure continuity of care for people.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dunamis Social Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dunamis Social Care

## 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 by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11th May 2023 and ended on 13th June 2023. We visited the location's office on 11th May 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. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, care co-ordinator, and care workers. We reviewed a range of records. This included 4 people's care records and 3 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including governance audits, policies and procedures were reviewed.

# 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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were not always recruited safely. Recruitment systems needed improvement, as inspectors found there was no evidence to show references from staff were verified and previous employment details checked by the provider.
- The registered manager said they would review their practice and recruitment policy and ensure it was in line with best practice.
- Inspectors found the provider was not always following its own recruitment policy. Inspectors saw documentation that showed recently recruited staff had been asked health questions as part of the application stage and not following a job offer. We shared this information with the registered manager, who assured us this was incorrect paperwork, and it was no longer in use.

We recommend the provider consider current guidance on recruitment and take action to update their practice accordingly.

- Appropriate Disclosure and Barring Service (DBS) checks had been made. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us the required number of staff were always sent to provide personal care. There were no missed calls reported. There were enough staff to meet the needs of people using the service.

### Assessing risk, safety monitoring and management

- Assessments had been carried out to identify risks to people's health and welfare. This included environmental risks in people's homes and any risks in relation to people's care and support needs such as nutrition and hydration. Improvements were needed as information was limited, as the electronic care planning software was not allowing staff to record all the appropriate details about people's risks. The registered manager told us they were looking at introducing new care planning documents.
- Staff had received safety related training including basic life support, moving and handling and food hygiene.
- People told us they felt safe with staff caring for them. One relative said, "[The staff] are extremely good, [my loved one] is safe with them and they are very helpful. The circulating team, there is continuity of staff, as [my relative] always knows at least 1 person."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People and relatives said staff followed safe working



practices and they felt there was good protection from the risk of abuse. One person said, "[Staff] are very good. I'm very happy with the care."

- Staff understood how to safeguard people. Staff were aware of reporting concerns to the registered manager if abuse was suspected or alleged. They knew how to report to a relevant outside agency if no action had been taken by management. Staff had confidence management would act if there were any concerns about people's safety. One staff member told us, "Communication is good, we all know what we have to do and what we are expected to do."
- The registered manager was aware of their duty to report any safeguarding concerns to the local authority safeguarding team.
- Processes were in place for the reporting and follow up of accidents or incidents.

#### Using medicines safely

- People safely received their medicines. Records showed medicines had been given as prescribed, which helped people with their health needs.
- Staff told us they had received training in medicine administration. They told us their competency was tested to ensure they knew how to administer medicine to people safely.
- The medicine policy supported people to receive their medicines in the way they preferred. They had the choice to manage their own medicines, which meant they kept their independence.

#### Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. Staff competency checks included this.
- We were assured the provider was promoting safety through good hand hygiene. This also formed part of staff competency checks.
- We were assured the provider's infection prevention and control policy was up to date.
- Staff had received training in infection control and food hygiene.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training did not include topics staff needed to be aware of, such as training in dignity and specific health conditions. We saw no evidence of harm of this lack of training. However, there was a risk staff may not understand and act on people's health needs. The registered manager said this training was planned to be provided in the near future and keep us updated.
- People and relatives told us staff seemed well trained and they had no concerns.
- The provider's staff records documented some staff had completed all of their induction training on the same day, including policies and procedures, however this was not possible or following good practice. We had a discussion with the registered manager and discussed how induction is not a one-day process. They told us staff would not commence care calls before shadowing with experienced care staff and having completed competency checks.
- Staff had not yet attended specific training to support autistic people and people with learning disabilities. During the inspection the registered manager told us they had arranged the training for all of the care staff and would keep us updated on when this was completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure their needs could be met. For example, assessing people's needs with regards to the promotion of their health, which included understanding people's needs in relation to their psychological and physical needs.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs. For example, people's sexuality and information as to relationships and people important to them.

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

- The service protected people from the risk of poor nutrition and dehydration.
- People were supported by staff to prepare meals and drinks to meet their needs, although people had the support of their families in this area.
- When required, food and fluid monitoring took place using the electronic care planning system.

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

- The service worked with medical professionals. This included working with district nurses to assist a person with pressure area needs. This support helped to ensure people received the treatment they needed.

- People were confident their healthcare needs were met. A person said staff had contacted the ambulance service when they had a fall. This meant staff had acted effectively for the person to receive emergency medical treatment following the incident.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff alerted health care professionals where they had concerns about people's health and well-being.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- We were satisfied staff at all levels understood the importance of seeking consent before providing care or support. Procedures were in place to support staff in making decisions in people's best interests, should this be necessary.
- Mental capacity assessments and best interest decisions had been completed in accordance with the requirements of the MCA.
- MCA training was missing off the providers training records, this meant we could not be assured staff were aware of the most up to date guidance to fulfil their role. After the inspection the registered manager told us they would update their training records and arrange refresher MCA training for staff who were overdue.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Legal requirements were not always understood and governance systems did not always monitor the care records and recruitment checks.
- The provider did not complete the required provider information return, which helps us identify areas to explore in more detail as part of our continuous monitoring of a service. We will not award a rating better than 'requires improvement' for well-led. We discussed this with the registered manager and we were assured this would be submitted.
- Policies and procedures were in place and there was evidence they were reviewed; however some improvements were needed. For example, policies did not contain staff training requirements.
- The providers quality assurance system had not picked up on the issues inspectors found at this inspection. The registered manager was open and receptive to feedback and was keen to make improvements.

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

- The registered manager told us they promoted a positive culture placing people at the heart of everything they did. People told us they felt comfortable to raise any concerns different staff.
- Staff told us they felt supported and could speak openly with the registered manager, comments included, "[Registered manager] is approachable and supportive."
- The registered manager was open and honest throughout the inspection and keen to keep improving.

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

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- Feedback was regularly sought from people and their relatives. This showed regular satisfaction with the service, however there had not been a formal analysis of the feedback recently.

- As there were only a small number of staff and they worked together, the registered manager spoke to staff continuously about issues concerning care and received feedback from staff.
- People told us that they were treated fairly. One person told us, "[The staff] are exceptional, they come in and every morning, they give me a good feeling." People told us they did not have any specific cultural or religious requirements, and all their needs had been met.

#### Working in partnership with others

- The service worked in partnership with others. The registered manager was aware of the need to work with health professionals to ensure people's needs were met. Records showed this had taken place.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings. They said the inspection enabled them to reflect on providing an even more personalised service for people in the future.