

Dynamic Support Ltd

# Dynamic Support

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 12 and 14 July 2018. The inspection was announced. This service is a domiciliary care and supported living agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. In addition, this service provides support to six people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Dynamic Support services receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do receive personal care we also take into account any wider social care provided. At the time of inspection, the service supported 12 people who were receiving personal care in their own homes. The service provides support to older people, people with physical disabilities, sensory impairment and people living with dementia.

At the time of inspection there was a registered manager. 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.

The service was last inspected on 21 January 2016 and had an overall rating of Good. At this inspection we found the service to be overall Requires Improvement.

People's medication records did not always reflect that they were administered safely. We recommend that the provider seeks guidance around the proper and safe management of medicines.

Records did not always contain sufficient detail on how to meet people health conditions. We have made a recommendation that the provider seeks guidance in line with best practice on specific health conditions.

Quality assurance audits had not always taken place in relation to safe management and administration of medicines. We have made a recommendation that the provider seeks guidance in line with best practice on the administration and management of medicines.

Staff understood their responsibilities to keep people safe from abuse.

Staff felt confident to use the whistleblowing policy if required and felt management would act on concerns.

Care plans demonstrated a commitment to person centred care and risks to people were assessed and managed.

Care and risk plans were reviewed and the service worked in partnership with external agencies to meet people's needs.

Staff had a good understanding of people's needs and were kind and caring.

Staff understood the importance of respecting people's dignity and upholding their right to privacy.

People's nutritional needs were catered for and the level of support provided was dependant on people's abilities. Staff told us how they worked alongside people to prepare their own meals where they were able.

The provider had continuity plans in place to ensure that people's support needs would still be met in emergency situations. Infection control policies and procedures were followed to ensure the control of infection.

The registered manager and the management team strived at creating an inclusive environment to strongly encourage staff, people and their relatives to be involved in the service.

Staffing levels were monitored by the registered manager to ensure sufficient staff were on duty to keep people safe.

Staff received the training they required to help them keep people safe, and were supported with regular supervision and annual appraisals.

The overall rating of the service is Requires Improvement. This is the first time the service has been rated Requires Improvement.

## 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.

People's medication records did not always reflect that they were administered safely.

Staff understood their responsibilities to keep people safe from abuse.

Staff felt confident to use the whistleblowing policy if required and felt management would act on concerns.

There was sufficient staff to meet peoples needs.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service was not always well led

Care plan records did not contain sufficient guidance on how the service meets people's specific health needs.

Quality assurance checks did not always take place.

The provider listened to, and acted on, feedback from people, their relatives and members of the staff team.

The provider had positive relationships with other professionals.

**Requires Improvement** ●

# Dynamic Support

## **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.

This was a comprehensive inspection which took place on 12 July 2018 and 14 July 2018, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we therefore needed to be sure that someone would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team. We also requested feedback from commissioners and community professionals. We received five responses.

We used information the provider sent us in the Provider Information Return (PIR). 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.

During and after the inspection we spoke to two people who use the service and observed interactions between them and the care staff. We also spoke to three relatives of people who use the service. We spoke to seven members of staff including support workers, care coordinators and the registered manager. We looked at four people's care plans and associated documents, including medicines records. We checked four staff recruitment files, including the most recently recruited staff. We also looked at staff training records, quality assurance audits, compliments/complaints and accidents/incident records.

# Is the service safe?

## Our findings

At the last inspection on 21 January 2016, the service was not providing personal care to people who also required support with their medicines. At this inspection the service was supporting three people to administer their medicines. We looked at records to see if people were administered their medicines safely. There was a system in place to manage the administration of people's medicines and staff supporting people with their medicines had received the appropriate training. However, we found that medicine administration records (MAR) were not consistently being completed in line with current guidance. For example, one person's MAR charts had gaps in recording as to whether the medicines had been administered. We spoke to the registered manager who was unaware of the gaps. During the inspection the registered manager spoke with the staff member who was due to administer the medication on those days and they confirmed that they had administered them, however, they did not complete the signature process.

Another person using the service also had a gap in their MAR chart where medication should have been given at 8am. We discussed this with the management team and we were informed that the care worker changes at this time and that they may have administered the medication however the staff member had forgotten to sign that they had administered prior to their departure. The persons daily records showed that they had been given medication at that time. Following the inspection, the registered manager spoke to both staff members who confirmed that the medication had been administered however, the staff member had failed to sign the MAR chart. This put people at a potential risk of being administered medication twice.

We recommend that the provider seeks guidance around the proper and safe management of medicines.

In response to our findings the registered manager took prompt action and has undertaken a review of the administration of medicines procedure to ensure that there are sufficient measures and checks in place to monitor the quality and consistency of medicines records. The registered manager informed us that all administered medications will be signed for at the time of administering and checked by a second staff member or manager before the staff member has completed their shift. Staff members will discuss medicines administered as part of a staff handover and record this. The registered manager is ensuring that all staff, where appropriate receive safe handling of medicines refresher training following our inspection.

Staff were trained in protecting people from abuse and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. One member of staff told us when asked what they would do if they had a safeguarding concern, "I would phone up and talk to the manager" and went on to say, "I can take it further to safeguarding". The service undertook visits to observe the working practices of staff. The management team explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. Health and social care professionals told us they felt the service safeguarded people from abuse. One professional told us, "Every individual [is] supported to manage any risks that may be posed and are protected by the management of the team at Dynamic [Support]". Relatives told us they felt the service kept people safe from abuse. One relative told us since Dynamic Support have been caring for their relative that they are being kept safe, "I'm not worried

now. I feel confident".

Staff were aware of the provider's whistleblowing process. Staff said they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff said they were confident the management team would support them. They stated they would not hesitate to use this if necessary and gave examples which would trigger its use. One member of staff told us when asked if they felt confident in using the whistleblowing policy, "I'm 100% confident the management would act".

The service kept recruitment records of staff. Records showed the service sought employment references from previous employers and Disclosure and Barring Service (DBS) checks. These checks identified if potential staff were of good character and were suitable for their role. However, records did not always reflect that the service was meeting the requirements as defined in Schedule 3 of the Health and Social Care Act. For example, all staff records we looked at contained gaps in staff's employment history and did not always give reasons for leaving their previous employment relating to working with vulnerable adults. We discussed this with the registered manager who was unaware of this requirement, however agreed to action this immediately. The manager spoke with these staff members and the information was then made available immediately following the inspection. We signposted the registered manager to the relevant guidance to ensure they continue to meet the regulations.

People had risk assessments and where risks were identified management plans were in place. These were regularly reviewed. Examples included risks related to managing challenging behaviour, social isolation and environmental risks. Risks to people were also identified as part of their personal care plan in an individualised way. For example, one person's care plan gave guidance to staff about the person who uses the service, "I don't always notice steps bring them to my attention to avoid me falling".

The service supported a number of people whose behaviour could be challenging to other people and staff. Where this was the case, care and support plans included guidelines for staff on how they could support the person to manage this. There was information included in the person's care plan to help support workers understand what a person might be trying to say if they behaved in a certain way. This meant staff could prevent and reduce incidents where people might become frustrated, anxious or challenging.

People were supported by sufficient staff to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. The service used an electronic scheduling system which ensured that staff were allocated appropriately to people's visits based on need. Health and social care professionals told us they felt the service had sufficient staffing numbers. One professional said, "There have always been sufficient staff for those within the service in order to meet their needs". Relatives told us they felt the service had sufficient staff to meet the needs of the people they supported. One relative told us, "It's always covered, I can't fault them". Another relative told us, "staff are always there. They are always on time".

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Staff confirmed they were provided with and used PPE to prevent the spread of infection.

There was a system for recording accidents and incidents. Appropriate investigations and actions had been taken when incidents happened. The registered manager told us that lessons learnt were communicated to staff individually and at team meetings. Team meeting minutes showed that improvements were discussed with the staff team as part of the agenda.

There was a business continuity plan for unforeseen emergencies such as severe weather to ensure people needs would continue to be met.



## Is the service effective?

### Our findings

People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. This information was recorded in their personal care plan. This included people's personal likes and preferences, their social interests, as well as physical and emotional needs. Care plans detailed the outcomes people wanted to achieve and how they wished to be supported. For example, one person's care plan stated, "I like to have a bath rather than a shower as I like to have a bubble bath".

Health and social care professionals told us they felt the care provided was effective. One professional told us, "I have seen a person I was working with progress and change in a positive manner". They went on to say, "I think this is attributed to the care they have been receiving".

Staff were sufficiently trained to meet the needs of people and plans were in place to accommodate their future training needs. Staff received an induction before working alone with people. A programme of face to face training was in place which was accredited in line with national standards and the care certificate, which is a set of standards care staff are required to follow in their day to day work. This included safeguarding, infection control, safe management of medicines, breakaway and restraint and managing challenging behaviours training. The registered manager shared their training matrix following the inspection which showed there was a range of training provided. They told us that staff could not start working with people until they had completed all training the provider considered mandatory. Staff spoken with confirmed that they were very satisfied with the amount of training they received. One staff member told us, "We get up to date training".

Health and social care professionals told us that staff had the knowledge and skills to undertake their role. One professional said, "All the staff I have spoken to seem to really know what they are talking about in carrying out their roles, what they are expected to do and to effectively carry out all of their responsibilities". Relatives told us that they were happy with the level of knowledge and skills demonstrated by staff. One relative told us, "They are well trained, they are going on a course every other week which is good".

Staff we spoke with told us they were receiving supervision and appraisals. One staff member said, "Yes, [I receive] regular supervisions". Another staff member told us they receive supervision "every month". We saw staff records reflected that they had all had a recent supervision. Staff who were due an appraisal had one completed which was kept in their staff file.

People were supported with their dietary needs, nutrition, hydration and preferences. Staff supported people to plan menus and supported them to eat a healthy, balanced diet and when necessary their nutrition was monitored. The level of support each person needed was identified in their care plan. One person's care plan stated, "I need to have my food cut up into small pieces...I also need to be encouraged to have a good fluid intake". Staff working with people discussed the need to ensure people have a healthy balanced diet. The minutes of a team meeting that took place in June 2018 highlighted the need for a person to have "fresh and plenty of vegetables".

The service worked and communicated with other agencies and staff to enable consistent and person centred care. People had input from a variety of professionals to monitor and contribute to their on-going support. For example; GP's, occupational therapists, chiropodists and district nurses.

People were supported to access healthcare where appropriate. Each person had an individual needs assessment that identified their health and care needs. Health professionals were contacted for advice when required. One health and social care professional told us, "From my experience the service definitely ensure that people have access to healthcare services and support and that they put the necessary plans in place to help individuals maintain good general health". Relatives told us that they are happy the service ensures people access the correct healthcare to meet their needs. One relative told us, "They always tell me about doctors' appointments and discuss medication".

We looked at how the service was meeting the Mental Capacity Act 2005 (MCA). The 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. Staff had received training on the Mental Capacity Act 2005 and were able to describe how they supported people to be able to make their own decisions. One member of staff said, "You must always assume [a person] has capacity". Another staff member said when supporting a person with meal choice, "I always give a number of choices. I know she likes porridge but I will offer Weetabix and something else for her to choose [from]".

## Is the service caring?

### Our findings

Staff remained kind and caring and delivered support in a compassionate and sensitive way. People indicated that they were happy with the staff that supported them. The service had a supportive and caring culture and people continued to experience positive, caring relationships with staff. One person was observed saying to the care staff who was supporting them, "I know you. I see you a lot, it's nice". Staff were observed interacting in a positive way with people and ensuring that they felt comfortable and relaxed. One person who uses the service was observed making positive sounds and laughing with the staff member supporting them.

Health and social care professionals told us they felt staff were caring. One professional said, "I feel the staff are always caring and supportive in the brief contact we have with them". Another told us, "From what I have seen the service sees a lot of very positive relationships being formed between support and individuals using the service as well as developing a positive, caring culture between the people using the service as well". Relatives told us the staff were caring. One relative told us, "They are so willing. They always have a smile on their face". Another relative said, "My dad has built a strong relationship with them".

Staff spoke positively about their work. One member of staff said about Dynamic Support, "I love it, working for them". Staff demonstrated their knowledge of people and told us what was important to people, their likes and dislikes and the support they required. One staff member told us about a person they support, "He likes to go ice-skating".

The service proactively involved people in the care that they received to ensure it was meeting their needs. People's personal care plans clearly reflected that their views and opinions had been sought to make decisions about their care. The service involves relatives where this was agreed and appropriate. One relative told us, "They [include] me in everything". Another relative said, "They always call me".

People's independence was promoted and people were supported to be as independent as possible. Care plans guided staff on how to promote people's independence. For example, one person's file stated, "I am now able to choose what clothes I would like to wear". Staff encouraged each person to achieve as much as they could by themselves. One staff member told us about the person they support, "I used to give him two choices [of what to eat], and now he chooses what he wants". People's personal care plans highlighted where people were now more independent. One person's care plan said, "I now get my own breakfast in the mornings".

Language used in people's care plans was caring and respected people's privacy and dignity. Staff understood the importance of respecting people's privacy and dignity when providing people's support. One staff member told us, "When I arrive [at the person's home], I let her know I am there as it's her own flat". They went on to say, "I make sure the curtains and door are closed when delivering personal care".

Health and social care professionals told us they felt the service delivered care and support that was respectful and maintained people's privacy and dignity. One professional told us, "The service is promoting

and respecting everyone's dignity and privacy. I think the way that the service has been run ensures that this is always the case for the people using their service". Another professional told us, "The carers that worked with [the person] were very aware of respecting his privacy and dignity".

Relatives told us that the service provides care which maintained people's privacy and dignity. One relative said when delivering personal care, "They always take her to the bedroom or the bathroom. Even when I am there. I'm totally comfortable with what they do [regarding personal care]".

People's confidential information and records were stored appropriately and securely in the office.

## Is the service responsive?

### Our findings

People's needs had been assessed and personalised care plans were in place. The plans included information on their preferences, daily routines and the support they needed with personal care. Relatives told us they were involved in the development of care plans where appropriate. One relative said, "Definitely, it's completely personal to [name]". Health and social care professionals told us they felt the service delivered person centred care. One professional said, "They really listen to individual's needs and ensure that the care provided is personalised to them".

People were given opportunities and encouraged to participate in individualised and flexible activities. Arrangements for activities were made with people and met people's individual needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles. We saw that one person's care plan stated that they enjoyed swimming, ice skating and playing snooker. We saw photos of this person at an ice skating rink being supported by a member of staff. One person had begun to go into the community and was enjoying new experiences which they had been reluctant to do for many years. Staff worked hard to motivate and encourage people to seek ways of enjoying their daily life.

People were encouraged to raise any concerns or complaints. Relatives said they knew who to speak to at the service if they had any complaints. One relative said if they were to have a concern, "I would ring the boss". Another relative said about the registered manager, "we have a good dialogue with [name]". We saw that the service had received one complaint since the last inspection. The registered manager had conducted a thorough investigation and kept a record of meetings with the complainant and those involved. Records evidenced that this was investigated and actioned appropriately. Health and social care professionals told us that they found the service responsive where concerns may arise. One health and social care professional told us, "The management have always been responsive to any issues raised". They went on to say, "If we have had any issues they are dealt with in an efficient manner".

There was information about people's communication methods which demonstrated that the provider was aware of the requirements under the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. People's care records contained very detailed information about how people communicate with staff. The registered manager told us that many of the people who are supported with their personal care by Dynamic Support were unable to communicate verbally. Peoples care plans detailed how a person may communicate non-verbally. For example, one person's records said, "If I do not want to take part in an activity I will either hold both hands up or step backwards".

The provider understood the importance of communication and evidenced they were continuing to strive to improve practice regarding this. The provider had sourced specialist training for staff to support them in meeting people's communication needs such as teaching staff to use sign language. The provider was also in the process of training staff in a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social. The provider showed that where this approach had started to be used with people that there had been a marked improvement in the persons communication

and social interaction.

## Is the service well-led?

### Our findings

There were some quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. They help to ensure the provider meets appropriate quality standards and legal obligations. The provider kept a tracker of peoples care plans and risk assessments to ensure they were regularly reviewed. We saw that peoples care plans and risk assessments were reviewed regularly and in line with the providers tracker. However, quality audits had not always been carried out. For example, the service did not carry out regular audits of people's MAR sheets. We found that in the months of April and May, two people who use the service had MAR sheets which contained gaps where there was no signature to verify that a medication had been administered to the person. The registered manager was unaware of these gaps and had not undertaken an audit of these records. The provider was able to confirm that the people had received their medication but that staff had failed to sign that this had been done. On the second day of inspection the provider had undertaken audits of the most recent MAR sheets and created a medication audit record that they advised they will be implementing immediately and conducting monthly medications audits.

We recommend that the service consider current guidance and best practice relating the management and administration of medicines and take action to update their practice accordingly.

Records did not always reflect how the service was meeting people's specific health conditions. Where a person using the service had a specific health condition staff and the registered manager were able to tell us how they supported that individual including working with the appropriate health professionals. However, we saw that records did not always reflect how staff should respond in relation to someone's specific health care needs and did not always follow best practice. For example, one person suffered from a lifelong illness which meant staff needed to monitor their health and be able to identify when this condition may worsen. The care plan stated that the person's condition should be managed by staff through the person's diet. The persons care plan lacked sufficient detail and specialist guidance on what staff should look for if this person's health might be deteriorating and how they are supporting the person with their condition. There was no guidance on what diet the person should be receiving. The registered manager was able to tell us how the service supports this person with their health condition however acknowledged more detail could be provided and immediately updated the care plan following the inspection.

Another person who used the service had suffered from a seizure historically which meant that they had been prescribed associated epilepsy medication to prevent it from happening in the future which the service supported them to administer. We spoke to the registered manager and they advised that as the person had only ever been known to have one seizure that it was not necessary to have a specific care plan. However, the care plan records did not provide guidance to staff of what to do in the event this may happen again. It did not identify behaviours this person may present with or to look out for. The registered manager told us that all staff had specialist training which was competency checked and would be able to respond appropriately to this person's needs. We spoke with staff who told us they had received specialist training. This person's care plan was updated with specialist guidance following the inspection. The provider was

able to show how they were meeting people's specific health conditions, however, records did not always contain sufficient detail on how these needs were being met by the service.

We recommend the provider seeks guidance and considers best practice with regard to the recording of specific health conditions.

The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service. At the time of inspection, the provider had not raised any safeguarding or submitted any notifications to CQC. The registered manager told us of an incident where another health and social care professional had informed them that a safeguarding had been raised to the local authority regarding Dynamic Support. No notification was sent to us following this incident. The manager was directed to the notification guidance and asked to submit a notification. This was actioned immediately following the inspection.

The service had a registered manager in place. The registered manager and the management team strived at creating an inclusive environment to strongly encourage staff, people and their relatives to be involved in the service. The registered manager was supported in the running of the service by two care coordinators and an assistant care coordinator. Staff spoke positively of the management team at the service. One member of staff said of their line manager, "My manager is brilliant. Very supportive." Another staff member told us there was a good team working atmosphere, saying, "We work as a team. It's a team organisation." Relatives told us they were happy with the management of the service. One relative said about the registered manager, "She is brilliant. If you want anything done she does it straight away".

The provider sent a monthly newsletter to staff members detailing information and updates regarding the service. For example, a newsletter sent to staff in May 2018 contained information on upcoming staff events, training updates and new staff members joining the team. The provider also undertook an employee of the month scheme which celebrated staff members hard work.

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People were empowered to be involved in all decisions about their home, as far as they were able and/or chose to be. A quality assurance survey was sent to all relevant people annually. The results were collated and any necessary action taken to address any identified shortfalls. This supported the service to continuously learn and improve. Some of the comments the provider received in the most recent quality assurance survey were very positive. One relative said, "Dynamic Support has turned my daughter's life around for the better". Another said, "Very pleased with all the support. They are very punctual". A relative we spoke to said, "I get a questionnaire and a report every year".

Staff views and opinions were recorded in their annual reviews and at monthly meetings. Staff confirmed that they had regular meetings and minutes were kept. One staff member told us, "Yes we have them regularly. Sometimes in different locations to make sure people can attend".

The registered manager or a senior staff member carried out unannounced spot checks at people's homes to monitor staff. Records showed these looked at areas such as staff competence, personal care delivery and if they were wearing appropriate clothing. The registered manager told us that if there were any issues found during this spot check that they would address them in staff supervision or if it was shared learning at the staff team meeting.

The service worked in partnership with other agencies. Records showed that staff at the service had positive



relationships and regular contact with visiting professionals, including GP's, occupational therapists, district nurses and hospitals. Feedback we received from health and social care professionals was extremely positive. One health and social care professional told us, "The service works well with [their organisation]".