

Dynamic Support Ltd

Dynamic Support

Inspection report

Unit 8, Pure Offices
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Dynamic Support is a supported living service providing personal care and support to people. Supported living services enable people to live in their own home and live their lives as independently as possible. The Support offered varied from personal care, shopping and budgeting and supporting people to access their community and take part in activities. The registered manager explained that the support hours provided varied depending on the person's needs. Flexible support was offered 24 hours a day for seven days a week. At the time of our inspection two people were using the service.

A personal budget is a sum of money allocated to a person as a result of an assessment of their needs by the local authority. This money is then used to purchase the services required to meet the person's needs. The two people using the service were receiving personal budgets and had chosen to use this service.

A registered manager was employed by the service. 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 developed to identify the care and support people required. Relatives said they were involved in planning their family member's care and were happy to express their views or raise concerns.

Relatives spoke positively about the care and support offered by Dynamic Support.

There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

The focus of the service was to develop people's everyday living skills, support them to access their local and wider community and to help people live their lives as independently as they were able. Staff had knowledge of people's preferences and needs. They received training and supervision to enable them to meet people's needs.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

Whilst the service was not currently supporting people with their medicines there were processes in place to ensure safe medicines management.

Staff working in the service had access to personal protective equipment (PPE) such as gloves and aprons to help prevent cross contamination and promote infection control.

Where required people were supported to access healthcare services to maintain and support good health.

The registered manager had systems in place to monitor the quality of service provided. People and their relatives were encouraged to comment on how they felt about the service provided.

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 ●

This service was safe.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and addressed in people's care plans.

There were safe recruitment procedures to help ensure people received their care and support from suitable staff.

There were policies in place to support safe medicines management and the prevention and control of infection.

Is the service effective?

Good ●

This service was effective.

The service ensured people received effective care that met their needs.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and supported people to make decisions regarding their daily living.

Is the service caring?

Good ●

This service was caring.

Relatives of people using the service said their family member valued the relationships they had with staff and they were satisfied with the care their family member received.

People were encouraged and supported to be as independent as possible.

People and their relatives were involved in making decisions and planning their own care.

Is the service responsive?

Good ●

This service was responsive.

Care plans were in place which detailed people's care and support needs.

Staff were knowledgeable about people's support needs, their preferences and interests. This ensured people received a person centred service.

Relatives said staff were approachable and they would feel comfortable making suggestions or raising any concerns they may have. □

Is the service well-led?

This service was well-led.

There was a registered manager in post. Staff said they felt supported by the registered manager and could raise any concerns and appropriate action would be taken by the registered manager.

The registered manager carried out regular audits to monitor the quality of the service.

Good ●

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.

The inspection took place on 21 January 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector. This service had not been previously inspected.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. This 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.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

The people using the service were not able to tell us verbally about the care and support they received. We spoke with the relatives of the two people using the service. We spoke with the registered manager and a two supporting staff members. We also received feedback from two health and social care professionals who in worked in partnership with the service.

Is the service safe?

Our findings

We spoke with the two relatives of the people using the service who had no concerns about the service. Comments included "I have no reservations about the support X receives" and "I am very happy with the service and have no concerns".

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example it was noted in one person's care plan that when they were not well they may be at risk of falling. Additional support had been identified during this time which included offering support to the person when they needed to climb stairs.

People were safe because they were protected from avoidable harm and potential abuse. We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. These were read by staff as part of their induction, where they also undertook training in this area. Staff had an awareness and understanding of the signs of abuse. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the registered manager and where necessary acted upon. Whilst there had not been any safeguarding alerts the registered manager was aware of the need to report any concerns to the local authority safeguarding team and to inform the Care Quality Commission as required by their registration. The registered manager also undertook unannounced visits to observe the working practices of staff. They explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits on staff personnel files.

Whilst the service was not currently supporting people with their medicines there were processes and policies in place to ensure safe medicines management. We discussed this with the registered manager who explained the process they would follow. They told us all administration of medicines would be undertaken following guidance from the person's doctor. Staff would be expected to sign the medicine administration record after each administration to give an accurate record of the medicines people had received. Within the policy there was guidance on what to do in the event of a medicines error. Staff would be expected to record the error and complete an accident/incident form. They would notify the person's next of kin and where necessary seek guidance from the doctor. Training was also available to staff as part of their core training.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. The service currently employed one permanent member of staff and two temporary bank staff. We looked at two staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. There was enough qualified, skilled and experienced staff to meet people's needs. The registered manager explained they were responsible for completing the roster to

ensure there were always sufficient staff members on duty and cover was sought when necessary.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

Is the service effective?

Our findings

Relatives told us they were confident about the staff who visited and the support they received from the registered manager. Comments included "They always encourage him to be involved with the activities" and "I am always kept informed with what is going on. The care we receive is quite consistent".

Staff received regular training to give them the skills to meet people's needs, including an induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety.

Regular meetings were held between staff and the registered manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had.

Whilst the service was not currently supporting people with their nutritional requirements there were processes and policies in place to guide staff in this area. The registered manager explained that part of the services offered could be to support people with shopping and preparation of meals. They said they would undertake an initial assessment with the person to ascertain their likes and dislikes and from this information support the person to develop a care plan which would include healthy eating. Any concerns regarding people's diet or weight would be discussed with the person and with their permission any relevant health professionals such as a dietician or their doctor contacted. They could also support people to attend healthcare appointments as part of the services offered.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of their responsibilities in respect of this legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received by Dynamic Support. They said any concerns they had relating to a person's capacity would be reported to the local authority. This may then lead to a meeting being held with the person's representatives and health and social care professionals to discuss what might be needed in the person's best interest. Staff had received training around the MCA and Deprivation of Liberty Safeguards

(DoLS). Care plans contained information on how best to support the person with making choices about their daily living. For example in one person's care plan it stated that staff should always encourage the person to choose their meal when accessing the community. Staff explained they did this by discussing the menu with the person and encouraging them to make their choice.

Is the service caring?

Our findings

We looked at the arrangements in place to ensure the approach of staff was caring and appropriate to the needs of the people using the service. Relatives of the people using the service told us staff treated their family member with understanding and kindness. Comments included "They are brilliant, very helpful and supportive", "They are worth their weight in gold" and "The staff have a positive attitude. They are so encouraging. He flourishes when he is with (staff member)".

A health professional who had some involvement with the service feedback, "I found that the service user was treated as an individual and with respect". Another health professional commented "There was a definite improvement to the health of the vulnerable person within weeks of Dynamic Support going in".

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Staff spoke about wanting to provide good care for people. Comments included "It's important to build a good relationship with the person you are supporting and treat them with dignity" and "It's important to offer support and get him to choose things he would like to do". Relative's comments about staff's support of their family member included "They have a good relationship, they listen to each other. The communication between them is good" and "They communicate well and (staff) takes the time to find out what he wants".

Staff were aware of the importance of maintaining people's privacy and dignity. They could describe how they gave people choice about how they wanted their care delivered. For example asking how people were before proceeding with care, knocking before entering someone's room and ensuring the person knew what care was going to take place, such as a bath or shower and checking they were ready.

People's confidential information was kept private and their records were stored appropriately at the office. As part of the induction staff had received training on the principles of privacy and dignity and respecting confidentiality. These principles were also in the staff handbook which each member of staff was given when they joined the service.

Is the service responsive?

Our findings

People's needs had been assessed and appropriate support plans were in place. Each person had a support plan which was personal to them. The plans included information on their preferences, daily routines and the support they needed with personal care. The support plans set out what people's needs were and how they wanted them to be met. For example what support a person needed to get up in the morning, activities people enjoyed taking part in and communication needs.

Relatives of the people receiving care said they had been consulted about the planning of care and staff confirmed that each person had a care file in their home which they had access to. One relative told us that prior to their family member receiving a service they had met with the registered manager to discuss their family member's care needs. They said "The care plan was put together and drawn up between me and (registered manager). They explained they had also met with the staff member to discuss the care plan. They said this had been useful as it had given them both an opportunity to ask questions. The records we looked at showed that either the person or their relative had signed to say they agreed with the planned care.

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There had not been any complaints since the service had registered. No one we spoke with had any concerns about the service. Relatives told us if they had any concerns then they could speak to any member of staff or the registered manager. They felt any concerns raised would be listened to and appropriate action taken where required. Comments included "Whilst I've never had any complaints I know I could talk to (registered manager) anytime" and "I'm happy to discuss any concerns I may have with the manager".

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Staff were aware of the organisations visions and values. They told us their role was to support people and provide good care. A staff member told us "I enjoy working with her (registered manager). She is very supportive".

The registered manager spent time observing staff to give them feedback on their performance. There were records of active observations which focused on how the member of staff had interacted with the person they were supporting. The registered manager explained that this constructive feedback helped to ensure staff followed best practice when supporting people.

Staff attended team meetings which they told us they felt were useful. They said they were able to discuss the people they were supporting and share working practices.

Staff said they felt supported by the registered manager and could raise any concerns they had regarding their work. One staff member explained that when they had first started supporting an individual the registered manager had worked alongside them to support them to get to know the person. They offered the staff member feedback on their performance which they said gave them confidence with their working practices. Staff received regular support from the registered manager via phone calls, observations and face to face meetings.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training. Staff told us they received the correct training to assist them to carry out their roles.

The views of the people using the service, their relatives and staff were sought by the registered manager to support the development of the service. People and their relatives were asked to comment on such things as how they felt about services provided and staff competencies. A comment from a relative stated 'The support provided by Dynamic support has been exceptional. Staff are courteous and capable'. Staff members were asked to comment about their training needs, availability of information and job satisfaction.

A health professional feedback that they found the registered manager approachable and responsive to suggestions they had made regarding a person's care and support. They said "I have only had dealings with the registered manager at Dynamic Support. She has always been very approachable. She has contacted

me directly to discuss her concerns on a few occasions and has accompanied the person to appointments when she has felt it appropriate".

To keep up with best practice the registered manager attended local forums where they could meet other providers and share ideas and best practice. They also had links with an employer-led workforce development body for adult social care. This organisation offers workforce learning and development support to providers of adult social care services.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.