

Dynamic Social Support Limited

Dynamic Social Support

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Dynamic Social Support is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in their own homes. At the time of our inspection, the service was providing personal care to 25 people.

People's experience of using this service:

People and relatives told us they felt safe with staff. People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individuals. The management of medicines was safe, staff had completed training and audits were completed. The registered manager was in the process of reviewing people's medicines records. Staff followed infection prevention and control guidance when supporting people. The registered manager had a system in place to learn lessons, through accident, incident, safeguarding and complaints, when needed.

There were enough skilled and experienced staff to meet people's needs. An induction was completed by new staff. Staff received appropriate training and support to enable them to perform their roles effectively. Recruitment processes were robust.

Staff involved healthcare professionals to support people's health needs where required. People received support, with eating and drinking, when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing support.

People and relatives said staff were kind and caring. Staff had a genuine motivation to deliver support in a person-centred way and described how individual people preferred their support delivered. Staff told us about the importance of treating people with dignity and respect. Initial assessments were carried out to ensure people's needs could be met. Support plans showed people and family members were involved in their support and they contained appropriate detail for staff to provide effective care and support.

People, relatives and staff had the opportunity to provide feedback about the service. Information was provided so people knew who to speak with if they had concerns. There was a system in place to respond to any complaints. The registered manager worked in partnership with other professionals to support people's quality of life, when needed. Effective systems were in place to monitor the quality of service and action was taken where areas for improvement had been found.

The registered manager was in the process of reviewing and their recording processes immediately strengthening some areas of their recording keeping.

Rating at last inspection: The service was registered in April 2018, and this was the services first inspection.

Why we inspected: This was a planned inspection based on when the service was registered with the Care Quality Commission.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Dynamic Social Support

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector 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. Their area of expertise was domiciliary care.

Service and service type:

Dynamic Social Support is a domiciliary care agency and provides personal care to people living in their own homes. Not everyone using the service received the regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager was often out of the office. Inspection site visit activity started on 1 April 2019 and ended on 2 April 2019. We visited the office location on 1 April 2019 to see the registered manager; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed the information, we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning

teams and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which contains key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During our inspection, we spoke with the registered manager and three staff members. We spoke with two people who used the service and nine relatives. We reviewed documents and records that related to the management of the service. We looked at three people's care plans, a range of policies, procedures and guidance used by staff in their role and quality assurance audits. We reviewed three staff member files and records associated with the management and administration of people's medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Guidance was in place for staff to follow to ensure safeguarding concerns would be investigated with outcomes to help prevent similar events.
- People and relatives, told us they or their family member felt safe. One person said, "I am absolutely safe, they are marvellous people. I know who is coming and they come regularly. A relative said, "Always comfortable and safe. I cannot ask for a better care company."
- Staff had received safeguarding training and understood how to recognise and report any safeguarding concerns for further investigation. One staff member said, "If I see any bruising or any emotional change in people, I would report this to the manager. I feel very confident action would be taken."
- The provider had a safeguarding policy in place. The registered manager said they had not needed to report any incidents to the local safeguarding team, but were aware of their responsibility to liaise with the local safeguarding team if concerns were raised.

Assessing risk, safety monitoring and management

- Risk assessments, where needed, were individualised and included up to date guidance for staff to follow to provide people with safe care and support.
- Staff understood where people required support to reduce the risk of avoidable harm.
- The registered manager said, as part of the initial needs assessment, a visual check was completed for any environmental risks which were present in the person's home. In future, these would be recorded.
- The registered manager told us staff were given a small first aid kit and an attack alarm with a little light to help support their safety.

Staffing and recruitment

- There were enough staff to meet people's care and support needs. People and relatives told us they received care in a timely way and had a consistent staff team. A relative said, "We have set the timings with the care workers, we have never been let down."
- There was an effective staff rota management system in place. Staff said they worked well together to make sure all the visits were covered. The registered manager said, "I only take on new clients if I have the staff to cover the visits." A staff member said, "There is enough staff. My rota is the same every week, which is brilliant. There have been no missed calls, as every visit is always covered."
- There were appropriate recruitment procedures which ensured suitable people were employed. Appropriate checks were completed prior to new staff starting work.

Using medicines safely

- Staff followed the services' medication guidance to help people manage and administer their medicines and provided prompts where people were independent. One person said, "They do check that I have taken

my medication."

- Medicines were dispensed from the pharmacist in a dossett box, which minimised the risks of errors being made. A medicines administration record (MAR) contained the necessary information for administration of people's medicines. Staff signed and dated the MAR when medicines were given. A staff member said, "Medicines are dossett boxed, I sign to say I have given the medicine, there are limited options for getting wrong."
- Topical medication administration records (TMAR) required further detail for the administration of people's creams. The registered manager was in the process of reviewing both the MARs and TMARs, and was due to implement an overview sheet with all the relevant information from individual support plans.
- MARs were audited monthly to identify any issues and actions were taken to prevent medicine errors.
- All staff completed training in the administration of medicines and their competency had been assessed before they were able to administer medications.

Preventing and controlling infection

- Staff followed good infection prevention practices and used personal protective equipment (PPE) to help prevent the spread infections. A staff member said, "I wear gloves and a 'pinny' for personal care and change my gloves for meals, I also wear shoes covers to keep the carpet clean."
- People told us staff wore appropriate gloves and aprons with food preparation and personal care.
- Staff had completed infection control and food hygiene training.

Learning lessons when things go wrong

- The registered manager said since they had started there had been no mishaps but would monitor accidents, incidents, safeguarding's and complaints should there be any. They understood how to use any outcomes as learning opportunities to try and prevent any future occurrences.
- The registered manager told us they had on-going dialogue with people who used the service and their family members to ensure people received appropriate care and support.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support according to their assessed needs. Information was reviewed to ensure it was up to date and delivered as planned.
- The registered manager used relevant guidance from the internet to obtain information to improve the care and support people received.

Staff support: induction, training, skills and experience

- People received support from competent and knowledgeable staff. People and relatives told us staff were appropriately trained. One person said, "They [staff] know how to do things for me, they seem trained as well." One staff member said, "I enjoy training and it is a good refresher." Staff new to care, completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
- Staff completed an induction to their role. One staff member said, "The manager explained the role and about the company. I did training and shadow shifts."
- Staff completed a range of training both online and face to face. The registered manager monitored training to ensure it was completed within required timescales.
- Staff felt well supported and were given opportunities to review their individual work and development needs.

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

- People were assessed to ensure they received the required support to maintain a healthy diet and any dietary needs or personal preferences were supported. A staff member said, "Some people have 'ready' meals, but others like bacon sandwiches or poached eggs."
- People told us they were happy with the support they received with meals. One person said, "They do make my meals. This is done well and I do enjoy them."
- Where appropriate, support plans ensured staff had the information relating to a person's eating and drinking needs.

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

- The registered manager and field based staff told us they worked well as a team and communication and sharing of information was good.
- The registered manager told us technology was used effectively to meet people's care and support needs. For example, they used an electronic rota system to ensure staff had attended visits.
- People were supported, where needed, to access and receive healthcare services to maintain their well-

being.

- Staff could send secure messages to the registered manager if they needed to alert them to any health related concerns. This enabled the manager to help people gain access to appropriate healthcare professionals.
- Staff liaised with healthcare professionals, where appropriate, to support people's health and well-being needs and gave examples of this. One person told us, "They are like family, they always keep an eye on my health. Anything they do not feel is right, they will ring the GP or my relative."

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People were involved in making every day decisions and choices about how they wanted to live their lives. A relative said, "They treat my relative as a person, they allow them to have choice."
- Staff had a working knowledge of the MCA and understood, the importance of supporting people to make day to day decisions and choices. A staff member said, "I always give people choice, like do they want to go to bed or not."
- The registered manager told us everyone they currently supported had the mental capacity to make their own decisions. Although, there were areas in the support plan to review people mental capacity should this change.
- The registered manager had not needed to make any applications to the Court of Protection to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives said they were well supported and provided positive feedback about staff and the service. One person said, "I have consistency and I know the carers. We have built up a great relationship, we have mutual respect and are caring and kind to each other." A relative said, "They are always caring, the consistency is brilliant. They are so kind and gentle with my relative."
- Staff spoke about people in a kind and caring way. Staff knew people's preferences, likes and dislikes and used this knowledge to support people in the way they wanted. A staff member said, "We give care that we would give our relative."
- The registered manager completed staff 'spot checks' to ensure they were following people's support plans and people received appropriate levels of care and support.
- The registered manager told us they did not currently support anyone who had any religious, spiritual, and lifestyle requirements. They said if this was to change they would put the resource in place to support the person's need.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved with the planning and reviews of their care and support needs. One person told us, "They are very caring, the carers review and update my book. [Name of registered manager] comes from the office to review the plan with me."
- People were supported to take independent decisions about their care and had access to advocacy services, if needed. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They keep me covered and respect me at all times." A relative said, "They are so professional, respect and dignity are always top of anything they [staff] do."
- Staff and the registered manager understood it was a person's human right to be treated with respect and dignity and to be able to express their views. People's rights were upheld, and they were not discriminated against in any way. A staff member said, "I always keep the door closed if the person is in shower and knock when I go back in."
- Staff told us they supported people to remain independent. One person said, "I am very independent, so they [staff] have no choice really." A relative said, "They always support my relative to be independent, they [staff] respect what he wants."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew their likes, dislikes and were knowledgeable about their care and support needs.
- Support plans were person centred. For example, one person's support plan stated, 'Please prepare the bathroom for my shower, get together bath towels, flannel and toiletries. Get clean clothing out for me to wear of my choice'. A staff member said, "The support plans are really good and detailed, they tell you what you need to know."
- The registered manager had links to 'Otley action for older people' group and a local day centre to help support people to access community events and activities. They told us the group, took fish and chips to people, provided trips to the seaside and a 'befriending' service. This helped to reduce any social isolation.
- The provider ensured people received information in a format they could understand, which is a requirement of the Accessible Information Standard. Staff understood and knew how to communicate with people. Support plans contained information about people's communication needs and any sensory support or adaptations they required. For example, one person's support plan stated, '[Name of person] communicates well by way of gesturing and can make their wishes known'.

Improving care quality in response to complaints or concerns

- Information was provided to support people to raise any concerns and complaints.
- People and relatives told us they felt confident any concerns and complaints raised would be addressed appropriately. One person said, "I can ring the office at any time, they are always respectful towards me."
- Staff knew how to raise complaints should they need to, and they told us they would speak with the registered manager about any issues or concerns.
- There was an appropriate complaints management system in place. The provider had a policy and procedure in place to guide staff in how to manage complaints. The registered manager told us they had not received any formal complaints but would investigate and respond to complaints in a timely way, when required.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager said if anyone required end of life support they would ensure all staff had the appropriate training and a support plan would be developed.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an effective quality assurance system in place. The registered manager completed relevant audits. For example, medication and daily notes. They told us the medications audit was in the process of being changed to review people's individual MARs and TMARs due to the number of people they now supported. Where areas of improvement had been identified, an action plan had been created and monitored by the registered manager.
- The registered manager monitored the quality of the service by speaking with people and relatives.
- Some areas of recording required strengthening, for example, environmental risk assessments and feedback from people and family members was not always recorded. The registered manager said they would review their recording processes immediately.
- The registered manager told us they were looking at recruiting another manager to support the service, allowing them to review and develop the service.
- Policies and procedures were in place which provided staff and the registered manager with clear guidance.
- The registered manager demonstrated an open and positive approach to learning and development. There were systems in place to ensure staff continued to learn, were trained and supported in their role.
- The registered manager was aware of their responsibility to notify the CQC of all significant events, changes or incidents which occurred at the service in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had sought feedback from people, their relatives and staff to help maintain and improve standards at the service. A relative told us, "The office is so approachable, they listen and are always willing to go the extra mile for us." The registered manager was about to send out satisfaction surveys, giving people and family members further opportunity to voice their views and opinions.
- Staff felt supported and spoke positively about the registered manager. One staff member said, "Manager is brilliant, he is approachable and responsive. He is very supportive and only a phone call away." Another staff member said, "[Name of registered manager] is very knowledgeable and extremely good to work for. It is a very good company."
- Two staff meetings had been held, giving staff the opportunity to provide feedback about the service. The registered manager was in the process of implementing monthly staff meetings.
- The registered manager and staff team worked in partnership with other professionals such as the district nursing team, GPs and social workers to promote and maintain people's quality of life and well-being.

- The service had good links with some areas of the local community which provided and improved opportunities for people to attend social events.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was committed to providing a high-level quality support to people and promoted a positive culture that was person-centred, caring and respected people's human rights. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People and relatives said the service was well managed and they received good support. One person told us, "The agency is great, good people. I am fortunate, and I can recommend this agency to others." A relative said, "It is very well managed, I have seen a few care companies in the past, but this company goes the extra mile. It is amazing." Another relative said, "I wish we could duplicate this company around the country, this company is completely different. The team is wonderful."