

Dynamic People Limited

Dynamic People Homecare Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Dynamic People Homecare Services provides personal care services to people in their own homes. At the time of our inspection 170 people were receiving a personal care service.

Not everyone using the service receives regulated activity; 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 consider any wider social care provided.

People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did

not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us that staff were able to meet their needs and were respectful of their individual preferences. Relatives told us staff who supported their loved ones were kind and caring.

People confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 14 September 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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 safe.

Details in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Dynamic People Homecare Services

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 planned this inspection 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 two experts 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.

Service and service type

Dynamic people is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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

We carried out the inspection visit on 6 March 2020. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information

about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager and four care staff We looked at four care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we spoke to 12 relatives and 22 people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

Systems and processes to safeguard people from the risk of abuse

- People we spoke with, told us they felt safe using the service, Comments included, "Absolutely safe, It's usually the same carer. They will let us know if it's going to be someone different" and "Started about a year ago, I feel quite safe with the care I get."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff understood safeguarding procedures and knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "We protect peoples well-being and ensure they are not in any danger we discuss with our manager anything that raises a concern ."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so.
- People and their relatives told us they knew the staff well and had built good working relationships with them. People told us "I have no concerns whatsoever." And "They come at the right time, breakfast, lunch and dinner and they put me to bed. My present carer is absolutely marvellous."

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. One person told us, "Yes the carers prompt me each time when I need my medication, they never forget."

Preventing and controlling infection

- The agency had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- A relative told us "I signed the care plan at the beginning. They do a review every year. I'm usually there, they listen to what my [relative] says and what I say."
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The agency employed care workers who spoke a variety of languages in order to facilitate effective communication.
- The manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- The service had its own training and development department that was also accessible to other domiciliary agencies in the area.
- A person told us "Oh yes indeed, very knowledgeable young woman."
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They had supervisions and appraisals and comments included "I find these supervision meetings very useful I am able to discuss any concerns I have" and "the manager always gives me feedback on what my clients have said about me."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to get involved in prepare their own meals.
- Not everyone received support with their meals, relatives managed their meals, or they had 'ready meals' that the care staff heated up.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 told us that staff were kind and caring. Comments included "The carer has a very gentle manner which my [relative] likes. He doesn't make my [relative] feel like he's under pressure to get something done because [the carer's] got to go. He takes the time." And "I am very satisfied with the way I am treated, they do indeed respect my wishes."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People told us their individual needs and wishes in respect of their values, culture and religion were respected.

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

- People and their representatives were regularly asked for their views on their care and their plans. A relative told us, "They've always been very good at communicating. If they are concerned about anything, they get in touch with you."
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed.
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them.
- Most staff had worked for the agency for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- A relative told us, "My mother has taught herself to walk again. She walks up and down the dining room 21 times a day. She does breathe exercises too. Carer supports her in both these activities and accompanies her to a Stroke Group 1 x week."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 and their relatives told us they were happy with the care and support provided. A person told us, "The care I get from them is very good. I've had the same carer for two years now. Everything about her is perfect."
- Staff confirmed they checked people were happy and had everything they needed before they left them.
- Care plans were personalised and detailed clearly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs. People confirmed that staff either knew how they liked things to be done or they felt very able to guide staff in how they wanted things.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes..
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.
- This included information about any support aids that the person may use to support them with their hearing or their eye sight.
- The registered manager confirmed they could provide large scale print or braille of any documents if required for people with sight difficulties and could change documents to suit most needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had identified that some people were at risk of social isolation and had developed a plan to try to minimise this and therefore improve people's wellbeing. The registered manager said, "We have held events in our office and clients have also attended, we have also accompanied people to Dementia UK sessions where people have access to a range of activities such as exercise, memory clinics and quizzes."

- Care staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how to complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Complaints were acknowledged, investigated and resolved in line with this policy.
- People told us, "I would just phone them up, but I am not unhappy I am very happy." And "No I don't complain as I have no reason to complain."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives expressed confidence that the service was well run. We received comments such as, "nothing could be better", "They are very on the ball", "they have robust systems." And "Their contribution is life changing. It allows us to have a life."
- The staff were clear about their roles and responsibilities and felt well supported by the registered manager. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- The registered provider continually monitored the quality of the service provided to people. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- The registered manager valued and recognised staff contributions. People and staff could nominate people who they felt had gone above and beyond in their duties for an award to recognise this. Staff received gift certificates.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately and action was taken to address any shortfalls. Spot checks were carried out to ensure staff were following their training and meeting people's needs.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents were met.

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

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Quality assurance surveys were sent out to people annually. The most recent survey had been completed in July 2019. An analysis of responses and a report showed high rates of satisfaction. Some people had written extra comments and the report addressed these and included actions plans if necessary.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls were kept to a minimum by providing a system of financial incentives and improvement performance targets for care coordinators.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- The agency was a member of United Kingdom Homecare Association the professional association of homecare providers. This was an important aspect of continual improvement and development of the service.