

Dunamis Social Care Limited

Dunamis Social Care

Inspection report

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

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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

This announced inspection took place on 30 August 2018 and was announced. The service was registered by the Care Quality Commission (CQC) 05 May 2017 and this was the first time we had inspected this service. This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults.

Dunamis Social Care Limited provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge, live in carers and medication support. At the time of our inspection there were 29 people receiving personal care.

The service had a registered manager in post. 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 told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager. Risk assessments were in place to manage the risks associated with people's care. These included assessments to support people with their mobility, eating and drinking and falls. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. 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 support this practice.

People received care that was person centred and met their needs. They had developed positive relationship with the staff who understood their likes and dislikes. Staff were kind, caring and treated people with dignity and respect.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

Staff felt supported and valued. There were systems in place to monitor the quality of the care and to ensure on-going improvement were made. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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.

Staff understood how to safeguard people from potential harm. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff employed to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining people's consent.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect. Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided to

ensure that all their individual needs could be met. Care was personalised to each individual.

People were confident that they could raise a concern about their care and there was information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered manager was readily approachable and promoted a culture of openness and transparency within the service.

Quality monitoring systems were in place to drive improvement at the service. The registered manager provided good support to staff who felt well supported.
Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.□

Dunamis Social Care

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 inspection took place on 30 August 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service and two relatives. We also had discussions with three members of staff that included the registered manager and two care and support workers.

We looked at the care records of six people who used the service. We also looked at other information in relation to the management of the service. This included four staff recruitment records, training records and information about the service such as policies, procedures. We also examined the arrangements for managing complaints care and how the quality of service was monitored.

Is the service safe?

Our findings

People felt safe when they were receiving support from staff. One person told us, "My carers do make me feel safe. They take very good care of me." A relative commented, "The staff who look after [relative] are very competent and [relative] is well looked after and kept very safe." The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "We have safeguarding procedures and have had training so we know what to do. If had any worries I would report them to the manager straight away."

All the staff we spoke with were confident that any concerns they reported would be followed up appropriately by the registered manager. There was a clear safeguarding procedure in place and staff had access to the whistleblowing policy if they wanted to raise concerns. Staff told us and records confirmed that all staff had completed training in relation to safe guarding people from abuse. The registered manager was fully aware of their responsibility to notify the local authority and us, the Care Quality Commission (CQC), should any concerns about safeguarding arise.

Systems were in place to identify and reduce the risks to people using the service and risk management plans were detailed and informative. Risk assessments were completed in a way that allowed people to remain as independent as possible while keeping them safe. These included environmental risks, trips and falls, pressure sores and medication administration. A staff member told us, "Risk assessments are always completed and they are a good guide to how we must keep people safe." Records confirmed that risk assessments had been reviewed on a regular basis or when there was a change in a person's individual circumstances.

All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting their independence. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. This ensured people were supported safely. Accidents and incidents were recorded appropriately These showed staff had taken correct action in response to accidents, such as falls.

Staffing numbers were sufficient to meet people' needs. One person said, "I have some lovely carers and they really do look after me. I can rely on them. They are always there when I need them." A relative commented, "The carers have been very reliable. We don't have any worries about staffing numbers. It's always been perfect." Staff told us they felt the service was staffed well and people were supported safely. Staff rotas showed there were sufficient numbers of staff to safely meet people's needs. A staff member said, "Staffing is good. We are not put under pressure, we have plenty of travel time and also have time to spend talking with people which is very important." The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

Staff were safely recruited. Staff recruitment files contained the required documentation to show staff were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history and a health declaration. The provider had obtained references to provide satisfactory

evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed to work at the service.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that it was carried out safely. One person told us, "My carers make sure I get my tablets exactly when I need them. They never forget or let me down." People had medicines risk assessments to ensure staff were aware of any issues concerning people's medicines, for example allergies and side effects. Staff completed medication administration records (MAR) charts when they had supported a person with their medicines and these were completed clearly and accurately.

Staff told us and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. The staff we spoke with understood the importance of safe medicines administration and what to do if they thought a mistake had been made. People's individual MARs (medicines administration records) were audited monthly by the registered manager and action taken if any improvements were needed. If people wanted staff to manage all or some of their medicines they signed consent forms, which showed they were involved in the process of safe medicines administration. The registered manager undertook observations and spot checks of staff practice to ensure staff administered medicines safely.

Policies and procedures in place in relation to infection control were easily accessible to staff. One person told us, "Staff always make sure they wear gloves and wash their hands." A staff member commented, "We always carry gloves, aprons and hand gels at all times to keep us and [people using the service] safe from the spread of infection." Records confirmed that staff had completed training to ensure they were up to date with the most recent guidance to keep people safe from the spread of infection. Observations and spot checks took place, to ensure staff followed infection control practices.

The service understood how to record and report incidents, and used information to make improvements when necessary. Evidence was seen of lessons being learned when things went wrong. This included a review of one person's care package to introduce a different approach to how their personal care should be provided.

Is the service effective?

Our findings

People's needs had been assessed before they received support. This included assessment of their physical needs, the gender of staff they would prefer supporting them and when they would like their visits to take place. One person told us, "Staff did come to my home and ask me a lot of questions. They even asked if I would like a man or a woman for my carer." The assessments took into account equality and diversity needs such as those which related to disability and culture. We saw that other areas covered by the assessment process included who else would help with the person's care. This could be a family member or an outside agency such as a mobile meal delivery service. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People said the staff were well-trained and knowledgeable. One person told us, "My carers care for me very well. They know what I need and they get it right." A relative commented, "[Relatives] carers are well trained and very professional. They know what they are doing." Another relative said, "New carers shadow more experienced carers before they start working on their own."

Comments received from people and their relatives in the latest satisfaction survey were positive. One read, 'They [meaning staff] do a good job.' Another read, 'We are quite happy with the service.'

Staff told us they were satisfied with the training they received. One staff member told us they had completed an induction before they started to work at the service. They said, "I did an induction and it gave me lots of confidence to do my job well." Records demonstrated that all new staff undertook a thorough induction programme, which included practical training and shadowing more experienced staff.

Records showed that staff received on-going training and staff were aware of how to support people with a wide range of needs and preferences. For example, moving and handling training so staff were confident using equipment such as lifting hoists. Records confirmed that all training was kept up to date and staff feedback was that the training was good and equipped them for their roles. One member of staff said, "Our training is very good. It is exactly what we need to meet people's needs." We saw that the training was based on current legislation and best practice guidance.

Staff told us and records confirmed that staff received supervision, observations of their practice and an annual appraisal of their performance. One staff member commented, "We get regular supervision and we do get lots of support. The manager is always around for a chat as well. Whenever you need to talk you can."

Staff supported people to eat and drink sufficient amounts when required. One person told us they were happy with the food they were given staff offered them a choice every time. One staff member told us, "We make sure we always give people a choice of what they want to eat. We do know what people like and don't like."

Within the care plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with meal preparation. Details of people's dietary likes and dislikes were also

recorded. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in food and hygiene.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health and social care professionals at the local authority in relation to people's care. Detailed information regarding people's health requirements was recorded by staff, and staff we spoke with were knowledgeable and confident about supporting people with their health requirements.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One relative told us, "Staff will always call me if they are worried. They have called me before and we have called a doctor to visit [relative]." A staff member told us that if they had any concerns about a person's health needs they would call the office and speak with the person's family. Records contained information about people's medical history and current health needs that were frequently monitored and discussed with them and if appropriate their relatives.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The operations manager understood their responsibility about what they needed to do if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Staff told us that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One person told us, "My carers always ask me if they can help me and don't do anything without my permission."

Is the service caring?

Our findings

Positive and caring relationships had developed between staff and people using the service. One person told us, "My carers are very good. They help me with everything and we have a laugh and a joke." Another person commented, "The carers are very kind and patient. They always have time to do a little bit extra for me." A relative said, "The care [relative] gets is good. I feel we can all relax a little knowing that [relative] is being well cared for."

Staff felt able to spend the time they needed getting to know people to develop positive relationships. One staff member said, "We have enough time so we don't have to rush. We always have enough time to stay for a bit of a chat." The registered manager told us about how they had been providing care to one person and they used to support the person's relative with applying creams. The person receiving the support passed away and staff continue to support their relative daily with applying their creams, for which they don't charge a fee.

People and, where required, their family were involved in their own care and were able to freely express their own views. One person told us, "The carers do listen to what I have to say and they respect my views. I choose what I want to do." People's choices and preferences were recorded in their care plans and staff were introduced to people before they started providing personal care. The registered manager and staff we spoke with were able to describe people's preferences and daily routines. The examples described were consistent with the information documented in the care records about how people wished to be cared for.

The registered manager told us that there was written information available for people if they wanted to consider using an advocacy service. We saw this in the welcome pack people received when their care package commenced. At the time of our visit there was no one using the services of an advocate. This is an independent service which is about enabling people to speak up and make their own decisions.

Staff respected each person's privacy and dignity. One person told us, "The carers are very respectful and considerate of my feelings." Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. A relative told us, "The carers are lovely. They make sure [relative] is always treated with respect and dignity."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy in relation to the data protection act which was followed by staff. Staff were aware of their responsibilities related to

preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

Is the service responsive?

Our findings

People we spoke with told us that the staff knew them well and understood their needs. One person said, "My carers look after me and I'm happy. They know what I need and always ask if there is more they can do." Another person told us, "I'm very satisfied with my care. It enables me to stay at home. We have had other agencies before but this is the best one we have had. They manage to get it right." A relative commented, "This is our first experience with a care company. You hear some awful stories but we are more than happy with the care [relative] receives. It's been a relief and we have been very pleasantly surprised by how good the care is."

People told us that staff spent time with them before a care package was agreed so the service could fully identify their care preferences and future wishes. The assessment process was very thorough and ensured all areas of a person's life were considered so their needs could be fully met. Care plans were written in conjunction with the person themselves and others involved in their care. They focussed on the individual and contained information such as their past life history, how they preferred to receive their care and how they communicated their everyday care needs. The assessment tool demonstrated that people were asked if they had a preference of gender for staff providing their personal care. Then a list of suitable staff was recorded in the assessment tool and a record of whether the staff had been introduced to the service user before they started to provide personal care. We found that people's choices and preferences were taken into account and their wishes respected.

Care plans provided step-by-step guidance for staff when working with each individual. For example, one care plan detailed how a person liked to have their tea, and how they preferred to have their hair washed. Another detailed what staff should do if the person's dog was barking at them. They were required to sit down as the dog perceived this as a sign of friendship. One staff member told us, "The care plans are a guide for us. You can't go wrong, it's all in the care plan." We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs; with detailed guidance for staff on how people liked their care to be given. People's care plans had a focus on independence and encouraging people to do the things they could for themselves.

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they hadn't had to provide any information in a different format but would be able to facilitate this if it was required.

If people had any concerns or complaints, they could use the complaints procedure in the 'welcome pack' they received when they began using the service. One person told us, "I have raised a small concern before and it was dealt with quickly." Another told us, "I don't really have any complaints but if I did I know how to do it and who to take my complaint to."

The registered manager told us that whilst undertaking a visit to a person's home, the person had raised some historical concerns. The registered manager completed an investigation of the persons concerns but found the time lapse made it difficult. To ensure this didn't occur again the registered manager introduced a new system where they take a concerns, comments and complaints form to each person and sit with them to gain their views on a monthly basis. We saw these had worked well and people had raised small concerns and also made compliments. Where concerns had been raised the registered manager took immediate action to address them. This meant that a person making a complaint could be confident that the registered manager would take action to resolve it and make improvements to the service where necessary. All complaints were logged and tracked so the registered manager could identify any trends and see if improvements were needed. We looked at the complaints log that showed that any issues people had were addressed and resolved.

No end of life care was being delivered, but systems were in place to record people's wishes and choices as they required.

Is the service well-led?

Our findings

The service had a registered manager in post. People were able to tell us who the registered manager was and how they felt they could contact them easily and discuss anything they wanted. Relatives we spoke with also told us they could contact the registered manager freely, and were confident in the leadership of the service.

All the feedback we received about the service was positive and each person we spoke with told us how valuable the service was to them. One person said, "I was worried I would have to go into care. Now I have my lovely carers I know I can stay in my home." Another told us, "I can honestly say that without my carers I don't know where I would be or even if I would still be alive. They have given me my life back." One relative commented, "It's been a godsend. I can't imagine being without them. It's given us all peace of mind and [relatives] carers have become like our extended family."

The service was open and honest, and promoted a positive culture throughout. Staff we spoke with felt they were able to have their voices heard and could discuss any problems or issues that arose. One staff member said, "It is a great service to work for. The manager is very approachable and you can always talk to her about anything. She doesn't just care about our clients she cares about the staff as well." Another staff member commented, "We are very well supported and encouraged to give our best." Staff knew about the provider's 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

The registered manager had a good insight into the needs of people using the service, and clearly knew the people using the service well. They told us this was because they always completed a person's initial assessment, so they could get to know them in the first instance. Following the agreement of a care package the registered manager would also provide personal care to people on a regular basis. They said this was a good way to check that people's care was still meeting their needs or if any changes were required.

Quality assurance systems were in place to ensure sustainability, learning and improvement. We saw that audits were completed regularly across the service. For example, dairy log records and, care plans and medication records were audited monthly and showed how errors were picked up and acted upon. We saw that a recent health and safety audit had been completed by an outside company. This recommended some minor areas for improvement such as the use of bath thermometers and each car having a first aid box. The service was working towards completing the recommendations made. In addition, the service had also recently been inspected so they could achieve the International Organisation for Standardisation (IOS 9001) accreditation. This is a set of standard requirements against which the service's quality management system can be evaluated.

People were able to feedback on the quality of the service. People were asked monthly to comment on their care and the service they received. Any areas for improvement had been highlighted for actions to be created. The registered provider also completed spot checks where they observed staff practice and gained feedback from people about the care they had received.

The service worked positively with outside agencies. This included a range of health and social care professionals as required for people's needs. The regional manager informed us of the links the service had with the local authority quality monitoring team.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.