Dynamic Care Services Ltd

Business Office

Inspection report

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12 February 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 February 2018 and was announced. We telephoned people who used the service on 9 and 12 February 2018.

This was the first inspection of this service since they registered with the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older or younger adults, people living with mental health needs or dementia, physical or learning disabilities or sensory impairment.

The service is provided to people living in the Leicester area. When we inspected the service, there were three people who used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated they understood potential signs of abuse. They knew how to report any concerns they may have. Potential risks to people's safety were identified. However, risk assessment records did not always include detailed information and guidance to aid staff to deliver safe care.

The provider followed safe recruitment processes to help ensure only suitable staff provided care and support. People told us sufficient numbers of staff were provided to meet people's needs. However, the provider did not maintain records to confirm this.

Systems to monitor the quality of the service were fragmented and records were not consistently maintained to demonstrate how these were used to drive improvements in the service. People, their representatives and staff were encouraged and supported to share their views about the service.

People were cared for by staff who had completed the training they needed to meet people's needs. The registered manager assessed staff competency to ensure training was effective.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their health and well-being.

People were supported to have maximum choice and control of their lives. People's care and support was provided once consent had been obtained in line with relevant legislation. People's right to decline their care was respected.

People were treated with respect by staff who demonstrated kindness and understanding. People and, where appropriate, their representatives were involved in determining their care and support. Staff supported people to maintain their privacy and dignity in the way they wished. People were supported to maintain their independence.

Care plans were person centred and reflected people's wishes, choices and decisions about their care and support. Records were regularly reviewed to ensure the care provided reflective people's current needs. Care was provided flexibly and people were able to make changes to their care and support.

People and their representatives were provided with information about how to make a complaint. People felt confident their concerns would be listened to and acted upon.

The registered manager was approachable and committed to providing good care. They understood the key challenges and limitations of the service and had developed a strategy to develop the 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?

Requires Improvement

The service was not always safe.

Risks to people's health and well-being had been assessed. However, risk assessments did not record the measures in place to control the potential risks.

Staff understood their responsibilities to monitor and respond to any potential risk of abuse or harm and knew what to do if they had concerns.

Records were not maintained to ensure people received care and support in line with their assessed needs.

The provider followed safe recruitment practices to ensure only suitable staff provided care and support.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained, supervised and monitored to ensure they were competent to meet their needs. People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

People and their representatives were provided with opportunities to be involved in making decisions about their care and support. People were supported by staff who respected them as individuals.

Is the service responsive?

Good

The service was responsive.

People's care plans and assessments were personalised to meet individual needs. Care plans were regularly reviewed to ensure they reflected people's current needs.

A complaints policy was in place and information readily available to staff and relatives. People knew how to complain if they needed to.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Systems and processes to monitor the quality of the service were not sufficiently robust to ensure people were receiving good, safe care.

The service had a registered manager who supported staff and was approachable. There was open communication between the registered manager, people and their representatives and staff.

Business Office

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 checked 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 8, 9 and 12 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

Inspection site visit activity started on 8 February 2018 and ended on 12 February 2018. It included telephone interviews on 9 February and 12 February with people using the service, their representatives and staff. We visited the office location on 8 February 2018 to see the registered manager and to review care records and policies and procedures.

This inspection was carried out by one inspector.

Before the inspection, we looked at information we already had about the provider. Providers are required to notify us about specific events and incidents that occur in the service. We refer to these as notifications. The provider had not been sent a Provider Return Form prior to the inspection. 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. We gave the provider the opportunity to share this information with us during our inspection.

During the inspection we met with the registered manager, who was also the provider. We spoke by telephone with one person, two people's representatives and one care staff member. We viewed three people's care plans and care records to see if people were receiving the care they needed. We also looked at two staff files including training and recruitment information. We looked at the provider's quality assurance and audit records to see how they monitored the quality of the service and other records relating to the day-to-day running of the service.

Requires Improvement

Is the service safe?

Our findings

One person told us they felt safe using the service because staff did what they were supposed to do, listened to them and never missed calls. One person's representative told us staff were knowledgeable about the person's needs and their intervention had helped to keep the person safe. However, another representative told us they didn't have confidence that all staff who provided care were able to use their judgement and were sufficiently trained to keep people safe.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff were confident about how they would report any allegations or actual abuse. A care staff member told us, "If I suspected someone was at risk of abuse I would report it to [name of registered manager] and follow the safeguarding protocol. I would report why I was concerned and what I had seen or suspected. I am confident she would follow it up. If she didn't, I know I can whistle blow to local agencies." Staff had completed safeguarding training as part of their induction which helped to raise their awareness about safeguarding and protecting people from abuse.

We reviewed the provider's safeguarding policy and found it needed to be updated. This is because it did not refer to appropriate local safeguarding authorities or current guidance, and did not include current external agencies to support staff to raise concerns outside of the service. Following our inspection, the provider sent us an updated policy which included all the relevant information for staff to ensure people were treated equally when raising concerns.

Records showed the registered manager had assessed potential risks to people's safety and well-being but records did not always include the measures needed to reduce risks. For example, for one person, their care plan detailed potential risks to their safety and provided summary guidance for staff to follow to reduce the risks. However, another person was assessed as being at risk of falling but their care plan did not provide information as to the actions staff needed to take to reduce the risk of falling and keep the person safe. Where the registered manager had identified specific risks associated with people's health conditions, records did not provide sufficient information and guidance for staff to follow.

The registered manager and the care staff member demonstrated they were knowledgeable about the potential risks to people's safety. The registered manager told us they worked alongside care staff during their induction to ensure they were aware of what they needed to do to keep people safe and this was confirmed by staff. The care staff member told us, "I understand my role in keeping people safe. For example, I check the environment for hazards, I check that the equipment people are using is correct, usable and in good condition. I support people safely and check they are comfortable."

Although staff who provided regular care were knowledgeable about the risks people were exposed to, staff who were not familiar with people's needs may not have the information or guidance about risks they needed. We discussed risk assessment records with the registered manager who told us they would improve records to ensure they provided the information and guidance staff needed to provide safe care.

People and their representatives shared mixed views about whether there were sufficient staff to meet people's needs. One person told us they had regular care workers who usually arrived on time. They told us there had been two occasions when staff had been late but they had telephoned the person to advise them of this and these occasions were exceptional. However, a person's representative told us there had been one occasion when a carer had been sent who had not been introduced to the person. The person and their representative were not aware of the appointment of a temporary carer and it was done so without the consent of the person. They felt this practice had been unsafe as the temporary carer was given information to access the person's home.

We discussed these concerns with the registered manager. They told us that, as part of their contingency planning, they had access to approved, temporary carers from another agency. An emergency had arisen where the person's regular carer had been unable to attend and therefore they had made use of the temporary carer rather than put the person at risk by not receiving their visit. They told us they had not informed the person or their representative and had apologised to them for the oversight.

The registered manager did not retain records of staff rotas and therefore we were unable to determine if adequate staffing was consistently planned and maintained to meet people's needs. We were able to review visit sheets where staff recorded arrival and departure times of visits. We saw these did not always match with hours assessed as being required to meet people's needs. For example, one person was assessed as requiring a visit for the duration of 30 minutes. Records showed staff did not consistently stay for the duration of the call, and on several occasions had only stayed for 15 minutes. The registered manager told us staff were directed by the person as to how long they wanted them to stay. When we spoke with the person, they confirmed that they determined the length of the call and how long they needed staff to stay. The registered manager told us they would ensure the wishes of the person regarding the duration of calls was clearly recorded in future visit sheets. They also told us they would maintain records of staffing rotas following our inspection.

People were supported by staff who had been through robust recruitment checks to ensure they were suitable to work with people using care and support services. These included proof of identity, employment history and a check with the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people and assists employers in making safer recruitment decisions.

At the time of our inspection, people using the service did not require support to manage their medicines other than occasional verbal prompts from staff. Records showed that, where prompts had been provided, these were recorded in daily care notes. The provider had a policy detailing how they would provide support for people who were not able to manage their medicines independently which included appropriate staff training.

The registered manager ensured all staff followed procedures to control the risk of infection by providing appropriate protective clothing for staff. This included aprons and gloves when supporting people with personal care. The registered manager regularly checked staff had adequate supplies to ensure they never ran out.

The registered manager understood their responsibilities to review concerns in relation to health and safety and near misses. Systems were in place for staff to record and report all incidents, concerns and accidents which, in turn, would be reviewed and analysed by the registered manager. At the time of our inspection, there had not been any accidents, incidents or near misses.

Good

Is the service effective?

Our findings

People's care was assessed before they began using the service to identify the support they required. The assessment covered people's physical and social needs and how they communicated. Records showed assessments were undertaken by the registered manager and involved the person and their relative or representative. A person told us they had been involved in developing their care plan and had a say in how they wanted their care to be provided. They told us they felt staff "Knew what they were doing" as they were competent when supporting them, for example getting dressed. A person's representative told us, "I think they have done training. The registered manager is good; she knows what she is doing. I'm not sure about other staff. They seem to be learning as they go along."

The registered manager provided us with details of training staff had undertaken. This included training that the registered manager had identified as being essential. This training was completed by staff in one day and included areas such as moving and handling, safeguarding and mental capacity. We asked a staff member if they felt this training met their needs. They told us, "I completed the basic training, moving and handling, food hygiene and first aid in one day. It was sufficient and covered everything I needed to help me in my role. I then shadowed [worked alongside] [name of registered manager] to get to know how [name of person] liked to be supported and understand my role. I observed what she did on each of [person's] visits. I feel confident in my role"

The registered manager was experienced in providing care. They told us they worked alongside new staff to make sure they understood what was required of them and were competent in their role before they supported people on their own. They told us they were in the process of implementing the Care Certificate for staff to complete. This is a set of nationally recognised standards which supports staff working in care and support to develop the skills, knowledge and behaviours needed in their roles.
The registered manager told us they kept training under review to ensure staff had the skills they needed to support people using the service.

The staff member we spoke with told us they felt supported in their role and received regular supervision. They told us they had opportunities to develop themselves, such as support to enrol on further vocational training. They told us, "[Name of registered manager] calls me regularly or comes to see me. She turns up unannounced to observe me and make sure I'm doing things right. I'm okay with this. I have good support."

People who required support to ensure they had sufficient to eat and maintain their health and wellbeing were provided with this. One person was assessed as being at risk of poor nutrition as they were known to decline food. Staff maintained records of food intake in daily care notes and were instructed to ensure there was sufficient food in the fridge for the person. The person's care plan guided staff to encourage the person to eat, support them with food shopping and to contact the person's health and social care professionals if they felt the person was at risk from insufficient nutrition. This supported agencies to take appropriate and timely action to ensure the person remained well. People's care plans advised staff to offer drinks at visits to reduce the risk of dehydration. Records showed staff provided this support in line with the people's preferences.

People's care plans included guidance about people's health needs and this information was used by staff to support people to remain healthy. Records showed people received support for their routine healthcare needs from relatives and representatives. However, where staff had concerns about people's health, records showed staff had alerted appropriate people to these and, if necessary, sought medical attention for the person.

People were only provided with the care and support they gave their consent to receive. People had signed their care plans to provide consent to the care and support staff provided. One person told us staff always asked before they provided care or support and checked they were happy with the care provided. One person's representative told us staff were aware of people's rights and the importance of obtaining consent to care, whilst supporting people to make decisions in their best interests.

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.

The registered manager told us people using the service had the mental capacity to make decisions and consent to their care for themselves. We saw this was reflected in people's care plans. Where one person periodically declined their care or treatment, there was a procedure in place for the registered manager to notify the person's health and social care professionals in their best interests. The representative we spoke with and records we saw confirmed staff were following this process.

The registered manager demonstrated a good understanding of the MCA and identifying the least restrictive approaches for people. They told us they would develop records for assessing, monitoring and reviewing people's mental capacity to make choices and decisions.

Good

Is the service caring?

Our findings

The person we spoke with was satisfied with the care and support they received. They told us, "The carers provide care in the way I want. I feel respected by them and they show respect for my home. They are always polite. I am happy with my care at the moment." A person's representative told us, "[Name of person} get's on with the carers. [Name] doesn't like lots of different carers so they usually send consistent carers."

People and their representatives were involved in planning their care and support. Care plans reflected people's needs and wishes and had been developed in consultation with people and their representatives. For example, for one person it was important to maintain their independence. For another person it was important for them to stay well and healthy. Records showed care was provided to enable people to achieve these outcomes. People were treated as individuals and supported to make choices and decisions about the way they wanted things to be done. For example, what they wanted to have around them and how they wanted to be supported. Where people had specified a preference for gender of carer, this was included in the person's care plan. The registered manager allocated staff in line with the person's gender preference.

The registered manager demonstrated they were knowledgeable about the people they supported. They provided examples where they supported people and their representatives to share information and took measures to ensure communication was effective. This involved regular face-to-face or telephone conversations with representatives to ensure the person was receiving the care they needed.

The registered manager recognised and supported the role of advocates in people's care. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

The registered manager protected people's rights to have their data protected. People decided where they wanted their daily care records to be kept in their home and were supported to access these at any time. Confidential information was stored securely at the registered location.

The staff member we spoke with told us they had good support from the registered manager and this in turn helped them to provide good care. They told us they had enough time to provide care without having to rush. This supported them to provide care that was personalised and in line with people's care plans.

The staff member told us they enjoyed their work. They were able to describe how they protected people's privacy and dignity and this was confirmed by the person and representative we spoke with. For example, through the provision of personal care and entering and leaving people's homes.

Good

Is the service responsive?

Our findings

The person we spoke to told us staff were responsive to their needs. They told us, "They [staff] do what I want them to do, how I want them to do it. If I want to make changes [to care or times of visits] I can." One person's representative told us staff were readily available and flexible in how they provided care. They told us staff often went out of their way. Another person's representative felt that care records were focussed on tasks staff had completed and it wasn't always clear to determine how the person was at each visit.

The registered manager had recently revised the format for staff to record the care and support they had provided each visit, otherwise referred to as daily care notes. Records showed staff were encouraged to record the person's health and emotional well-being in addition to tasks completed. After our inspection, the registered manager responded to the representatives concerns by introducing a communication book. This enabled the representative to record their observations and comments in addition to staff recording more detailed information about the person's well-being.

The registered manager undertook an assessment of people's needs before they began to use the service and this information was used to form the basis of the care plan. People's care plans were completed in way that provided information about their needs and how these should be met. For example, one person required support to use the shower. Their care plan included what they were able to do for themselves, how staff should support them and what they liked to have around them. Another person's care plan provided detailed guidance for staff in how the person liked their personal care to be provided. This supported staff to provide personalised care.

Records showed staff were responsive to individual needs and wishes. For example, one person had specified that they wanted their morning call after a certain time. Records showed staff arrival times were in line with the person's wishes. People's care records were regularly reviewed with people and outcomes recorded in care plans. For example, one person had requested support to improve the external access of their home. Records showed the registered manager had contacted appropriate agencies to support the person to obtain the right help and advice.

The registered manager and a second member of staff operated a 24-hours on-call procedure which people and their representatives had access to. Records showed staff had responded to an out-of-hours request for urgent assistance for a person who was in distress via their help line [pendant worn around the person's neck]. This was an example of technology being used to improve the quality of people's lives and the provider being responsive to people's needs.

None of the people using the service required support around maintaining interests, hobbies, cultural needs or friendships. However, these were included in people's care plans, which supported staff to establish a rapport with people. Where people regularly went out into the community independently, care plans advised staff to ensure the person was wearing appropriate clothing for the weather.

At the time of our inspection, the service did not support any people who had specific needs in relation to

accessing information. Following our inspection, the provider sent us a policy of how they would support people to access information should they fall under the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a policy and procedure in place providing details about how they managed and responded to complaints and concerns. This information was available to people in the service user handbook, a copy of which was provided to everyone. The person we spoke with and people's representatives told us they were confident to raise any concerns and complaints they had with the service to the registered manager. The registered manager kept a log to record details of concerns and complaints, including action taken. Although the service had not received any formal complaints, there had been one concern which the registered manager had responded to. This included taking action where staff performance fell short of expectations. This demonstrated the provider used concerns and complaints to make improvements to the service.

Requires Improvement

Is the service well-led?

Our findings

The person we spoke with and people's representatives were generally positive about the management and leadership of the service. One person told us, "I am happy with my care and the staff, they know what they are doing. I don't want any changes at the moment." A person's representative told us, "They [service] work well in partnership with other services. The registered manager is approachable and I would recommend the service." Another person's representative told us, "It's a 'passable' service. It could be better, but I'm not sure how." They felt the main issue was the small size of the service.

The service had a registered manager in post who was also the registered provider. They were involved in providing direct care in addition to managing the day-to-day running of the business. They employed a small number of permanent and temporary staff to assist in providing care and support. The staff member we spoke with was positive about the leadership and management of the service. They told us, "She [registered manager] calls me to find out if I need anything or if I have any concerns. Some managers (I have had in previous employment) don't seem to care, but she does. She makes sure I have everything I need. She is always on top of things and contacts me regularly. I think she is a good manager. We [the service] are still very small but I am happy with the way things are managed at the moment." The staff member told us they were able to share their views with the registered manager and felt these were listened to and respected.

The registered manager told us they monitored the quality of care people were receiving through audits and checks. However, they did not maintain robust records of these. For example, they told us they collected daily care records from people's homes regularly and checked to ensure records were completed accurately and correctly. However, there were no records to confirm these audits and checks had been carried out. The registered manager told us they worked alongside another, established agency who undertook spot checks and audits on their behalf to ensure they were providing safe, good care. However there were no records to demonstrate when these audits and checks had been undertaken. They told us they undertook spot checks on staff to observe their working practices and ensure they were competent in their role. Records confirmed these checks were carried out on a regular basis and included any follow up action, such as staff development.

The registered manager told us they would develop and improve quality assurance systems and procedures. They told us they would ensure records demonstrated outcomes of audits and checks and how these were used to develop the service.

The registered manager was in regularly communication with people and their representatives and encouraged them to share their views of the service. These were recorded in communication logs or through reviews of people's care. We saw comments were positive, with people recording that they were pleased with their care and the staff who provided care and support.

The registered manager demonstrated they were clear and understood their responsibilities, including their obligations under their registration with CQC. They told us they had established links with organisations to keep themselves up to date on best practice. They were able to explain the key challenges and limitations of

the service and had developed a strategy to develop the service to ensure people received good care.