

Dynamo One Ltd

# Dynamo One Ltd (T/A Visiting Angels)

## Inspection report

Unit 15, Great North Business Centre  
82 Great North Road  
Hatfield  
AL9 5BL

Tel: 01707585888

Date of inspection visit:  
02 November 2021  
18 November 2021  
25 November 2021

Date of publication:  
09 December 2021

## 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

Dynamo One Ltd (T/A Visiting Angels) is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, six people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

Dynamo One Ltd (T/A Visiting Angels) changed its registered office address on 01 December 2021. It was previously registered at Unit 15, Great North Business Centre, 82 Great North Road, Hatfield, AL9 5BL. The address changed to 62 Bridge Road East, Welwyn Garden City, Hertfordshire, AL7 1JU.

### People's experience of using this service and what we found

People felt safe with the care provided to them. Risks to people's health and safety were assessed and staff knew how to support people to keep them safe. Staff had received training to recognise and report signs of abuse. Incidents that occurred placing people at risk of harm were recorded and prompted a review of people's care needs.

People were supported by a small and consistent staff team who they felt comfortable with. People received their medicines as required and were cared for by staff who ensured they followed infection prevention guidance and good practice.

People's needs were assessed before the service provided them with care or support. People's care plans were robust and provided enough guidance to staff.

People said staff had the skills necessary to care for them well. Staff had received the required training and ongoing support to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People were supported by a small and consistent staff team who they felt comfortable with.

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 said staff were caring and knew their needs and preferences well. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs.

Systems and processes were in place to monitor the quality of the service, and to seek the views of the people who used it. People, their relatives and staff thought the service was well managed and responsive to their needs.

The provider was open and transparent and promoted a person-centred culture within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 14 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are 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 ●

# Dynamo One Ltd (T/A Visiting Angels)

## **Detailed findings**

### Background to this 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager currently registered with the Care Quality Commission. This means that the provider is solely and legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 02 November 2021 and we visited the office location on 18 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registering. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We received written feedback by a second relative. We spoke with two members of staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to review records relating to the management of the service and people's care records. We provided feedback to the provider on 25 November 2021.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff supported people in ways that helped keep them safe. People and relatives told us they felt safe with staff and well cared for. One person said, "I have trust in [staff] to look after me because I know them so well and they know me, so I feel totally safe with them." A relative said, "We never had any concerns here, there was very little turnover in staff, and we got to know most of them well. They all came across as kind, caring people."
- Staff were aware of how to keep people safe and knew how to report concerns if they felt people were at risk of harm. Staff told us they received training in safeguarding adults and clearly described to us how they would identify abuse.
- Staff were aware of external agencies they could report concerns to, and the reporting of these incidents enabled people being able to continue living at home safely and with independence.
- Lessons learnt were used to improve care practices where incidents occurred or things went wrong.
- The provider reviewed incidents with staff to inform them about the learning points from incidents, accidents or complaints. Staff told us it was helpful to discuss what could be learnt and have opportunities to reflect.

Assessing risk, safety monitoring and management

- People told us staff knew how to care for them safely and that risks were assessed and managed positively. One person said, "They are always checking I am okay and in tip top health and that the equipment works and is safe. If anything is not right, they get straight on it."
- Risk assessments for people guided staff to meet their health needs. Risk assessments covered a wide range of health needs. For example around moving and handling, skin integrity, nutrition, diabetes and personal care which staff constantly updated through an electronic care planning system to ensure care provided was consistent.
- Staff had a good understanding of people's conditions and used this knowledge to ensure people's needs were met safely. Staff told us they informed their team leader if people's needs changed and risk assessments were then reviewed and updated.
- Prior to care starting, assessments were carried out of the environment to ensure care could be provided safely. For example, that there was sufficient room to safely use a hoist.

Staffing and recruitment

- People told us staff were on time and they had not missed care visits. One person said, "I have the same staff looking after me, now and then I see [Provider] who is also lovely, but I am very happy with the

consistency of staff. They arrive on time, if they are late, they let me know and they will stay and do extra jobs if they have time."

- Staff told us they were able to spend the full-time supporting people which enabled them to carry out additional tasks. Staff told us recruitment had been challenging, however, to ensure people continued to receive care promptly the provider's representative also carried out personal care.
- The provider operated robust recruitment processes to ensure staff recruited were safe to work with people. A range of recruitment checks were completed including obtaining references from previous employers and a criminal records check.

#### Managing medicines safely

- Staff were trained in medicines management and had regular checks of their competency.
- Where staff managed people's medicines these were ordered in a timely way, stored safely and people received them as prescribed.
- People told us they were supported as much as possible to take their medicines independently. One person said, "They have to pop them out of the pot for me, but I keep taking my tablets myself. Some days I can manage more than others, like using the creams, but every time they know I want to be independent."

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. Training specifically related to COVID-19 had been provided.
- People told us staff used appropriate PPE when they provided care. We saw the service had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic. One person said it had taken them a while to get used to staff wearing all their PPE but staff always wore this and adhered to good hand hygiene practices.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 needs were assessed before the service commenced to ensure staff were able to provide the care required. People told us they and their advocates were fully involved and said their assessment was comprehensive. One person said, "They came to see me and my daughter and asked us a lot of questions, it took ages to go through it. But they wanted to be sure I was happy with things and that they could give me the care I wanted so it was good."
- Assessments completed were robust and covered a broad range of areas. In addition to assessing people's health needs, assessments included how staff could meet people's individual needs and preferences.
- Staff worked closely with health professionals when necessary and assessments of people's needs incorporated these treatment plans. This helped to ensure people received care that followed best practise.

Staff support: induction, training, skills and experience

- Staff completed an induction and their competency was assessed before they provided care unsupervised.
- Staff had regular training as well as annual updates in areas such as safeguarding, moving and handling and infection control. Staff said they were able to access additional training to support them in their role, and the provider was in the process of developing roles for staff to be a champion for various roles. These were roles where staff were provided with additional training to be a specialist in an area such as dementia care to act as a mentor to other staff.
- Staff told us they felt supported by the management team, and were provided with supervision. One staff member said, "I feel really well supported."

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

- People and their relatives said where help was needed to prepare meals this was carried out. People told us when staff left, they always left drinks and snacks within reach, and encouraged people to eat and drink when visiting.
- Assessments identified whether people had special dietary requirements and also identified if people had experienced weight loss. Where required, staff ensured a referral to other professionals was made promptly if any concerns were identified.

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

- Staff worked collaboratively with other healthcare professionals when people's needs changed. They had

developed relationships with professionals, such as GPs, district nurses and social workers.

- People and their relatives told us staff were quick to refer people to healthcare professionals and followed the guidance that arose from these appointments. One person said, "If and when I need to see the doctor I just ask, and [staff] arrange it. [Staff] have said to me lots of times that if I ever need help getting to an appointment, they will take me, they are so kind."

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 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 had received training and provided examples of where people-maintained choice and control over their lives. Staff told us about ways they supported people in the least restrictive way.
- People confirmed that staff sought their consent prior to giving care or assistance. One person said, "They always ask me before getting on with things and listen to me when I say how I want things doing. I like it that they also explain things to me and because I can be a bit forgetful, so they always check again."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a strong person-centred culture, with staff who went out of their way to ensure people were treated well. People and their relatives told us staff were kind, caring and compassionate. One person said, "Everyone I see from Visiting Angels is very caring and gentle with me. They are all so thoughtful, kind and tender, really caring carers indeed." A relative said, "From day one my [relative] had excellent care and was treated with kindness and respect."

When new staff began working with people they were introduced to them to get to know each other and to ensure staff would meet people's needs. One relative said, "If a new [staff member] started they would introduce them. Once the [staff] were established, any new member of staff would be introduced to [person] by the manager or lead staff. Over the weeks we got to meet most of the staff and had no reservations about their abilities."

- People were supported by a small consistent team of staff which helped maintain consistency when providing care. Staff spoke passionately about the people they care for. Staff had received equality and diversity training and told us they treated people as individuals and disregarded stereotypes. They told us they emphasised including people in their care and respected the differences between them. People and relatives confirmed this approach.

- This approach to providing care helped develop among staff a non-discriminatory culture that promoted and respected the rights of people with a protected characteristic were respected. Protected characteristics are characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Care plans clearly set out how people preferred to receive their care and their regular routines.

- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes. One person said, "I can read my care plan any time, I do read it and it is correct."

- The provider was able to support people to access advocacy services should they need to.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well, listened to their views and followed their wishes about how they were cared for. One person said, "One of the things I like best is that they do things the way I want and listen to me. They get the small things right, which are the important things. My care is based on my needs, not anyone else's, and if I want things changed I just say."
- People's life history, interests, choices and preferences including those related to the protected characteristics under the Equality Act 2010 were documented in their care plans.
- Staff shared information and updates about people's needs and wishes promptly via email and messaging services. This helped to ensure staff delivering their care had the most relevant and up to date information to provide consistent care. One relative said, "The approach taken by all of the [staff] was first class. Having got to know most of them well gave me confidence in the care mum was receiving."

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.

- People's communication needs were identified during their initial assessment and documented within their care records.
- Information could be made available to people in the format that met their needs. For example, large print. One person's relative told us when their relative approached their end of life they were partially sighted and found hearing difficult. They told us that staff continued to communicate well with them despite these difficulties and found ways to ensure this person could understand the information given to them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people knew who to speak with if they were unhappy and wished to make a complaint. People's complaints were resolved to their reasonable satisfaction, apologies were provided, and people were kept fully informed of the complaint's progress
- People and relatives were confident that if they did have a complaint they would be listened to and the issue addressed.

End of life care and support

- End of life care was not being delivered at this time, however staff had supported people positively in the past with their end of life needs. We were contacted by a relative of a person who had received end of life

care. They told us, "Despite the circumstances, we were always glad to see [staff member]. We trusted them completely and they went out of her way to be helpful and supportive, not just to our [relative], but to our whole family."

- People had been asked about their preferences for the end of their life and work was ongoing to ensure these were documented in their care records.
- Staff worked collaboratively with a range of health professionals when people were at the end of their life. A second relative said they would discuss any issues and make decisions on what actions to take. In the last weeks of their family member's life, regular support had also been provided by district nurses at staff's request. This helped ensure dignified care as the person's health deteriorated and gave the family confidence and reassurance.
- Staff had received training in supporting people at the end of their life and worked with local hospices to support staff development.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- At the time of the inspection the service did not have a manager registered with CQC. However, a manager had been appointed and had started work for the provider. An application to register had been submitted.
- The provider and newly appointed manager had a quality assurance system to support continuous improvements to the service and to ensure good governance practices. They told us they were further developing their governance to fully embed this. As they were a small organisation, the provider's representatives carried out most checks themselves, without always documenting the outcome of these. They told us with the recruitment of the new manager this would enable them to continue to develop monitoring systems to support expansion of the service.
- The provider was actively seeking ways to improve the service. For example, the manager had recently implemented an audit tracker to improve their oversight of the service.
- The provider maintained a service improvement plan which they would review with the manager and staff. We saw the provider's systems had identified areas for development within their improvement plan, such as developing a training network within the service, development of MCA and developing trackers for incidents, call timeliness and missed care visits. This demonstrated the provider was aware of areas of management that required further development.
- The provider's ethos was to be open and transparent with people and staff, share ideas and be open to suggestions. Where opportunities for learning presented themselves, these were discussed as a collective. For example, the provider was looking to further develop staff through a training scheme to develop staff to be role models. This would give them an opportunity to act as mentors for other staff and further develop the quality of care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the duty of candour and their legal obligations towards this. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.
- The service, however, did have an open, transparent culture and staff were all committed to improving the care provided and learning from any incidents or complaints. One staff member said, "If things aren't right, if we can do things better, or if we learn something from when things go wrong, then [manager] is always wanting to find ways to change."

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

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes and needs.
- People told us they were happy with the support they received and felt in control of their care. The service had a stable staff team who knew the needs of people using the service well. The continuity of staff had led to people developing meaningful relationships with staff.
- Staff were enthusiastic and passionate about giving people the very best support they could. They understood the provider's vision and values and the ethos of the service. One staff member said, "I love working here, I worked for big companies and found we didn't have the time. Here there is continuity, we get the time to spend with people, so we know if something is not right from day to day."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider gained people's views with a regular survey sent out quarterly. The last results showed overwhelmingly that people were happy with their care.
- Staff attended regular team meetings, were clear about their roles and understood what the provider expected from them. Staff spoke positively about the management team. One staff member said, "[Provider] is really supportive they are on the end of the phone, they always listen and takes our opinions on board."
- Staff were also able to share feedback and ideas about how to improve the service via a staff forum and supervision meetings. Staff told us that ideas they had raised previously had been listened to and acted upon.

Working in partnership with others

- The provider had systems in place to support people to access other services when needed to support their health and wellbeing. The provider and staff closely monitored the care people received to ensure any necessary referrals for additional support were made in a timely manner.
- Staff worked very closely with other health and social care professionals. This supported them to provide a good continuity of care and achieve positive outcomes for people. We saw that links had been made with a local training and support company that the provider felt could help to further develop staff and the organisations.