

Dunamis Social Care Limited Dunamis Social Care

Inspection report

Premier Business House, 43-45 Sanders Road Finedon Road Industrial Estate Wellingborough Northamptonshire NN8 4NL Date of inspection visit: 07 June 2022 08 June 2022

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Ratings

Overall rating for this service	Good
Is the service safe?	Good •
Is the service well-led?	Good •

Summary of findings

Overall summary

Dunamis Social Care is a domiciliary care agency. It provides personal care to people in their own homes. The service provides support to older people, including people with dementia and younger adults. At the time of our inspection there were 42 people using the service.

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

People told us they felt safe receiving care from the staff. Staff we spoke with were trained and knowledgeable in safeguarding procedures.

Risks were assessed. Checks and monitoring processes were in place to keep people safe.

Medicines were administered safely by trained staff.

Prompt action was taken in response to incidents, to ensure lessons were learnt.

There were enough staff working at the service to keep people safe and meet their needs. Staff were recruited safely and trained to provide care safely.

Audits and checks were in place. Records we saw, were being accurately monitored and kept.

Staff were well supported within their roles and felt able to approach management with any concerns or requests for support.

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

Rating at last inspection and update.

The last rating for this service was requires improvement which was published on 16th February 2021.

Why we inspected

The inspection was prompted in part due to concerns received about safe recruitment procedures. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of

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this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Dunamis Social Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good ●
The service was safe. Details are in our safe findings below.	
Is the service well-led?	Good ●
The service was well-led. Details are in our well-Led findings below.	



Dunamis Social Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We 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 Health and Social Care Act 2008.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with three relatives of people using the service, three members of care staff, and the registered manager. We also communicated with the care staff team via email.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

•Before our inspection, concerns had been raised about safe recruitment of staff. We found no concerns in this area on our inspection. Safe recruitment procedures were followed. This meant that ID checks, right to work checks, references, and Disclosure and Barring Service (DBS) checks were carried out before staff began working within the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One staff member told us, "I work the hours that I am able to do, and no more. I don't feel pressured to pick up hours if I don't want to. The schedule is organised well."

•People and relatives told us that staff were generally on time. One person said, "They are usually on time, I get a call beforehand if they are going to be late due to traffic or something."

•An electronic system was used to plan and monitor care calls. Records we looked at showed that staff timings were mostly consistent.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from staff. One relative told us, "I have no concerns, [name] is looked after very well."
- Staff we spoke with had a good understanding of safeguarding procedures, and were confident that anything of concern would be followed up appropriately by management.
- Safeguarding concerns had been identified and referrals were made to the relevant authorities.
- Investigations had taken place to establish facts and measures were put in place to reduce the risk of harm for people.

Assessing risk, safety monitoring and management

- •Risks were assessed and systems were in place to ensure people were kept safe. Care plans we looked at covered people's care needs and the risks associated with them, and gave guidance to staff on what actions they should take.
- Risk assessments were monitored and reviewed on a regular basis by the registered manager.
- Staff told us they were confident in approaching management and always received feedback to concerns they raised .

Preventing and controlling infection

- The provider ensured staff had access to personal protective equipment (PPE). People told us they felt staff used PPE within their homes effectively and safely.
- Staff had received COVID-19 and hand hygiene training.

• We were assured that the provider was accessing testing for staff.

• We were assured that the provider's infection prevention and control policy was up to date. The provider also had an up to date COVID-19 policy and risk assessment in place.

Using medicines safely

•Medicines were administered safely and by trained staff. We checked medicines administration records (MAR) and found they were being completed accurately. Everyone we spoke with said they were happy with the support they received in this area.

Learning lessons when things go wrong

• The management team had worked towards improving the service after concerns were found at our previous inspection. We saw prompt action was taken to address any errors found. Staff we spoke with felt that any issues were communicated clearly with the staff team, to ensure lessons were learnt.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

• Staff told us they felt well supported in their roles. One staff member said, "The management are good and very helpful. They put things in order, They care about their team and understand their employees and consider the requests of their employees." Another staff member told us, "We get the support we need, and it helps us achieve our best potential. I don't feel pressured. The manager is always available to help with any issues."

•Checks and audits were in place, and any problems were identified and acted upon promptly by the registered manager.

•Action had been taken in relation to the findings of our last inspection, and improvements had been made in all areas that we looked at.

• The registered manager had a good understanding of regulatory requirements. They notified relevant agencies immediately of any incidents. This minimised potential risk to people.

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

• People and relative told us they felt the service was well run. One person said, "The management is very good. There is a consistent approach. They made changes for me when I had a hospital appointment, it was no problem." A relative said, "The staff and manager all have a good rapport with [name]."

• The registered manager had good knowledge about the people using the service, and understood their needs well. The staff team spoke positively about people, and were motivated to achieve positive outcomes for people.

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

•People told us they felt involved in their care, and that staff always considered their preferences and knew and understood them well. One person said, "The registered manager knows I will ring if I need something. They listen to me and understand when my needs change."

•People told us they were able to feedback on the service they received. One relative told us, "They make a point of ringing and checking if our circumstances have changed, or if the medication has changed." Formal opportunity to feedback on the quality of care was available via questionnaires. The registered manager was in the middle of collating the most recent questionnaire results.

• Staff felt well informed and involved in the service and team meetings were used to keep them up to date.

Topics such as PPE infection control, audits and spot checks were discussed in team meetings.

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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.

Working in partnership with others

• The registered manager was open and honest during our inspection. We saw that the registered manager worked with other health and social care professionals when required to ensure people's needs were met, and a flexible service was offered.