

Dunamis Social Care Limited

Dunamis Social Care

Inspection report

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Tel: 01933227135

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13 January 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dunamis Social Care is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 33 adults using the service. The services provided, include a reablement service to support adults in regaining their independence following an incident or injury. The service also supports people on an ongoing basis, which in some instances included live in support.

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

Staff recruitment procedures had improved. However, we have made a recommendation that any missing information on application forms is explored with the candidate and recorded. People said they were not provided with a rota to inform them which staff would be providing their care, and many told us they had experienced late calls. A majority of people told us they were informed if staff were running late.

Staff training in key safety areas promoted people's safety, which included staff knowledge and understanding of reporting potential safeguarding concerns, and following infection control procedures. Staff undertook tailored training to meet the specific needs of some people. People's records provided information about their medication. People's medication in most instances was managed by themselves or a family member.

Processes were in place to monitor the quality of the service provided. However, the analysis of information gathered through surveys sent to people was not timely. This delayed potential action being taken to improve the service. People's concerns and complaints were acted upon, however the information recorded regarding the concern, and the action taken was limited. Systems were in place to ensure effective communication and the sharing of information amongst the staff team and partner stakeholders to support the delivery of care.

Rating at last inspection

The last rating for this service was requires improvement (published 17 September 2019) Breaches of legal requirements were found in relation to staff recruitment and ineffective systems to monitor the quality of the service.

Why we inspected

We carried out a focused inspection of this service in August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they do and when to improve, Fit and proper persons employed and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to Safe and Well-led.

You can read the report from our last comprehensive 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 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was announced.

We gave the service 3 working days' notice of the inspection, and provided an explanation as to the inspection process, and to assure ourselves of the effective implementation of Covid-19 guidance when visiting the office.

Inspection activity started on 13 January 2021 and ended on 21 January 2021. We visited the office location on 13 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health care agencies who commission packages of care. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager during the site visit on 13 January 2021.

We spoke 6 family members who spoke on people's behalf by telephone on 19 January 2021. We spoke with 3 staff members by telephone on 19 January 2021.

After the inspection

We continued to seek clarification from the provider to validate evidence found and to request additional information. We requested information in relation to quality monitoring, minutes of meetings and information to support the recording and monitoring of staff training.

We sought additional information and clarification in response to comments and feedback that we received from people and family members.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to operate effective recruitment procedures to ensure staff were suitable for the role for which they applied. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Staffing and recruitment

- Recruitment procedures needed further improvement. Application forms were not always completed in full, which meant the provider did not have information about staff skills or work history, which meant they were unable to identify and explore gaps in employment. The registered manager told us they had seen some applicants' CVs (Curriculum Vitae). However there were no records to confirm this.

We recommend the provider ensures recruitment systems are fully implemented in line with their policy and procedure, and any missing information within application forms explored with applicants and recorded.

- Improvements to recruitment processes had been implemented. Staff health declarations were completed, and a record of staff interviews were kept. Systems had been introduced to ensure staff who were non-UK citizens were entitled to work.
- Staff records included character references and documents to confirm staff's identity. DBS (Disclosure Barring Service) checks were undertaken.
- Staff provided a good account of the training they had received as part of their induction, and told us how they worked alongside experienced staff as part of their induction. A programme of ongoing refresher training, and training in key topics related to people's care was provided. This enabled staff to meet people's needs, and promote their health, welfare and safety.
- Family members expressed confidence in the knowledge and ability of staff to provide support and care. A family member told us, "[relative] is bed bound and has to use a hoist. The carers know what they are doing. They are safe in their care. No problems, all very good."

Assessing risk, safety monitoring and management

- Most family members told us they had experienced staff not arriving on time, which in some instances had had an impact. A family member told us, "There was one time when I got fed up and washed and dressed my relative myself. It was 10.30 and they should have been coming between 08.30 and 9.30. Many said they were informed if staff were running late. A family member told us. "There have been one or two occasions of where they've been very late, but very apologetic."
- Family members spoke positively of the staff's approach to support them in regaining their independence.

A family member said, "They [staff] encourage them to do things themselves, and praise them for their achievements.

- Risks associated with people's care, support and environment were assessed, and kept under review. Measures to reduce risk were detailed within people's records, and included the use of equipment to support people with personal care tasks which required the use of a hoist, and by ensuring a safe environment in which to provide care.
- Staff received training and had their competence assessed where there was potential risk in the delivery of personal care. For example, where nutrition was provided via a tube directly into a person's stomach known as PEG (percutaneous endoscopic gastrostomy).
- Staff spoke confidently about the needs of people, and told us that any changes were documented in people's records and communicated amongst the staff team.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of safeguarding concerns raised, and had liaised with the local authority in line with local safeguarding protocols.
- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.

Using medicines safely

- Family members we spoke with told us they supported their relative with their medication.
- Staff told us, and records confirmed they had undertaken training in the safe management of medicine, which included training where people's medication was administered via their PEG.
- Electronic records were completed by staff to confirm people had taken their medication, these records were audited by the members of the management team.

Preventing and controlling infection

- A family member told us they had complete confidence in staff as they followed guidelines, wearing PPE (personal protective equipment), which included, gloves, aprons and masks. They told us, "I've always felt reassured. I've been locked away since March myself and have never felt unsafe. They [staff] all wear aprons, gloves and masks. They wash their hands a lot."
- Staff told us, and records confirmed they had undertaken training in infection prevention and control, which included the correct use of PPE. Staff said there were sufficient supplies of PPE and other equipment including wipes and anti-bacterial gels.
- The registered manager had provided information and guidance continually throughout the COVID-19 pandemic. This ensured staff had up to date information as to how to keep themselves and people using the service safe.

Learning lessons when things go wrong

- Staff had a good understanding as to the action they should take in an emergency, or when a person was feeling unwell.
- Staff were knowledgeable as to what and how they should report any information of concern, which included accidents and incidents.
- Incidents and accidents were recorded, which included the action taken. For example, referrals were made to occupational therapists for additional equipment in response to people falling when they were at home alone.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People's views about the quality of their care were sought through surveys. However, the most recent surveys of October 2020 had not yet been reviewed. This meant opportunities could have been missed to respond to people's comments and bring about improvement.
- Family members said improvements were needed with regards to timeliness and knowing who would be providing care. A family member said, "I think I would recommend them, it would be nice to know exactly when they're supposed to be coming." Many family members said they would recommend the service. A family member said, "I would recommend them. They [staff] have a laugh with my relative and are all friendly and nice."
- Family members told us their views about the service had been sought, either by telephone or via a survey. A family member told us, "No questionnaires, but they have asked if I'm happy with the service."
- Staff spoke of regular meetings and the sharing of information about people's care, and how their views were sought about any changes in people's needs. Staff said this approach enabled them to influence the care and support people received.

Continuous learning and improving care

- People's concerns and complaints were recorded. However, the quality of the information required improvement. It wasn't clear as to who had raised the concern, the individuals involved, and what action was taken in response to the issue raised. There was no ongoing monitoring to ensure any improvements had been sustained. The registered manager told us improvements in how information was documented would be made.
- Family members told us they were confident in raising concerns. A family member said, "I've always felt comfortable to voice any concerns. In the early days, two male carers arrived to support my relative, they felt quite uncomfortable, the agency were able to sort that out right away."

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- The registered manager understood their responsibilities, and had introduced a new staff role of Team Leader. The role had been created to support in the quality monitoring of the service to drive improvement.
- Meetings involving the management team, team leaders and staff were regularly held. Meetings were used to review the outcome of quality monitoring, and discuss any areas for improvement and plan for how, and who was responsible. Meeting minutes documented the progress of improvements. For example, staff had improved the quality of notes recording people's care.
- Family members were aware that records were audited for quality monitoring purposes. A family member told us, "A supervisor [team leader] has visited my relative separately to the carers to audit the folders."
- Staff spoke of how their performance was monitored through observed practice. Meetings were regularly held to inform them of any changes made to improve the quality of care people received.

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

- Staff spoke positively about the registered manager, and the support they received. Staff told us the registered manager was always available by phone, and if required would support them by working alongside them in the delivery of care.
- Staff spoke of their desire to provide high quality care, and spoke of how positive feedback from people using the service, and their family members was shared. They told us this lifted their spirits to know that they made a difference to people.
- Staff worked effectively as a team. A member of staff told us, "The registered manager encourages staff to work as a team, as this provides effective support, and working together improves the quality of care people receive."

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 understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

Working in partnership with others

- The provider worked with key stakeholders, and packages of care were monitored by partner agencies who commissioned the service to provide people's care.
- Commissioners told us continuous feedback was provided with regards to people who received the reablement service, and that care appeared to be of good quality, which was provided by supportive staff who achieved the best outcome for people.