

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 August 2019
08 August 2019
13 August 2019

Date of publication:
17 September 2019

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 providing personal care to 29 people with dementia, physical disabilities, sensory impairments, a learning disability or autistic spectrum disorder.

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

Recruitment procedures were not always operated effectively. Staff had a good knowledge of risks associated with providing people's care, including infection control. Their competency was assessed before they gave people their medicines. Staff knew how to identify, and report abuse to keep people safe. Accidents and incidents were reported and reviewed.

Systems and processes to monitor the quality and safety of the service did not always operate effectively. The registered manager did not identify gaps in recruitment files, when people's right to work in the United Kingdom had expired, or that records to identify when staff needed training, were not up to date.

People did not always receive care at the time they needed it and did not always know who would be attending to provide their care. The registered manager had implemented systems and processes to improve call times. However, implementation was in the early stages and needed to be further developed and embedded in practice to improve people's care experience.

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

Rating at last inspection

The last rating for this service was Good (Published 18 September 2018). At this inspection we found areas required improvement and some areas where the provider had breached the regulations.

Why we inspected

We received concerns in relation to recruitment, staff arriving late to provide people's care and not staying for as long as was needed. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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.

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 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 unannounced.

Inspection activity started on 07 August 2019 and ended on 13 August 2019. We visited the office location on 07 August 2019. We spoke with staff on the 08 August 2019 and people and their relatives on the 08 and 13 August 2019 by telephone.

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 professionals who work with the service. 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 four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records, training, and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for more information regarding safe recruitment checks, minutes of meetings and training. There was a delay in receiving the requested information.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

Staffing and recruitment

- Recruitment procedures were not always operated effectively. Staff files did not contain all relevant information, to demonstrate staff had the appropriate checks in place, and had been safely recruited. Such as references, health declarations and records of staff's interviews. Application forms had not always been fully completed, this meant the provider did not have information about staff skills or work history and were unable to identify any gaps in employment.
- There were no systems and processes in place to identify when staff's permission to work in the UK was due to expire. One staff member's visa had expired. Whilst the provider had sought evidence the staff member had applied to renew their visa, there was no evidence of a right to work check being undertaken. Another staff member had worked for six months after their student visa expired. When this was identified by the registered manager prior to the inspection, their employment was terminated.

The provider failed to operate effective recruitment procedures. This was a breach of Regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager undertook right to work checks for staff that needed permission to work in the UK. They provided copies of references and risk assessments missing from people's recruitment files.

- People told us, they often received care later than planned. One person said, "Staff timekeeping is not great, today they were two hours out." Another person said, "Yesterday and today has been an issue as they are short staffed, they were an hour late." A further person said "Sometimes staff are very late. I am sitting here waiting to go to the toilet and get pains in my tummy holding it in. I then don't want to drink as I am filling up more." Records evidenced late calls.
- People told us, staff did not always stay for the duration of the call. One relative said, "They are there 10-12 minutes then gone, they never stay the full half hour." People did not always know which staff would be attending to provide their care. A relative told us, "We never know who is coming." Another relative said, "It would be good if we did know who was coming, even if roughly."
- Travel time was not always enough and did not allow for known challenges such as roadworks. One staff member told us, "Getting from one call to another can be difficult. It can make us late if we have to go 20 minutes to the next call." The registered manager was monitoring staff whereabouts and acting to address timekeeping. We found whilst there had been some improvement, due to poor scheduling and timekeeping, people were still experiencing late calls and staff did not always stay for the duration of the call.

Systems and processes to safeguard people from the risk of abuse

- Most people told us they felt safe receiving care from the service. The registered manager undertook 'spot checks' to ensure staff were delivering care as planned and were using equipment safely. One person told us, "The staff have to complete the book. The manager checks it, makes sure they have done what they should. The carers know what they are doing."
- Staff were trained in safeguarding procedures and knew the potential signs to look for that could indicate abuse. Staff told us they would immediately report any safeguarding concerns and were confident they would be acted on by the registered manager to keep people safe. They also understood how to raise any safeguarding concerns with external agencies. One staff member told us, "I would raise with management and if nothing was done, I would take it further and phone the council. If it was a serious issue, I would call the police."

Assessing risk, safety monitoring and management

- Risk assessments for falls, skin wounds eating and drinking enough, and specific health needs had been completed. However, we found risk assessments for skin damage and for people at risk of not eating and drinking enough had not always been reviewed monthly as per their care plan.
- Staff had received training to meet people's individual care needs. A relative told us, "Staff have had training for the [feeding tube] and have been discussing with physiotherapists what they can help with."
- Staff told us they had received training to use equipment in people's homes. One staff member said, "I feel confident using equipment, I did training and was taught how to use the hoist." Staff knew about individual people's risks. One staff member told us, "We get time to read risk assessments. Skin care is one of the most crucial things I have to do, I make sure I reposition people."

Using medicines safely

- People told us staff always made sure they received their prescribed medicines. Staff had received training to administer medicines, and their competency had been assessed. One person told us, "Carers do my medicines. They are all dished up nicely, I have no problems with them."
- Medicines Administration Records (MAR) were audited. Not all audits were available for review during the inspection. Of those available we saw the service had identified where improvements were required and acted to address these. For example, it was identified one staff member had not recorded why medicines were not given, such as when people did not wish to take their medicine. This was addressed directly with the staff member.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. They had a good knowledge of infection control procedures. They had received infection control training. One person said, "Staff wear gloves and aprons and wash their hands."

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. These were reviewed by the management team to identify themes, trends, learning and actions required to reduce risk to people. Records showed action had been taken to reduce the risk to people following an accident. One person was experiencing falls when care staff were not present. A referral had been made to healthcare professionals to identify measures required to reduce the risk of falls.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

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

- The registered manager understood their regulatory requirements. However, in recent months due to changes in staffing, the registered manager had been delivering care to people to ensure visits were not missed. This had impacted on the registered manager's ability to undertake their role effectively.
- Quality assurance systems and processes were not always effective. They did not identify risk assessments had not been regularly reviewed or that information was missing from staff recruitment files. There were no systems and processes in place for the registered manager to identify when staff's right to work documentation expired, so they could check they had the right to remain working in the UK.
- Records identifying when staff needed refresher training, were not up to date at the time of inspection. This meant the registered manager was not able to easily identify when action needed to be taken to organise staff training.
- The registered manager did not always know where information required to evidence compliance with the regulations was stored. For example, they were unable to locate all medicines audits and safe recruitment checks during our inspection. This meant we could not be assured audits had been undertaken to ensure people received their medicines as prescribed.
- The registered manager told us they were 'behind' completing some audits of the service. For example, at the time of the inspection they were auditing call monitoring data from May 2019 visits. Whilst the manager was monitoring calls daily, the lack of audit meant they had not formally reviewed whether there were any themes in relation to call times, to make further improvements to people's call times. The local authority had identified this as an area for improvement in January 2019.
- Following the inspection, we asked the registered manager to provide us with information to validate our findings. There was a delay in receiving the requested information.

The provider 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.

- Staff were clear about their roles and responsibilities towards the people they supported, and felt listened to by the registered manager.

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

outcomes for people

- People told us their care was not always delivered at the time they needed it or knew who would be attending to provide their care. A relative told us this meant, "I can't go out as I never know when staff are going to be here." This meant their care was not always person-centred.
- People told us, if they needed care outside of their planned call times due to a change in their needs, this was accommodated. A relative told us, "There was one time when [name] was not very well. I called to ask if staff could reposition them and they sorted it." A staff member said, "They [service] do lots of extra things for people when they need it. It's not paid for. It's really caring."
- The registered manager told us, they strived to provide good person-centred care and were taking action to address issues with call times. A staff member told us, "[Registered manager] has talked about us being late over and over again, as they don't want staff to be late as they care."
- Staff felt supported by the registered manager and told us, "The management team are very supportive, I always call [registered manager] or send a text if I have any concerns and they always get back to me." And "[Registered manager] is really kind and makes staff feel like family."

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 open and honest with us during our inspection. They were aware of their responsibility to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow, and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People and their relatives told us the registered manager was in regular contact with them to seek feedback on their care experience. One person told us, "The manager comes to see me once a week, to check if there are any problems."
- Staff meetings enabled them to keep updated about changes within the service and to provide feedback. Staff told us, the registered manager had discussed with them the need to attend calls on time and stay for the duration of the call.

Continuous learning and improving care

- The registered manager had identified areas for improvement. The registered manager told us, they checked the electronic call monitoring system daily to identify pattern and trends in relation to call arrival, departure times and the duration of calls. They told us they were addressing concerns through supervisions and team meetings. The registered manager told us, they planned to implement a new system whereby staff could only log into the call when in a person's home. This would provide the registered manager with more accurate data regarding people's call times.
- The service had identified additional support was required to implement more robust quality assurance checks, and to ensure audits were completed in a timely manner. A care co-ordinator had been recruited to assist with this.

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority, to ensure the service developed and people remained safe.
- Staff worked closely with other health professionals such as speech and language therapists, community nurses and GP's which enhance the health and well-being of people. A relative told us, "They have been

proactive working with health professionals, they met last week with the nutritionist and physiotherapist."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were operated effectively.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to operate effective recruitment procedures to ensure staff employed were of good character, by reason of their health able to perform the work for which they were employed or have the qualifications, competence, skills and experience for the work performed by them.</p>