

## Care Dynamics (Yorkshire) Limited

# Low Hall

### Inspection report

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### 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

Care Dynamics Yorkshire Limited is registered as a domiciliary care agency and provides a range of services including personal care to children, people living with a learning disability, older people, people with physical disabilities and/or sensory impairment, people with mental health needs and people who have sustained a head injury.

We inspected Care Dynamics Yorkshire Limited on the 10, 24 August 2017 and the 5 September 2017. We announced the first day of inspection 48 hours prior to our arrival to make sure the registered manager would be available. This was the first inspection of the service since it moved location.

There was a registered manager in post. 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.

People told us they felt safe having their care and support provided by Care Dynamics. We found staff had received training in safeguarding vulnerable people and were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy and told us they were certain any concerns they raised would be taken seriously by the registered manager.

Care records contained assessments that had been completed before people started to use the service. They were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured staff could meet people's needs and the information gathered was used to develop support plans and risk assessments.

We found support plans were person centred and contained detailed information that guided staff on the level of support people needed to meet their health and social care needs. Care records were reviewed regularly to ensure they reflected people's needs and there were detailed risk assessment in place.

People's nutritional needs were met and people were encouraged to eat a varied and balanced diet. People told us staff treated them with kindness and respect and promoted their independence and right to privacy.

There were a sufficient number of staff employed for operational purposes and the staff recruitment process ensured only people suitable to work in the caring profession were employed. Staff received the training, support and supervision they needed to carry out their roles effectively.

The service had an infection control policy which gave staff guidance on preventing, detecting and controlling the spread of infection. Staff had received training on infection prevention and control.

The registered manager demonstrated a good understanding of their responsibilities under the Mental

Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions. The registered manager and staff were aware of the process to follow should a person lack the capacity to consent to their care.

People told us they had been consulted about their care records and felt involved in how their care was provided. People told us the staff were friendly and they were always supported by the same staff, who knew them well. The service placed importance on helping people to maintain relationships and promoted social contact. The care records we looked at contained information about people who were important to them.

We found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully and with warmth about people who used the service.

During our inspection we found both directors of the company, one of whom was the registered manager to be enthusiastic, caring and committed to providing a quality person centred service. We found they worked closely together and demonstrated they had a shared vision of the service they wished to provide.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Leadership within the service was well structured, open and transparent. This resulted in a caring culture that put people using the service at the centre.

## 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.

People told us they felt safe receiving care in their own home.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

People were supported to receive their medicines safely.

There were environmental and individual risk assessments with up to date plans in place to reduce and manage risks to people.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had a general understanding of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

### Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were treated as individuals and were involved in planning how they wanted their care and support to be delivered.

### **Is the service responsive?**

The service was responsive.

Support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service and their relatives knew how to make a complaint if they needed to.

**Good** ●

### **Is the service well-led?**

The service was well led.

People who used the service and staff told us the registered manager was open and approachable.

Senior management created a positive culture within the service that made staff and people who used the service feel included, valued and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

**Good** ●

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## **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 was planned to check 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.

We visited the provider's offices on 10 August 2017 and the 5 September 2017. The first day of inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete a Provider Information Return (PIR). 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the visit to the provider's office we looked at the care records for people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service. We also spoke with both director of the company one of whom was the registered manager and two care co-ordinators.

Following the visit to the provider's office we carried out telephone interviews with two people who used the service and nine relatives. We also spoke with nine care staff.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe having their care and support provided by Care Dynamics staff." One person said, "There is nothing in particular they do to make me feel safe or unsafe, just their general demeanour is great." Another person said "I feel like I can talk to them (Staff) about anything – more like friends so I call them my PA's rather than carers.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse and when and how to report any incidents. There was also a whistle blowing policy in place. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any concerns with the registered manager they would be dealt with appropriately. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

The records we looked at showed the service kept a log of any accidents and incidents. This included information about the incident, who the incident was reported to both inside and outside the service and any action taken to minimise the risk of a similar incident occurring again.

We saw there was a recruitment and selection policy in place. We looked at two staff employment files and saw they contained an application form including a full employment history, interview questions and answers, health declaration, at least two professional references and proof of identity which included a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, sickness and disciplinary procedures. This information helped staff understand what was expected of them on employment.

The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable people had been made. One person said, "The recruitment process perhaps took a little bit longer than I expected but it was thorough and actually reassured me the agency were professional in the way it operated." Another person said, "I attended an interview and was kept informed of the progress of my application but was not allowed to work until all the checks had been made and references received, which is the way it should be."

The registered manager confirmed the agency employed sufficient staff for operational purposes and staff recruitment was on going. The staff we spoke with told us their minimum visit time was one hour which allowed them sufficient time on each visit to carry out the level of support people required. They also told us

the systems in place allowed people's needs to be reassessed if staff felt the time allocated was insufficient to meet their needs. This showed us the registered manager and staff were proactive in ensuring people received appropriate care and support.

Policies and procedures were in place in relation to the safe administration of medication in people's own homes and the registered manager told us staff had to complete medication training before being allowed to administer medicines. This was confirmed by the staff we spoke with. We found the medication administration records {MAR} we looked at had been completed correctly by staff and were returned to the office on a monthly basis for audit purposes.

We saw each person had a medication profile in place which included information about the medicine prescribed and any possible side effects. Protocols were in place for medicines prescribed on an 'as and when required' (PRN) basis. These provided guidance to staff on the circumstances under which the PRN medicines could be administered. For example, we saw one person was prescribed a medicine to treat anxiety which was only to be administered PRN. The protocol in place made it clear to staff the medicine should only be administered as a last resort and after distraction methods had been used and failed.

People who used the service and their relatives told us they received their medicines on time and raised no concerns about the competency of staff. One person said, "They (staff) make sure I get my medication on time and that I don't run out tablets, it works really well."

We saw detailed risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. The risk assessments we looked at included the risk of falling, pressure sores, manual handling, mobility, finance and medication. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that staff received training in infection prevention and control. People who used the service and staff we spoke with told us PPE was always available and used. One person said, "I have noticed that they (Staff) always use protective equipment and are particular about hygiene."



## Is the service effective?

### Our findings

People we spoke with told us they received the care they needed when they needed it. One person said, "I never feel that I am being made to do something I don't want to do. I still choose my own clothes and what I want to eat and drink and I appreciate that." Another person said, "We have noticed that the carer that visits our relative always makes time to sit and have a chat and a drink, which allows them to feel more comfortable with the carer."

The registered manager told us they were committed to providing staff with the training they required to carry out their roles effectively. They said that all new employees completed induction training and did not work alone until they felt confident and competent to do so. The registered manager also told us new staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

In addition, we saw all staff updated their mandatory training such as safeguarding adults/children, medication and moving and handling on a regular basis and completed training specific to the needs of the people they supported for example, epilepsy and autism training. We also saw one person who used the service and was diagnosed with autism participated in the autism training course to give staff a better insight in to how it affected their daily life.

The staff we spoke with confirmed they had received an induction and said it had been helpful for them in understanding their roles. One staff member said of the induction, "It was excellent I really learnt a lot." Another said, "Although I had worked in the caring profession before I joined the Care Dynamics I still had to complete the induction training and actually found it really useful."

Staff also told us the training provided by the agency was comprehensive and they confirmed they updated their training on a regular basis. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Formal supervision provided each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs.

The staff we spoke with were very positive about the support they received. They told us they received regular supervision and could contact the registered manager at any time. We saw supervision audits were carried out to ensure staff received supervision and appraisals in line with the policies and procedures in place.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of an assessment of their care needs. We saw if people who used the service required staff to assist or support them to prepare food and drink information was present within their support plan. For example, the support plan for one person who was at risk of choking gave clear guidance to staff on the type of diet they required and how they should be assisted to eat their meal.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. They told us they had built up good working relationships with other health care professionals and staff always followed their advice and guidance.

We checked whether the service was working within the principles of the MCA. 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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in decisions about the care they received and how they ensured people gave consent before care and support was provided.

The registered manager confirmed that if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

## Is the service caring?

### Our findings

The provider information return [PIR] completed by the provider showed that all staff received training in Equality and Diversity and valued people as individuals. This was reflected in the comments made by people who used the service and their relatives.

One person said, "Because of our culture it is important that female carers visit and that dignity is preserved and the staff do this really well." Another person said, "The staff are hardworking, conscientious, well-trained and culturally aware – they're great."

The registered manager told us to make sure staff were suitably matched to the people they supported they were always sent a personal profile of the staff member they considered had the skills and experience to meet their needs. We saw the profiles provided information about the support workers background, interests, training and qualifications. This meant people who used the service were able to choose who they wanted to provide their care and support. We were also told staff were always introduced to people before any service started. This was confirmed by the staff we spoke with.

The people we spoke with told us being able to meet the staff prior to the service commencing was excellent and having a copy of their personal profiles enabled them to make an informed decision about whether or not they had the training, skills and experience to meet their needs. One person said, "It's like a try before you buy scenario because I looked at the profiles of the carers before anyone came to see me and I could choose who I wanted (to an extent)." Another person said, "They try and match personalities, as well as meeting needs, the only time this changes is if they need cover for sickness, but it all works out well."

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

Staff told us they had time to get to know people and supported the same people regularly. One staff member said, "I have never been thrown in at the deep end. I have always been introduced to people before I started to support them and shown what to do." Another staff member said "What I really like about the agency is that you always get to meet the person you are going to support before the service starts which in my experience is very unusual in the home care sector."

We found there was a caring ethos amongst the staff we spoke with and they had clearly established good working relationships with the people they supported and had a good understanding of their care needs. They recognised the importance of treating people as individuals, with dignity and respect and showed awareness and a sound understanding of the individual preferences and care needs of people they supported.

We saw all staff including office based staff were encouraged to sign up to be a Dignity Champion. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

People told us they were involved in making decisions about their care, treatment and support. They and their relatives felt 'in control' of the care and support provided and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by the support plans we looked at which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People told us they felt confident their views were listened to, valued and acted upon. One person said, "I insist on my thoughts being actioned in the support plan – it's not an option to ignore me!"

We saw the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

We saw the registered manager encouraged people to maintain close relationships with family and friend and if required provided transport to enable them to do so. We also saw people were supported by staff to attend outpatient appointments and social events as part of their agreed support plan.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information was restricted and only made available on a 'Need to know' basis. Staff told us they understood and respected people's right to confidentiality and confirmed maintaining confidentiality at all times was an important part of establishing a trusting relationship with the people they supported. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

## Is the service responsive?

### Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out and they were given a customer handbook/guide which provided information about Care Dynamics and the range of services they offered. We saw the handbook/guide was available in an easy read pictorial format and the registered manager confirmed it could be made available in different languages if required.

The relatives we spoke with told us they felt the information provided was informative and helped them to decide if the agency could meet their needs. One person said "I was impressed with the way the initial meeting was carried out. It gave me confidence in the agency and their ability to meet (Name of person) needs."

People who used the service or their relatives told us they had been fully involved in planning their care and support and we saw everyone who used the service had a completed a profile called 'All about me' which included information about their interests, preferences and their likes and dislikes.

We saw people were able to choose the staff that supported them which helps to ensure they are compatible in terms of interests, cultural, religious beliefs, age and sex. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

We looked at three support plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed at least annually or sooner if there was a significant change in the care and support they required. This helped to ensure people received care that was responsive to their needs and personalised to their wishes and preferences.

We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office. This was confirmed by the relatives and staff we spoke with. We saw documentation relating to people's care and support could be provided in easy read pictorial format or in different languages to ensure everyone could engage and understand the process and the agreed course of action.

The records we looked at showed the care co-ordinator contacted people on a regular basis to ensure their support plan was still appropriate to their needs. The people we spoke with and/or their relatives told us they were encouraged by the agency to be involved in reviewing their support plan and felt their contribution was valued. One person said, "I had a care review recently and I felt comfortable enough to be able to make my feelings known and be able to discuss them openly and honestly – it felt good." Another person said, "We are involved in our relative's care plan and welcome the chance to have this input."

The staff we spoke with told us they found the support plans helpful and informative, enabling them to

provide safe, effective and responsive care. They told us the support plans provided accurate and up to date information and if they noticed any changes in people's needs they passed this information on to the registered manager or a care co-ordinator who ensured their needs were reassessed and the support plan updated.

The people we spoke with and their relatives told us in their experience the agency had a flexible approach to providing care and support and they were able with reasonable notice to change the time or duration of their visit to fit in with prior engagements or appointments.

Most of the people we spoke with reported no problems when contacting the office to arrange changes to their care package and always found the care co-ordinators and office staff very helpful. However, some people felt at times the office based staff did not always pass on messages. As a result people told us they tended to email everyone in the office to ensure the right person got the message. This was discussed with the registered manager who took immediate action to address this matter.

The registered manager told us people who lived alone in the community were invited and supported to attend the charity coffee morning held by the service and access other community events. In addition, last year they had liaised with a local church to provide Christmas lunch for ten people at their office premises and had recently set up a 'customer committee.' The registered manager confirmed the emphasis was to ensure people who lived alone did not become socially isolated and had input in to how the service was managed and developed.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. The registered manager told us although they had not received any recent complaints they encouraged people to raise concerns with them and were proactive in dealing minor concerns before they escalated further.

The people who used the service and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One person said, "We know how and where to complain and we would certainly not worry about contacting someone if needed." Another person said, "If we have an issue we ask the carer's advice before complaining, usually it can be sorted there and then."

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they thought the service was well managed. They said Care Dynamics had a positive ethos and clear set of principles and values. One person said "I have no doubt at all that the management and staff always put people first and are committed to providing person centred care."

There was a registered manager in place and a clear management structure. The registered manager and other senior staff had clear areas of responsibility and staff knew who their line manager was and how to contact them.

During our inspection we spoke with both directors of the company one of whom was the registered manager and found them to be enthusiastic, caring and committed to providing a good quality person centred service. We found they worked closely together and were able to clearly demonstrate they had a shared vision for the service and kept themselves updated with current guidance and legislation through a combination of attending local provider groups and updates from professional bodies.

The staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included providing people with choice, freedom and control. All the staff we spoke with said how much they enjoyed working at Care Dynamics and spoke positively about the registered manager and senior management team who they described as being approachable and supportive. They were aware of the arrangements in place for contacting senior management out of normal office hours and staff told us they never had difficulty contacting a manager if they had a problem.

We saw policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual staff members should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated the open and inclusive culture within the service.

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of this. Records demonstrated regular audits were carried out to identify any shortfalls in the quality of care people received. The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. We saw quarterly reports were also completed which reviewed how effectively the service was operating. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us as part of the quality assurance monitoring process people were contacted by telephone and senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.

The relatives we spoke with confirmed were contacted by the registered manager or care co-ordinator on a regular basis and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully involved in people's care and support. The registered manager told us feedback from people who used the service and/or their relative's was seen as an integral part of the quality assurance monitoring process and their views and opinions were always valued and acted on.

We saw staff were kept informed of any changes to policies and procedures and general information about the service through staff meetings and the monthly 'team brief' newsletter. We also saw an annual staff survey was carried out to ensure they were satisfied with the training and support they received and each month staff were asked to nominate a colleague for the 'employee of the month award.'

In addition, we saw individual staff members were entered annually in different categories of The Great British Care Awards and had over recent years won a number of prestigious awards. This showed us the service was committed to ensuring staff felt valued and recognised their efforts had contributed to the success of the business.

We also saw the service had signed up to the Social Care Commitment. The Social Care Commitment is an agreement about improving workforce quality and providing high quality services in adult social care. Its primary purpose is to ensure public confidence that people who need care and support will always be supported by skilled people who treat them with dignity and respect.

All services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager confirmed they were aware of the need to notify the CQC of all significant events which affected people's care and support in line with their legal responsibilities.