

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Suite 4 Wessex House

St Leonards Road, Charminster, Bournemouth,
BH8 8QS

Tel: 01202759965

Date of Inspections: 22 March 2013
21 March 2013
20 March 2013

Date of Publication: May
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Dynamics Limited
Registered Manager	Mr. Johannes Beukes
Overview of the service	<p>Care Dynamics supports people with complex needs arising from learning disabilities to live in their own homes.</p> <p>Care Dynamics also runs an employment business which supplies nursing homes, care homes and hospitals with care workers. This part of their business is not regulated by the Care Quality Commission.</p>
Type of services	<p>Domiciliary care service</p> <p>Supported living service</p>
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	11
Supporting workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 March 2013, 21 March 2013 and 22 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by commissioners of services.

What people told us and what we found

During our inspection we spoke with three people who use the provider's services, three care workers and two managers.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care. They spoke highly of the staff who supported them. For example, one person said their care workers were polite and kind.

People experienced care, treatment and support that met their needs. They expressed satisfaction with the care they received. For example, people told us that they were supported to do activities they enjoyed.

People using the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All the people we spoke with told us they felt safe with their care workers.

There were enough qualified, skilled and experienced staff to meet people's needs. People told us they had a regular team of care workers who turned up when they expected them.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider had effective systems in place to assess and monitor regularly the quality of service that people receive, and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care. Their diversity, values and human rights were respected.

People told us that they had been consulted in the planning and review of their care. They said that care workers encouraged them to do things they wanted to do. For example, people told us about how they had been supported to settle in their own accommodation and to access local facilities such as libraries. This showed that people were supported in promoting their independence and community involvement.

People's care and support plans were stored on file at the main office and at their homes, where they could have access to them. We noted that people had easy read versions of their care and support plans that summarised their preferences, care needs and how staff should support them. We noted that the provider's information pack contained standard and easy read leaflets, including local authority information on making complaints. Similar easy read information was displayed in a room used by people when they visited the provider's office. This showed that people were given appropriate information and support regarding their care.

The provider may find it useful to note that not all people's care and support plans, including the easy read versions, bore the person's signature or other evidence that they had been involved in drawing the plans up.

We noted that assessments and care and support plans acknowledged people's values and preferences. For example, one person's care and support plan stated that they had "devised [their] own essential life plan and this should be read in conjunction with this care and support plan". This essential life plan contained guidance for staff about the person's likes and dislikes, needs and abilities.

We observed that care workers spoke respectfully to the people they supported, and that people readily started conversations with them. People told us that staff listened to them and treated them with respect. They said that they got on well with the care workers who supported them. One person said, "Some of them are very strict, but I like that". They explained that care workers would remind them that they needed a bath if they were going to go out to public places.

People told us that they spoke with the manager or staff at the provider's office if they had any concerns or queries about their care. During the course of our inspection we noted that people using services visited the office. We observed that they had a good rapport with the manager and office staff.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan, and in a way that was intended to ensure their safety and welfare.

We pathway-tracked four people. This meant that we looked at records the provider kept about them, including their plans of care. We also accompanied a manager as they visited the people as part of their quality checking process. We spoke with three of the people and some of the care workers who supported them. This was so we could evaluate how people's care needs were assessed, planned and delivered.

All three people we spoke with expressed satisfaction with the care they received. For example, one described their support as "very good indeed, excellent" and another said their care workers were "very organised".

People's care needs had been assessed. Assessments took account of information provided by social workers and other professionals working with the person. They also took account of Ministry of Justice and Mental Health Act 1983 restrictions where people had a history of offending. We saw that care and support plans had been put in place based on these assessments and noted how they gave staff detailed instructions about delivering care. For example, one person's care and support plan contained information about their communication style and preferences and gave staff clear strategies for communicating with them. These included checking that the person had understood what was said and encouraging them to wear their hearing aid.

Risk assessments had been completed for all the people we pathway-tracked. These covered risks specific to the individual, such as road safety or their behaviour when they became anxious. There were separate risk assessments relating to features of people's home environments, such as security, heating and electrical appliances. This helped ensure that care workers could support each person safely and with reduced risk to the person's health.

We saw that each person's care and support plan and risk assessments were reviewed every six months or more frequently if their support needs had changed. This helped

ensure people received the care they needed.

People told us about the care they received from care workers and this was consistent with what was recorded in their care and support plans. For example, people told us how staff supported them to access the activities outlined in their activity timetable. Staff we spoke with demonstrated knowledge and understanding of people's care needs. During our visits to people, we observed that care workers provided support which was stated in people's care plans, for example, communicating with them in a particular way. We noted that people we met were clean and neatly attired, and that daily records showed that care had been given as specified in the care plan.

We looked at recent medication administration records for the people we pathway-tracked. We noted that these records had been completed correctly by the care workers.

There were arrangements in place to deal with foreseeable emergencies.

The provider explained that there were always staff and managers on call outside office hours. We saw the provider's on-call information file, which contained information including: the out of hours contact number for social services, brief profiles of people using the service and the support they required, contact details of people using the service, and a copy of the provider's procedure where they were unable to obtain a response from people. It also contained a copy of the provider's business contingency/continuity policy, which addressed actions in the event of emergencies such as extreme weather and widespread illness.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People using the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All of the people we spoke with told us they felt safe with their care workers.

People using the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

We saw the provider had policies and procedures in place about safeguarding children and vulnerable adults. These included policies for the acceptance of gifts and for whistleblowing. The provider had reviewed the policies within the past year. They set out different types of abuse, recognising and responding to signs of abuse, and how staff should report concerns about possible abuse.

We noted that the provider gave people using the service a copy of a local authority "Keep Safe Stop Abuse" leaflet as part of their information pack. This leaflet outlined the forms abuse could take and how people could report it. The information was in an easy read format to make it easier for people with learning disabilities to understand.

Staff we spoke with recognised their responsibility to safeguard children and vulnerable adults. They were aware of signs or issues that indicated a concern. They were familiar with the provider's procedures for reporting safeguarding issues and knew where to find policies and guidance if they needed them.

Records showed that staff attended annual training about safeguarding vulnerable adults. At the date of our inspection, the provider had noted that three care workers were due for training as they had received training slightly more than one year previously.

We looked at records of incidents and noted two that related to alleged abuse. The provider had taken appropriate action, including liaising with the local authority and removing the staff concerned from people's support until the incident had been resolved. This showed that the provider responded appropriately to allegations of abuse.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider told us that people using the service had care packages involving at least a few hours' support at a time, and that some people had 24 hour support. They showed us rotas that illustrated this. Care workers confirmed that they worked shifts of varying lengths with people. They told us they were allowed adequate travel time between shifts with different people.

People using services told us they had a regular team of care workers, who arrived when they expected them. Care workers told us that the next worker always turned up although they were sometimes slightly late. They said that the office would let them know if the next person was going to be more than 10 minutes late.

The manager told us that there had been no concerns about missed visits. They explained that in an emergency, such as unforeseen staff sickness, they or the on-call manager would attend the person while replacement cover was found. They showed us rotas for the people we were pathway-tracking from January 2013 up to the date of the inspection visit. These demonstrated that staff had been allocated to work the required shifts.

The provider told us they tried to allocate care workers according to the needs and preferences of people using the service. Care workers confirmed that they worked mainly with particular people to ensure consistency for them. One care worker told us that people had a "stable team" of workers and said, "They don't send strangers here, there and everywhere".

Care workers told us they received a shift rota each week and that they generally received sufficient notice of their shifts. One commented that they found shift patterns reasonable and that it felt like there were enough people to cover the work.

Care workers told us they felt they had sufficient time in which to perform their roles.

This all showed that there were enough qualified, skilled and experienced staff to meet people's needs.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with the manager and four staff, three of whom provided care for people using the service.

All staff told us that they felt well supported by the manager and senior staff at the office, whom they felt able to approach in the event of any queries or concerns. One care worker commented, "If you need anything they're always at the end of the phone". They said that they were able to obtain advice from the on-call manager outside office hours.

The manager told us they had one-to-one supervision meetings from time to time with staff. Staff we spoke with confirmed they had supervision meetings two or three times a year. They also confirmed that the manager regularly observed their work during unannounced visits. A care worker explained that if they had concerns between meetings they would visit the office. Records for five care workers showed that spot checks and supervision meetings or appraisals had been conducted every three months since July 2012.

Care workers told us they received appraisals and personal development reviews at least once a year. We saw records of appraisals and personal development plans on five care workers' files. These showed that appraisals had taken place within the past year and that staff had had their training needs identified. The manager's monitoring records showed that all care workers employed at the time of the inspection had received appraisals since July 2012.

Care workers told us they had received training which enabled them to perform their roles. They said that they felt the training was of a good standard. One said, "I have all the training I need to do my job properly". Another commented that they received yearly updates in many areas. We saw the provider's training records which confirmed this. Staff files showed that care workers had received training including: moving and handling people, medication handling and awareness, and infection prevention.

This all showed that staff received appropriate professional development.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People using the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw records of satisfaction surveys sent out during 2012 to people using the provider's services. They had been written in an easy read format. Some of the people we pathway-tracked had returned survey forms on which they had written their names. These forms showed wholly positive responses. The provider had analysed the survey responses and reported that no negative issues were raised.

People told us that they had attended Forum events during 2012. The provider explained that they had organised three Forum events in 2012, in order to obtain people's views about the care they received. The events had been run in association with an independent learning disability organisation. They were able to review services from the perspective of people who receive care, and offer further information about the quality of those services.

The provider reported that feedback from the three Forum events had all been positive. We saw the results of the most recent Forum event. Comments included people saying they: chose who supported them, found their care and support plans clear and easy to understand, and knew what to do if something in their support plan was not working.

Staff told us they did not attend regular staff meetings but sometimes attended team meetings regarding particular people using services. One member of staff commented that they were "definitely involved" in important meetings about people's care. For example, they said that they would be asked for their views in advance of the meeting.

The provider took account of complaints and comments to improve the service. We noted that the provider had a complaints procedure, which was included with information given to people using services. Records showed that they had not received any complaints during 2012.

We saw that information had been collected about accidents and incidents. We noted the provider had analysed these to establish whether there were steps that could be taken to minimise the risk of similar events happening again.

We looked at records that showed the provider's procedures and systems were audited regularly. The audits ensured that procedures were implemented effectively and people's welfare was promoted. For example, staff we spoke with confirmed the manager completed unannounced spot checks on care workers. We saw the provider's records, which showed that they monitored when staff had last received spot checks and supervision. We also saw records that showed the provider periodically audited people's records to ensure that all required information, such as evidence of care plan reviews, was present.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw that there were risk assessments for people using the service. These set out people's individual risks and risks associated with their home environment. All the risk assessments we saw had been updated within the past six months.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
