Care Dynamics Limited

Care Dynamics Ltd

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

The inspection took place on 9 and 10 March 2016, with visits on 18 March 2016 to people who use the service. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available.

At our last inspection in July 2014 we found a breach in the regulations relating to the recording of prescribed skin creams. At this inspection we found that improvements had been made to meet the requirements of the regulations.

Care Dynamics Ltd provides personal care and support to people who live in their own homes. Some of these people have a learning disability and others are older people or have physical disabilities. At the time of our inspection they were providing personal care and support to 29 people.

The service is required by law to have a registered manager, and there were two well-established registered managers 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.

Everyone we spoke with was happy with the service they or their relative received and complimented the caring nature of the staff. They had a regular team of workers who knew them and understood their care and support needs. They were kept informed of any changes to their timetable or if staff were running late.

Staff received training, which was refreshed at regular intervals, to ensure they had the skills and knowledge they required to be able to provide care safely. Their performance was monitored regularly and they were themselves supported through supervision meetings with their line manager.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered. One of the registered managers had developed the audits to give them a better overview of the service and to identify any trends that suggested a change in practice was needed. The service participated in local initiatives to promote good practice in care delivery and to encourage people to consider careers in social care.

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 were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005. Wherever possible people consented to their care, and where they lacked the mental capacity to consent, best interests decisions were made.

Is the service caring?

Good

The service was caring.

People found their staff supportive and respectful.

People were kept informed about any changes to their service.

Is the service responsive?

Good

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

There had been no complaints since our last inspection. The service had a complaints procedure and people told us they would feel able to raise any concerns.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

Care Dynamics Ltd

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.

The inspection took place on 9 and 10 March 2016, with visits on 18 March 2016 to people who use the service. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. It was conducted by one inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. Before the inspection, the provider completed 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.

We also obtained feedback from two organisations who commissioned services.

We visited six people in their homes. We also talked with three relatives and four members of staff. In addition we spoke with the two registered managers, one of whom is the nominated individual for the service, and two other members of staff. We checked six people's care and medicine records in the office and with their permission, the records kept in their home. We also saw records about how the service was managed. These included eight staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they trusted and felt safe with their workers. One comment was, "There's not one I wouldn't feel safe with". A person told us that staff reported to the office any concerns they observed that might affect the person's safety and welfare, such as fragile skin and possible medication side effects.

At our last inspection in July 2014 we found that staff did not always record when they administered people's prescribed skin creams, and that people's care and medicines records did not contain sufficient instructions regarding how prescribed creams should be applied. Following the inspection, the registered managers wrote to us with an action plan setting out the steps they would take to meet the legal requirements.

At this inspection we found there were safe medication administration systems in place and people received their medicines when required. Where people had prescribed creams, there were clear instructions for staff on how to apply these, including written instructions and body maps. Cream administration records were complete, staff having initialled them when they applied the cream, without unexplained gaps. Likewise, medicines administration records (MAR) contained sufficient detail and were complete. Staff were trained in administering medicines and their training was updated periodically. Their competence in administering medicines was assessed through practical observations.

People were protected against the risks of potential abuse, including neglect. There were satisfactory policies and procedures in place to help keep people safe from abuse. Where the service held money on people's behalf, cash transactions were recorded, signed by staff and supported by receipts. Cash records were reconciled to bank statements to help protect people against financial abuse. Staff had safeguarding adults awareness training and this was refreshed at intervals. They demonstrated a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Any safeguarding concerns that were identified were referred promptly to the local authority safeguarding team.

Risks were identified and managed so that people were protected from harm. Risk assessments and management plans covered environmental risks within the person's home, and risks specific to the person. These included risks such as falling, pressure ulcers, choking, risks associated with particular health conditions and behaviour that challenged others. Where people needed moving and handling by staff, there were moving and handling risk assessments and care plans for staff to refer to. One of the people we visited needed staff to move them using a hoist. There was a moving and handling assessment from their occupational therapist in their care records and available for staff to refer to. This person used bed rails to stop them falling out of bed at night. Whilst bed rails can help protect a person from falls, they can be unsafe for people if they are not used correctly. The person had a risk assessment and management plan for the use of bed rails to help ensure their safety. Safe use of bed rails was covered in staff mandatory training.

When people had accidents, incidents or near misses these were recorded. One of the registered managers monitored them to look for developing trends. Incident forms were detailed, setting out what had happened and the action staff had taken to keep the person and others safe.

There were arrangements in place to keep people safe in an emergency. Contingency and emergency plans covered various types of emergency, such as severe weather. People's needs were kept under review and were prioritised according to the level of support they needed and whether they lived alone without other outside support. There was an out-of-hours on call system for people who used the service and staff to contact staff in emergencies or where they needed additional support. On call staff were provided with an information sheet containing key information, such as people who had 'Do Not Attempt Cardiopulmonary Resuscitation' (otherwise known as 'Allow a Natural Death') forms in place. Staff and people confirmed the on call system worked well when they needed to use it. A staff member commented, "They always try to help as much as they can".

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People reported that care workers were generally on time, that they knew their care workers, that any changes to their rota were advised to them and that visits were never cut short. A member of staff remarked that any changes to their rota were communicated to them by phone or email, rather than by text or voicemail. Staff confirmed they had a rota in advance, that generally visit times were long enough for them to attend to all that was needed and that they had adequate travel time between visits. Visit and staff rotas reflected travel time between visits and showed that all calls were covered by a member of staff.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms with employment history, records of interview, proof of identity, right to work in the UK and appropriate references. Appropriate checks had been made with the Disclosure and Barring Service (criminal records).

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. A person who received full time 'supported living' assistance told us they were happy with the support they received and said, "I'm getting on fine here". Another person said that staff seemed well versed in moving and handling.

People were supported by staff who had access to a range of training to develop the skills and knowledge they required. Staff told us they had the training and skills they needed to meet people's needs and were provided with refresher training at intervals, mostly annually. Training completed by staff included safeguarding, fire safety, moving and handling, health and safety, medicines awareness and mental capacity. Staff training records showed that training was mostly up to date.

People were supported by staff who received supervision through one to one meetings with their line manager, where they could discuss their work and any concerns they had about it, and through annual appraisal. Staff told us supervision meetings were supportive and happened regularly, and that they could always speak with someone senior between times if they needed further support.

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 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.

People's rights were protected because the staff acted in accordance with MCA. Staff had an awareness of the MCA and how it affected their work. People, and where appropriate their family members, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where people were able to give consent, or someone held lasting power of attorney for health and welfare (LPA) which gave legal authority to consent on their behalf, consent was recorded in their care records. For example, we saw records of consent to care plans and to care workers gaining access to people's houses via a keysafe. Where people lacked the mental capacity to consent to particular aspects of their care and there was no LPA, staff made a best interests decision in line with the requirements of the MCA, so that the care provided was in the person's best interests.

Where their care packages included support with preparing food, eating and drinking, people said they were happy with the support they received. People were able to choose what they ate. Two people we visited who had learning difficulties said they were able to choose what they bought and prepared for meals.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, a person experiencing difficulties with eating and swallowing had been assessed by a speech and language therapist. Staff had supported

someone else with a chronic condition to see a doctor when their symptoms worsened.

Good

Is the service caring?

Our findings

Everyone we spoke with said that staff were kind, caring and respectful. For example, a person described their staff as "ever so kind" and said that they liked all their workers. Other comments included, "They're [staff] lovely, they all are – every one I've had" and, "They are always very helpful with everything. No-one has ever said 'we can't do that for you'… Lovely people, I'm very fortunate". A person told us that their preference for workers of a particular gender was always respected and their relative commented, "They really are supportive and that's what their job is, to support us". Someone else said they valued being able to have a laugh and a joke with the staff. They told us they were always informed if staff were running late.

During our visits we observed that staff treated people with kindness and respect. They had a good rapport with them, communicating with them in the person's preferred manner. In the office, the telephone conversations we heard with people were calm and polite. Staff told us about people with obvious affection and clearly knew them well. They were familiar with people's care needs and preferences.

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. A person commented that one of the registered managers had come to see them when they were planning their service, to explain what was going to happen. Someone else said that someone from the office always rang them if their visit was going to be more than 10 minutes late, and that they were advised of any alterations to their rota. Another person, who had an intensive care package, told us they worried when their main workers were on leave or when there were other stressful things happening in their life, and that they sometimes phoned the office for reassurance. We observed that they did so during the inspection.

People's records included information about their personal circumstances and how they wished to be supported. There was a brief 'pen picture' of each person and, where necessary, care plans went into greater detail. For example, a person with impaired communication needed full support with personal care such as showering, and could become distressed at these times. Their care plan explained they should have music playing while they had a shower, which would help them to feel calmer.

Good

Is the service responsive?

Our findings

Everyone we spoke with said they got the care and support they or their relative needed. Comments included, "They do everything that I've needed them and wanted them to do" and "They do everything that should be done". A person told us, "The main thing is they do their job and they do it well", drawing a favourable comparison with a previous care provider. They also said they received a rota each week and that although there were sometimes changes, they were "confident that someone will turn up, no matter what" and that staff would not leave until everything was completed.

People's needs were assessed before they began to receive a service. Two people explained how a registered manager had come to see them before they received a service so they could understand what was needed. Their relatives were included where appropriate. People's care records contained a copy of their initial assessment. Assessments for the older people's domiciliary care service included assistance needed with pressure areas, oral care, using the toilet, medication, mobility, aids and adaptations, communication, nutrition and hydration, memory and cognition and health conditions.

Care and support plans were developed from these assessments to address people's individual needs and preferences regarding their care. Care plans set out clearly the support people needed at each visit, or for people with learning disabilities, for the various activities staff supported them with. They explained what people were able to do independently, and where appropriate, what responsibility relatives took for particular aspects of care. Staff followed the care plans. For example, a person with learning disabilities had a care plan that stated they needed support to make healthy choices about food. When we visited them, they and their support worker had prepared a healthy meal of the person's choice. Another person's care plan directed staff to ensure they left particular items within reach, such as their walking aid, fluids, their bleep alarm, and their TV remote handset. When we met the person, these items were all to hand.

People's needs and care plans were kept up to date. People and their relatives were involved in these care plan reviews. All of the care plans we saw showed evidence of regular review.

People received a rota each week, telling them which staff would be working with them in the coming week and at what time. Everyone we spoke with confirmed this. For example, a person explained how they received a weekly rota, which staff stuck to, arriving on time and staying for the full length of the visit, even if they had finished their tasks early. People's care records contained entries from consistent teams of staff, and the times and lengths of their visits corresponded with their rotas.

People with learning disabilities receiving an intensive support package were supported to follow their interests and to avoid social isolation. Both people with learning disabilities we visited told us they did a lot of things of their choice, both out and at home.

The service had a complaints procedure, and people received details of this. No complaints had been received during 2015 or 2016. The most recent complaint on file dated from before our last inspection in 2014. A person commented that they would feel able to raise a complaint if they needed to, but generally

addressed any issues with staff who listened and acted on what they had to say. Another person said that they would be able to talk to one of the registered managers if they were not happy about their service, and that they would not be afraid to say anything. A further person told us, "I'm quite confident that if I wanted to discuss anything, [registered manager] would be on the end of the phone to answer me, but I'm very happy with what I have".

Good

Is the service well-led?

Our findings

People spoke positively about how the service was managed. A person told us, "I can't fault this company… I can thoroughly recommend them as a care company". They commented that communication was good and that they got hold of people straight away if they rang the office.

The service promoted a positive culture. People and staff had confidence one of the registered managers would listen to their concerns, which would be received openly and dealt with appropriately. A member of staff said they feel free to report any concern and that these "were not brushed under the carpet" but acted upon. Another member of staff described communication as "pretty good – you generally know what you need to know". For example, one of the registered managers had received a number of queries from staff and a person's relative about the person's medication. The registered manager had clarified with all concerned arrangements for the person's medicines.

People's experience of care was monitored through regular questionnaires, and visits or calls at intervals from one of the registered managers to check their satisfaction with the service. Two people told us how they received questionnaires every so often to give their views about the service. Someone else explained how someone came to see them from time to time, to check that everything was okay with their service.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistleblowing policy, which was in line with current legislation and contained contact numbers for the relevant outside agencies with which staff could raise concerns.

There were two well-established registered managers in post, one who was also the owner of the company and the other who was based full time in the office. The registered managers had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Quality assurance systems were in place to monitor and where necessary improve the quality of service being delivered. The service had links with other local organisations concerned with promoting good practice in care delivery and encouraging people to consider careers in social care. One of the registered managers oversaw audits of various aspects of the service, including: care log books, medication, on call and spot checks on care delivery. Any discrepancies or shortfalls identified had been addressed with the staff concerned. A registered manager explained how they had developed the audits to give them a better overview of the service and to identify any trends that suggested a change in practice was needed.