

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

## Care Dynamics Yorkshire

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Date of Inspection: 20 June 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Care Dynamics (Yorkshire) Limited
Registered Manager	Miss Cheryl Helen Dibbin
Overview of the service	Care Dynamics Yorkshire is a home care provider offering personal care and support to people within their own homes and in their local community. The main office is situated in Manningham, a few miles from Bradford city centre.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 June 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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At the time of our visit the service supported eight people. Most people had complex needs which meant they were unable to speak with us about their experiences. We used a number of different methods to help us understand the experiences of people, such as reviewing care records, observing care and speaking with people's relatives.

We spoke with seven relatives of people who used the service. They all told us staff treated their relative with dignity and respect. Overall people told us they were happy with the care and support their relatives' received. One person said they were "very happy with the service provided". Another said "staff are always calm, they know my relative and how to react to their moods". Most people told us staff usually arrived on time and felt the service was flexible if they needed to alter the times or level of support.

All seven relatives told us they had no concerns when they left their relative in the care of Care Dynamics Yorkshire staff. One person said "I have full trust and confidence in staff".

Everyone we spoke with told us if there were any problems they felt able to raise these with staff and were confident they would be listened to.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We spoke with seven relatives of people who used the service. They told us staff treated their relative with dignity and respect. One person provided examples such as how staff addressed their relative by their preferred name and helped them to remain as independent as possible. Most people told us staff usually arrived on time and felt the service was flexible if they needed to alter the times or level of support. One person said "they always let us know if staff are going to be late, but this is very rare". One person said they had raised a complaint with the service because they felt that their relative did not always receive support at the times they needed it. They were looking for an alternative service because of this.

We looked at four sets of care records. We saw evidence of people and/or their relatives/representatives being involved in reviews of their care and treatment approximately every six months. The manager also said they operated an "open door" policy and encouraged people to speak to staff at any time if they wanted to change the care and support they received. The provider may find it useful to note not all care plans were signed by people and/or their relatives to demonstrate people had read and understood them.

We saw each staff member had a personal profile which had a picture of the staff member and outlined information about them such as their background, qualifications and interests. The manager said people were given these profiles to help them select which staff members they wanted to support them. They said people were always introduced to carers to ensure their suitability before they commenced work for them and they could change their carer at any time if wanted to. The staff and relatives we spoke with confirmed this. This showed us people expressed their views and were involved in making decisions about their care and treatment.

We saw individual communication plans were in place to help staff identify the different ways people communicated, such as through sounds or body language. This meant where people were unable to communicate their preferences by speaking, staff were able to support them to make decisions about their care and treatment.

We spoke with two members of staff about how they maintained peoples' privacy and dignity. They told us about the importance of being respectful that they were in someone's private home, knocking on doors, addressing people by their preferred name and respecting peoples' culture and religious beliefs. This demonstrated staff had a clear knowledge of the importance of dignity and respect when supporting people.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Overall people told us they were happy with the care and support their relatives' received. One person said they were "very happy with the service provided". Another said "staff are always calm, they know my relative and how to react to their moods".

We reviewed four sets of care records. We saw evidence people received an initial assessment of their needs. This included information about the person's medical history, physical and mental health and preferences in relation to their diet, social activities and daily routine. Care plans were in place to provide staff with guidance about how to support each person's individual needs in relation to health, personal and social care. There were also risk assessments which identified potential risks to people's health and wellbeing. This included; choking, taking medication, environmental risks and moving and handling. The provider may find it useful to note not all risk assessments contained an assessment of whether it was a high, medium or low risk for the person.

We found two examples where care plans did not contain all of the appropriate information to enable staff to manage identified risks. Staff were able to clearly tell us what actions they would take to manage these risks. However, the provider may find it useful to note this information was not reflected in these two people's care records. The manager said they would update these records to ensure they contained all of the appropriate information as a matter of urgency.

Care records included daily routines which provided staff with details of people's specific care and support requirements for each visit. Where people had complex needs we saw daily routines were more detailed and the person also had weekly and monthly support routines. There were also personal profile documents which identified people's likes and dislikes. This helped staff to get to know and understand people's individual preferences and needs. We asked two staff members to tell us about someone who used the service. They were able to tell us about this person's life history, what they liked and disliked and what their care needs were.

Duplicate care records were developed for use, one copy was retained within each person's home and a second was held securely at the care provider's office. The manager explained all care records were reviewed and any changes made either when people's



needs changed or as part of the six monthly review process. We saw evidence of this within the care records we reviewed. The two staff we spoke with told us they would immediately inform the senior managers if they noticed a change in people's needs.

Staff documented the daily care and support provided in a diary which was kept in the person's home. The provider may find it useful to note these diaries were not regularly returned to the office to enable senior managers to review them to ensure people received the care they required. We spoke with the manager about this. They agreed the current system was not robust enough and said it would be immediately revised.

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

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## **Our judgement**

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The provider was meeting this standard.

People who use 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.

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## **Reasons for our judgement**

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All seven relatives told us they had no concerns when they left their relative in the care of Care Dynamics Yorkshire staff. One person said "I have full trust and confidence in staff". Two people explained how staff supported their relatives to access activities within their local community. Both people said staff provided them with receipts for any monies spent whilst out. One person said "we trust them, my relative is always happy when they get back".

The provider had a policy in place for safeguarding people from abuse. This provided staff with guidance on how to detect different types of abuse and how to report abuse. The policy did not contain contact details for the Care Quality Commission (CQC). However the manager added this information to the policy whilst we visited the service. They said they would communicate this change to staff through the next staff brief. The manager told us all staff had to read the safeguarding policy before they commenced work. They also said they would regularly test staff knowledge and understanding of safeguarding procedures as part of staff supervisions. This showed that people who used 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.

The two staff members we spoke with confirmed they had completed safeguarding training. They were able to give examples of how people could be abused by poor working practices and were able to tell us about different types of abuse. They were clear about how to report any concerns they might have about people's welfare and safety. They were also confident the manager would deal with safeguarding concerns appropriately.

The provider may find it useful to note there was no whistle blowing policy in place should staff wish to report matters of concern. The manager said they would write a whistle blowing policy for the service. Both staff members we spoke with were confident the manager would deal with any concerns which were raised about the service.

The manager explained there had been no safeguarding incidents at the service. A safeguarding incident is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or

neglect. The manager explained the procedure they would follow should there be a safeguarding incident in the future. This included making an alert to the local authority safeguarding team and notifying the Care Quality Commission (CQC).

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The manager told us sufficient staff were employed for operational purposes and there was a good skills mix within the staff team. The manager also told us the majority of staff had been employed since the service opened which ensured people who used the service received continuity of care.

We saw there was a recruitment and selection policy in place and all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The manager told us during recruitment, they obtained two references and carried out full enhanced Criminal Records Bureau (CRB) disclosure checks on new recruits before they started work. CRB checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We looked at four staff employment files and found all the relevant information was available. This demonstrated to us that appropriate checks were undertaken before staff began work.

In one staff file we saw a disclosed conviction/caution. The manager explained they had taken action at the time of recruitment to ensure the staff member was suitable to work with vulnerable people. However, the provider may find it useful to note the manager was unable to provide us with evidence of this. Following our inspection the manager wrote to us to explain they had revised procedures to ensure they were more robust should they employ staff with any convictions/cautions in the future. They also explained any existing staff with previous convictions/cautions would have a full risk assessment completed as a matter of urgency. We were unable to fully assess the effectiveness of these changes as part of this inspection.

We spoke with two members of staff and they 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 adults had been made. They also said they felt well supported by the manager and senior management team and enjoyed working at Care Dynamics Yorkshire.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Everyone we spoke with told us if there were any problems they felt able to raise these with staff and were confident they would be listened to. One person said "Care Dynamics Yorkshire have been very good, I have given feedback and they have acted on it, they seem to take things onboard, accept responsibility, move things forward and rectify them".

The service sent questionnaires to people who used the service and/or their representatives once a year. We reviewed some questionnaires from the last survey completed in July 2012. We saw people's comments were mostly positive. The manager explained all responses were reviewed and a plan was developed which detailed the action the service would take to resolve any issues people had raised. The manager provided examples where they had made changes to accommodate requests people had made in the past. This demonstrated people who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

We also saw some feedback which relatives had provided as part of a random spot check completed by the provider in September 2012. Some of the comments people had made included;

"I have found it difficult to find good consistent care in the past but since working with this service [my relative's] quality of life has notably improved. You can see [their] face light up in their carer's presence".

"A heartfelt thank you to the Care Dynamics Yorkshire team. We are truly grateful, the change in my relative in just a few weeks is amazing".

The manager explained staff completed a time sheet which documented the time they arrived and left the person's home. This was signed by the staff member and the person and/or their relative at the end of each shift. Time sheets were brought back to the office weekly and reviewed by the manager to ensure there were no discrepancies.

The provider may find it useful to note at the time of our inspection there was no formal

system in place to check staff conduct and care practices. The manager explained they planned to introduce a formal observation of staff practices every six months as part of the staff supervision system. They said they expected this system would be implemented by the end of July 2013.

The manager explained they audited care records through six monthly care reviews. They said medication records were usually reviewed as part of this process. However, the provider may find it useful to note formal medication audits were not completed at the time of our inspection. The manager said they would resolve this and introduce a four weekly medication audit from August 2013.

The manager explained there had been no accidents or incidents which involved people who received services regulated by the Care Quality Commission (CQC). The manager was able to tell us about the process they would follow should there be any incidents in the future. This included; ensuring staff completed appropriate incident forms, making referrals to relevant agencies such as the CQC and analysing accident and incidents forms so they could identify patterns or trends and take appropriate action for people.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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