

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Cleanliness and infection control | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |
| Complaints | ✓ | 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 |

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 | 6 |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 7 |
| Cleanliness and infection control | 9 |
| Supporting workers | 10 |
| Assessing and monitoring the quality of service provision | 11 |
| Complaints | 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 announced 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 16 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The inspection was carried out by one inspector. During the inspection, they spoke with the registered manager, the business manager, a care co-ordinator, five support workers and the relatives of three people who used the service. We were unable to speak with people who used the service directly as they either had complex needs and were unable to tell us about their experiences or we were unable to contact them. At the time of the inspection the agency provided care and support to five people and employed fourteen support workers.

We considered all the evidence we had gathered under the outcomes we inspected.

We used the information to answer the five key questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found. The summary describes what we observed, the records we looked at and what the relatives of people who used the service and staff told us.

Is the service safe -

The manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. The support workers we spoke with confirmed they had attended an induction programme and received on-going training and support which ensured they had the skills they needed to support the people they cared for. This demonstrated to us the manager did not allow staff to work unsupervised until they felt

confident they were competent to carry out their roles safely

We found the service had infection control policies in place which included guidance to support workers on the control and prevention of health care associated infections and correct hand washing procedures. This demonstrated to us there were effective systems in place to reduce the risk and spread of infection..

The relatives we spoke with told us support workers were professional in their approach to providing care and support and always appeared competent and well trained. We found the support workers we spoke with had a good understanding of people's need and encouraged people to remain as independent as possible within a risk management framework.

Is the service effective -

The relatives we spoke with told us they were involved in planning people's care and support and were pleased with the standard of support they received. They also told us the management team were very approachable and they could contact them at any time if they had a problem.

We saw support plans were in place for all people who used the service and they were generated from the initial needs assessment. We saw people who used the service or their relatives had signed their support plans which showed that the plan had been explained to them and they had agreed and understood the content. We looked at four support care plans and found they were person centred and provided support workers with the information they needed to carry out their roles effectively and in people's best interest.

Is the service caring -

The relatives we spoke with told us they were involved in the planning of people's care and support and were pleased with the standard of care they received. They also told us both the manager and senior management team listened to them regarding how they wanted their care and support to be delivered and all the support workers were kind, caring and friendly.

The manager told us to make sure support workers were suitably matched to the people they supported people were always sent a personal profile of the support workers they considered had the skills and experience to meet their needs. We saw the profiles provided information about the support workers background, interests 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 support workers were always introduced to people before any service started.

One relative told us "The support workers are excellent, they never let me down and are always pleasant and cheerful." Another relative told us "The support workers are very caring and the fact you are provided with their profiles and meet the person before they start to provide a service is an excellent idea."

Is the service responsive -

The relatives of people who used the service told us the initial assessment process was thorough and the manager had listened to them regarding how they wanted their care and support to be delivered. They also told us they were encouraged to ask questions during

the initial assessment visit and this had helped them to make an informed decision about whether or not the agency could meet their needs.

One relative told us the agency had a flexible approach to providing care and support and had acted on their request to change their support package at short notice. Another relative said "The care and support people receive is tailored to their individual needs which can change quickly. From my own experience I know that if I contact the manager they are always willing to accommodate any changes requested."

Is the service well led -

We saw there was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with the essential standards of quality and safety.

We saw as part of the quality assurance monitoring process the agency sent out annual survey questionnaires to people who used the service and/or their relatives to seek their views and opinions of the care and support they received. In addition, we found the agency also sent out survey questionnaires to the support workers which gave them opportunity to air their views and opinions of the service and measured how well they thought the agency was managed. This showed us the provider had appropriate systems in place to obtain the feedback of people who used and were employed by the service.

The relatives of people who used the service told us they had confidence in the manager and management team. They said they were approachable and were in contact with them on a regular basis. One person said "I have the contact details for the manager and management team and have always been able to contact them if I have a problem or concern." Another relative said "Although I have had in the past had some concerns about the service things have improved recently and I am now contacted on a regular basis by the manager or a senior member of staff which is reassuring."

The support workers we spoke with confirmed they were well supported by the manager and senior management team. They said they could contact them at any time if they had concerns. All the support workers we spoke with told us the communication between management and staff was excellent. This ensured the needs of people who used the service were met in line with their agreed support plan.

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

Care and welfare of people who use services

✓ Met this standard

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

The manager told us when a person was initially referred to the agency they were always visited by the manager or a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had.

The manager told us that following the initial visit people were sent a personal profile of the support workers they considered had the skills and experience to meet their needs. We saw the profiles provided information about the support workers background, interests 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 support workers were always introduced to people before any service started. This was confirmed by both the relatives we spoke with and the support workers.

The relatives of people who used the service told us they were involved in planning their care and support and were pleased with the standard of care they received. Comments included "The support workers are first class and really care and take an interest about the people they support." and "I am extremely pleased with the service we receive, I would be completely lost without the support they provide." Relatives also told us people were supported by a regular carer or team of care staff which helped to provide continuity of care.

We looked at four 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 people who used the service or their relatives had signed their support plans to acknowledge they had read and agreed the content. This demonstrated to us that people had been involved in the care planning process and their support plan had been discussed and explained to them.

We saw support plans were reviewed at least annually or sooner if there were significant changes in people's needs or circumstances. 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. Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment.

We saw the support workers documented the support provided within each person's daily records. The manager explained these were kept in people's homes but were returned to the office to be reviewed and to be archived each month. We reviewed a sample of daily records and found the level of care and support provided was in line with people's agreed support plan.

The support workers told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to a member of the management team. The support workers felt any issues were responded to quickly by the manager and said a member of the management team was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found the service had infection control policies in place which included guidance to staff on the control and prevention of health care associated infections and correct hand washing procedures. The manager told us all support workers updated their infection control training on a regular basis and this was evidenced by the training records we looked at.

The support workers we spoke with told us about the procedures they followed when they provided personal care and handled clinical waste which helped to reduce the risk of infection. This included such things as wearing appropriate protective clothing and using correct hand washing techniques. They told us the agency provided them with a pack containing all the equipment they required to assist with personal care which they carried with them. In addition, protective clothing was also available in people's own homes if required. This demonstrated to us there were effective systems in place to reduce the risk and spread of infection.

With one exception the relatives we spoke with told us the support workers always wore protective clothing if required and washed their hands thoroughly. However, one relative told us they had on more than one occasion had to remind support workers to wash their hands before and after assisting with personal care, although generally they followed the correct procedure. This was discussed with the manager who confirmed the support workers would be reminded again of their responsibility in relation to the control and prevention of health care associated diseases.

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

The people we spoke with told us staff were professional in their approach to providing care and support and always appeared competent and well trained.

The manager told us all members of staff completed a comprehensive induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. We were told training is either provided in-house or by an external training provider. We were also told following induction training new members of staff always shadowed experienced support workers until the manager was confident that they were able to carry out their roles effectively and unsupervised.

The manager told us individual staff training and personal development needs were identified during their quarterly one to one supervision meetings with their line manager. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. However, the provider may find it useful to note we looked at the supervision records for three members of staff and found they had only had a formal supervision meeting with their line manager twice in 2013. This was discussed with the manager who confirmed this matter would be addressed.

The manager told us staff meetings were not held on a regular basis because of the difficulty of getting all the support workers to attend a meeting during their working week. However, we were informed the agency sent out a monthly staff briefing newsletter which kept staff up to date with any changes to policies and procedures which might affect the management of the service or the care and support they provided. We saw a copy of the last staff briefing and found it was useful and informative.

The support workers we spoke with confirmed they had attended an induction programme and received on-going training and support which ensured they had the skills they needed to support the people they cared for. They also said they were well supported by the manager and senior management team and enjoyed working at the agency. This demonstrated to us support workers received the training and support they needed to carry out their work effectively and safely.

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 people receive.

Reasons for our judgement

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in the service and any non-compliance with the essential standards of quality and safety.

We saw the manager audited people's support plans, daily records and Medication Administration Records (MAR) on a regular basis so that action could be taken quickly to address any areas of concern. We saw the manager also carried out an audit of staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information. The manager told us the audit results were reviewed and analysed for themes and trends and a quarterly management report was produced. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The manager told us as part of the quality assurance monitoring process the agency sent out annual survey questionnaires to people who used the service to seek their views and opinions of the care and support they received. We saw the last survey had been carried out in August 2013. However, the manager told us they had recently revised the questionnaire and therefore were in the process of sending out questionnaires again. They confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made. The manager confirmed this information was fed into the overall quality assurance monitoring system.

The manager told us they also carried out random spot checks on support workers as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The manager also told us the care co-ordinator worked alongside the support workers on a regular basis. This meant they were able to talk with people who used the service and/or their relatives and observe the standard of care and support being provided.

We saw the organisation also carried out a staff survey on an annual basis which gave them opportunity to air their views and opinions of the service and measured the level of

engagement they had with the agency. This showed us the provider had appropriate systems in place to obtain the feedback of people who used and were employed by the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were investigated and resolved, where possible, to their satisfaction. We saw the agency had received three complaints since the last inspection

The provider had a complaints procedure in place and the manager told us all complaints were acknowledged and responded to within set timescales. However, the provider may find it useful to note we found that in one instance the complainant had not received a written response to the the complaint they had raised. There was however clear evidence the complaint had been discussed with them and a thorough investigation carried out. This matter was discussed with the manager who confirmed in future the correct procedure would be followed.

We saw information about how to make a complaint was in the "welcome pack" the agency gave to people when a service commenced and included the details of other organisations people could contact if they felt the agency had not dealt with their complaint appropriately.

The manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose. The manager confirmed information about the complaints procedure could be made available in different formats and languages on request to accommodate the needs of the diverse client group the agency supported if required.

We spoke with the relatives of three people who used the service and they told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care/support provided. Comments included "I know how to make a complaint but have never had to use the procedure." and "I have used the complaints procedure and although I was not entirely satisfied with the outcome I was happy with the way it was dealt with." This demonstrated to us people were supported by the provider to make a complaint and felt comfortable talking to the manager and staff about their concerns.

The manager told us that as part of the annual review of the care package people who used the service and/or their relatives were always asked if they felt any part of the service

provision was not working for the individual. This gave people the opportunity to discuss any concerns they might have without having to raise the matter as a formal complaint.

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.

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.

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