

Care Dynamics (Yorkshire) Limited

# Care Dynamics Yorkshire Limited

## Inspection report

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30 November 2023  
13 December 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Care Dynamics Yorkshire Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.. It provides a service to older people and younger adults with various needs, including people living with learning disabilities and dementia. At the time of this inspection 28 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People and their relatives told us they felt safe and were supported safely. Risks were assessed and managed to ensure people could participate in day to day and social activities safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this practice.

### Right Care

People were safeguarded from abuse and avoidable harm. There were sufficient numbers of staff and staff supported people in line with their individual preferences and agreed care plans. People were protected from the risk of infection as staff followed safe infection prevention and control practices. Medicines were managed in a safe way.

### Right Culture

There was a very positive and open culture at the service and systems were in place to provide person-centred care. People and their relatives consistently told us how the provider had enabled them to have person-centred fulfilling outcomes in their daily lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good published 3 November 2023.

#### Why we inspected

This inspection was prompted by the time since our last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Care Dynamics Yorkshire Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of by 1 inspector, a regulatory coordinator and 2 Experts by Experience. .An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.]

Inspection activity started on 30 November 2023 and ended on 20 December 2023. We visited the location's office on 30 November and a supported living service on 13 December 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We completed observations of the care provided and staff interaction with people who lived at 1 supported living accommodation. We spoke with 7 people and 9 relatives and people important to people using the service about their experience of care. We spoke with 11 staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and their medication records, where appropriate. A variety of records relating to the governance of the service, including policies and procedures were reviewed. We looked at 6 staff files in relation to recruitment. We reviewed feedback from professionals involved with the service. We continued to seek clarification from the provider to validate evidence found following the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. People and their relatives told us they felt safe and supported. One person told us "I feel very safe with them (staff)." A relative told us, "[Person] is very safe with them, they have a really good relationship with them." Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People's care needs were risk assessed and regularly reviewed, this provided staff with the information they needed to manage the identified risk. Staff had completed training which the provider had deemed as mandatory to keep people safe.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff and operated safe recruitment processes. The service had an electronic system to enable management to track calls effectively and to make alternative arrangements through consultation with people, where appropriate. People and their relative gave us good feedback about staff. One person and their relative told us, "Yes we are happy with it, they come on time, it's the same person that comes."

Using medicines safely

People were supported to receive their medicines safely. People received their medicines as prescribed. One relative told us, "They just prompt [Person] with their medication and they check what [Person] has done." Medication administration records we reviewed were complete. Staff were trained to administer medicines and received competency checks to ensure they administered medicines safely.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. Systems were in place to regularly review all incidents and identify any changes that could be made to reduce the likelihood of a reoccurrence. The registered manager reviewed any incidents to see if lessons could be learned and shared the learning with

staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. Staff received training in the MCA and knew how to put this into practice. At the time of the inspection no people were subject to any deprivation of liberty restrictions. People were offered choices and supported to make everyday decisions.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service and the provider had systems to provide person-centred care that achieved good outcomes for people. The management team and staff promoted a positive, open, and inclusive culture at the service. People and their relatives felt the service was very person-centred and met their cultural needs well. The provider had systems to provide person-centred care that achieved positive outcomes for people to live their life as they had chosen to. For example, care plans captured people's views and wishes. One person told us the provider regularly consulted with them and changed their support schedule to meet their particular needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour. The registered manager was also aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong. People and their relatives consistently told us the management team was approachable, open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/oversight of the service they were managing. Staff had a good understanding of their role and what was expected of them and governance processes held staff to account. This helped to keep people safe, protect their rights and provide good quality care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics. For example, the provider worked with people and a local college to develop and promotional video about the service. This was remarkable as people volunteered and were able to tell their story how the service had benefitted them. We saw many examples of person-centred approaches which empowered people and enabled them to achieve good and fulfilling outcomes. One person told us, "They do personal care and take me out as well,

not just all the boring necessary things like the Dentist but they take me to the cricket and because I have to sit for a long time I have found a spa pool I can go to and they take me there, it's just great." People consistently praised the person-centred care staff provided and told us the service was well-led. The provider promoted equality and diversity in all aspects of the running of the service.

#### Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received. Auditing systems regularly ensured the management team had good oversight of the service and enabled them to improve the service. They also sought feedback from people, relatives and used the feedback to develop the service in person-centred ways.

#### Working in partnership with others

The provider worked in partnership with others. This included working with the local authority, families, health care organisations and professionals. The provider had developed strong links with community based organisations, such as sports clubs, leisure facilities and the local college to enable people to achieve their desired goals.