Dynavour Care Services Limited

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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

Dynavour Care Services Limited, hereafter referred to as 'Dynavour', is registered with the Care Quality Commission (CQC) to provide personal care for people in their own homes in the Gloucestershire area. People receiving support may live with a learning disability, mental health condition and /or a physical disability. At the time of the inspection the service was providing support for approximately 140 people, however only three people were receiving personal care, which is regulated by the CQC. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection, the three people receiving personal care had been diagnosed with a mental health condition. Dynavour provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Two people using the service lived in a single 'house in multi-occupation' shared by four people receiving a service from Dynavour and one person lived in an ordinary flat in Gloucester. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

This inspection took place on 18 September 2018. At the last comprehensive inspection in January 2016 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People's care and support was personalised. Their individual wishes and choice of lifestyle had been considered when developing their care plans with them. They were involved in the review of their care with health care professionals and people important to them. People made choices about their day to day lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights were upheld and there were systems in place to help them to stay safe. People were involved in identifying any risks to them and any known hazards were reduced. People were encouraged to be as independent as they could be. Staff helped them to engage socially with others and to take part in activities of their choice.

People were supported to stay healthy and well. They planned their weekly menu and were encouraged to have a nutritional diet. People had access to a range of health care professionals. They had annual health checks. People's medicines were safely managed. People had access to easy to read information which

used pictures and photographs to explain the text. Staff understood people's communication skills and how to promote effective communication. People said they were given information about their care and support.

People had positive relationships with staff, who understood them well, anticipating what would make them anxious or uncertain. Staff worked closely with health care professionals to make sure people's care was consistent and followed current best practice. There were enough staff to meet their needs. This was kept under review as people's needs changed. Staff had access to training and support to keep their knowledge and skills up to date.

People's views were sought to monitor the quality of the service provided. They had information about how to raise a complaint. People and staff were invited to give feedback through quality assurance surveys. The registered manager and provider completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. Accidents and incidents were closely monitored and lessons were learnt to drive through improvements to people's care. The registered manager worked closely with local organisations, agencies and national organisations to keep up to date with current best practice and guidance.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dynavour Care Services Limited

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.

This was a comprehensive inspection, carried out by one inspector. The inspection took place on 18 September 2018 and was announced. We gave the service advance notice of the inspection site visit because it is small and the manager is often out of the office monitoring the quality of care. We needed to be sure that they would be in.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. We were provided with reports from the commissioners and a local user led organisation which had both inspected the service.

During our inspection we met and spoke with two people being supported by Dynavour. We spoke with a third person over the telephone. We spoke with the registered manager and two members of staff. We contacted two health and social care professionals for feedback. We looked at the care records for three people, including their medicines records. We looked at training records and quality assurance systems. We have referred to feedback from people, staff and commissioners given to the provider as part of their quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. People told us they felt safe. They had been provided with information about the local safeguarding procedures with contact telephone numbers. An external report commented, "Dynavour provides a pleasant, comfortable and safe place to live." Staff kept their knowledge and understanding of safeguarding up to date with refresher training. They had access to updated policies and procedures guiding them on what they should do if they suspected abuse. Staff were confident the appropriate action would be taken in response to any concerns they raised. People were encouraged to maintain positive relationships with those they lived with. When bullying or harassment was identified, staff gave the appropriate advice and support to people to manage their relationships. The registered manager was aware of how to raise safeguarding concerns with the local safeguarding team and what action to take should suspected abuse be reported. There had been no safeguarding concerns.

People were kept safe from the risk of known harm. People's independence had been promoted and risks had been identified and discussed with them. The registered manager described the strategies developed to prevent the risk of injury or harm. For example, providing grab rails, slip mats and mobility equipment to minimise the risk of falls. The Provider Information Record (PIR) stated, "Risk Assessments are completed to ensure safety at all times which is regularly reviewed and updated for environmental and service user care risks." There had been no accidents reported in the last 24 months.

People occasionally became upset or anxious. Staff had a good understanding about each person's diagnosis and how this impacted on their responses to daily life. Staff had completed training in mental health awareness and worked closely with mental health professionals. People were, therefore, supported through a consistent approach which followed current best practice. For example, establishing boundaries for people with respect to their behaviour and responses to others. Incident records had been completed to analyse changes in behaviour. When a change to people's mental health appeared to be happening, contact had been made with the Mental Health Crisis Team.

People's accommodation was well maintained. The provider liaised with the owners of the property to make sure the environment was maintained and day to day maintenance issues had been raised. The registered manager confirmed these were dealt with quickly. Health and safety checks were in place for fire systems, portable appliances, gas and fixed electricity services. These were carried out at the appropriate intervals. Equipment was also being serviced.

People had enough staff to meet their needs. People received consistency and continuity of care. The same staff team had supported them for over two years. People received individual care and support packages ranging upwards from seven hours a week. People said they had their care and support at times to suit them by the same staff. They confirmed they arrived on time and if there were changes they were informed. People's changing needs were kept under review and the registered manager said they liaised closely with commissioners when people's support needs had changed. Robust recruitment processes ensured all the necessary checks had been completed including a full employment history, reasons for leaving former employment in adult social care and a Disclosure and Barring Service (DBS) check. A DBS check lists spent

and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People were supported to manage their own medicines if they wished. They had been provided with training and mentoring until they were confident to be totally independent in the management of their medicines.

People were protected against the risks of infection. They were aware of the importance of maintaining a clean environment and helped staff with these tasks. Cleaning schedules were in place. Staff preparing and cooking food had completed food hygiene training and were observed following best practice. For example, wearing protective clothing and completing the necessary records.

People's care and support was reviewed in response to lessons learnt from incidents or near misses. Staff were aware of the importance of recording incidents and raising concerns with senior staff. The registered manager said, after an incident, staff were given the opportunity to review what had happened and if anything could be done differently. For example, improvements had been made, by staff providing a consistent approach, which increased people's sense of wellbeing. People were involved in reviews of their care through staff working closely with health care professionals and mental health teams.

Good

Is the service effective?

Our findings

People's needs had been assessed to make sure the care and support they needed could be provided. Their physical, emotional and social needs were monitored and reviewed monthly to ensure their care needs had not changed. The registered manager said there had been talks with commissioners to make sure their decisions were based on people's assessed needs. This was so that people would continue to receive the appropriate levels of care and support.

People were supported by knowledgeable staff who had the skills and expertise to meet their needs. Staff confirmed they had access to training and support to maintain their qualifications and to develop professionally. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had access to the Diploma in Health and Social Care or a National Vocational Qualification up to level five. Training specific to the needs of people being supported was provided. For example, diabetes, challenging behaviour and palliative care. Staff had individual support meetings scheduled four times a year to discuss their training needs and the care being provided. Staff said they had recently completed their annual appraisals. A member of staff said, "I feel valued, appreciated, supported and encouraged to improve my skills."

People were supported to have a healthy diet. People were guided by staff about what food and drink they should avoid such as sweet fizzy drinks for those with diabetes. People planned their meals each week with the help of staff. People said they liked the food and they had choice about what to eat. One person said they helped to make cakes.

People were supported to manage their health and wellbeing. Any appointments with health care professionals were recorded so they could be monitored. People had access to their GP, community nurses, mental health professionals, chiropodists, dentists and opticians. People living with diabetes were supported to manage their condition and to access the appropriate health care professionals to monitor their wellbeing. Each year people were asked if they needed the help of staff to make appointments to visit a range of health care professionals. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. One person had been supported to access hospital services and had a document in place to provide essential information to emergency and hospital departments.

People lived in accommodation which reflected their individual preferences. They lived in a house and a flat, no different from others in their street. Adaptations, such as grab rails, had been made to their accommodation so people could use the bathroom independently. They had personalised their rooms to reflect their interests and hobbies. They had access to shared areas which were well maintained. An external organisation said the house was "A well-maintained place to live."

People made choices about their daily lives. They had full capacity to make decisions about their care and 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 for 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 were not being deprived of their liberty and had no restrictions in place. 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). In domiciliary care and supported living setting DoLS applications must be made to the Court of Protection.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. They were observed being relaxed in the company of staff. People said, "They look after me perfectly", "I get on really well with my staff" and "Staff are really good." One person told the provider, "The best thing about the staff is being with them." Staff knew people really well. They were aware of their backgrounds and personal histories. Staff respected people's wishes about their lifestyle choices and helped them to cope and manage with changes to their day. Staff were prompted to respond to people with kindness and compassion. The Provider Information Record (PIR) stated, "Management encourage positive relationships between service users and staff. Staff are consistent in their approach, remaining courteous and polite at all times providing service users with support in the way they prefer, promoting their independence." The registered manager said, "Staff are extremely motivated."

People's equality and diversity were promoted. People's rights with respect to their spirituality, disability, age and ethnicity were respected. People's preferences about the gender of staff providing their personal care were respected. Staff helped people to develop relationships with people in their local community and to engage with them. People's cultural and spiritual needs had been discussed with them. They were supported to visit places of worship.

People talked with staff about their care needs. The PIR stated, "Dynavour Care has a holistic approach to care, taking service users wishes, needs and preferences into consideration and involving them in their care plans which are reviewed regularly." People were observed spending time with staff, engaging with them and enjoying each other's company. Staff were aware of the limitations of their role and knew when to contact health care professionals to provide counselling for people. Staff had dedicated time to complete training, which did not impact on the support they provided to people.

People were supported to keep in touch with those important to them. People gave staff permission, when needed, to contact their relatives and share information. People had access to advocates when making big decisions about their care and support. An advocate is an independent person who can represent people using social care services.

People's privacy and dignity was respected. The PIR stated, "Staff involve and treat service users with compassion, kindness, respect and dignity." An external agency said, "People are treated with dignity and respect." A person told us, "Staff treat me ok." Staff said, "We are calm, quiet and friendly. We listen and are patient" and "We need to act in a respectful way." People decided when they wanted to spend time alone and staff respected this. People were encouraged to be as independent as possible. They told us staff had helped them to do things for themselves such as managing their medicines and completing aspects of their personal care.

Good

Is the service responsive?

Our findings

People's care was individualised, reflecting their personal needs and wishes. Their care plans reflected their physical, mental, emotional and social needs. Information was provided about how and when they wished to be supported. People were involved in making decisions about their care and support. They said, "The manager talked to me about my care plans" and "Staff help me with preparing and cooking my meals." Reviews were held with commissioners and mental health professionals to make sure people's needs continued to be met. People were observed talking with staff about their plans for the day. The registered manager stressed the importance of consistency and continuity of care to minimise people's uncertainty and anxiousness.

People's diversity was recognised. People's rights under the Human Rights Act 1998 to fairness, respect, family life and the right to life were promoted. Staff understood their responsibility to protect the human rights of people using the service. People's care records were clear about the support people needed. They were encouraged to be independent as possible whilst having help with their care and support. An external agency reported, Dynavour has "a personalised approach to delivering care and support" and they "support people to be independent, make choices and be in control". The Provider Information Record (PIR) stated, "Dynavour Care recognises the diversity of individuals and will ensure person centred practice is followed at all times, allowing choice and enablement."

People followed their interests and hobbies. Their chosen activities were discussed with them and whether they needed any help to achieve these. The PIR stated, "Dynavour Care will continue to support the service users to resource any identified interests, activities, social, educational or vocational requirements, upholding and promoting equality, diversity and inclusion." One person was doing voluntary work at a crèche and enjoyed meeting friends at local place of worship.

People's communication needs had been assessed. A person said, "Staff give me information. They talk to me and explain it to me." People's care records guided staff about people's speech patterns. They were prompted about how to talk with people such as giving them space to express themselves. The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. They said people who needed to have information or documents produced in an easy to read format, using photographs or pictures to illustrate the text, would have access to these. Some easy to read information was available such as the complaints procedure and safeguarding information.

People knew how to raise a concern. They said they would talk with staff or the registered manager if they had any concerns. No complaints had been received. A person told us, "I have no problems" and "I have no concerns." Staff said they would raise concerns as they arose with senior staff or the registered manager. The PIR stated, "Service users are always encouraged to provide feedback, where any comments, compliments or complaints are welcomed about the services delivered or how to improve the care services provided, ensuring the quality of the care that Dynavour delivers."

People's would be helped to discuss their preferences for end of life support and to put plans in place. The registered manager had arranged for staff to attend palliative care training to start the discussion with them and people using the service about how best to support people towards the end of their lives.

Good

Is the service well-led?

Our findings

People were supported by a provider who had a clear vision about the type of service they wished to provide. The Provider Information Record (PIR) stated, "Service users' care, treatment and support achieves good outcomes; promotes a good quality of life and is based on the best available evidence" and "Dynavour believes that the services should be based on sound values and principles with a sound understanding of the fundamental needs of people." A person told us, "I am very happy (with the service received)." Staff said, "It's like one big family" and "The quality of care is pretty good." The registered manager managed the entire service. They said they visited people in their homes as well as meeting people in the office. They said, "From the start to the finish we ensure the client is safe, comfortable and we can commit to them."

The registered manager was first registered in August 2017. They had managed part of the service, which was not registered with us, prior to their registration with CQC. 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. People said, "She is very nice, lovely" and "I get on really well with [Name]." Staff told us, "We always know where she is. I always get a reply if I send a message" and "She is really good." Staff were confident raising concerns under the whistle-blowing procedure and knew issues would be investigated. Whistle-blowing is the term used to describe a process whereby health and social care professionals can raise concerns about the conduct or integrity of others without fear of reprisal.

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies, procedures and documents in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance.

Quality assurance processes were in place to monitor the quality of the service and the care provided to people. Policies, procedures and information was up to date and available to staff. The registered manager had a range of quality assurance checks which they completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement, these were reviewed to ensure they had been completed. The provider monitored people's experience of their care and support by checking quality assurance audits and regularly meeting with the registered manager.

People and staff were asked for their opinions of the service. They were invited to complete annual surveys to give their views about people's experience of their care and support. Comments included, "You are brilliant" and "We are all responsible for good quality care for the clients." People talked with staff, on a daily basis, about any issues they might have. These concerns were then dealt with in a timely fashion.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on-going monitoring of the service.

People's experience of the service they received was shaped by their responses to their environment and day to day life. Lessons were learnt from incidents and observations of people. For example, the support needs of people during the night were being closely monitored to assess whether they needed waking night staff to help them.

There were strong links with local agencies and national organisations. The PIR stated, "There is total transparency where multi-disciplinary working ensures a streamlined service and flags up early issues that can be resolved quickly." The registered manager kept up to date with best practice by attending training with the local authority and monitoring information shared by national organisations.