

# Dynasty Care Services Limited

# Supported Living

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Supported Living provides care and support to people living in 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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. Not everyone who used the service received personal care. At the time of this inspection two people who used the service were receiving personal care.

### People's experience of using this service and what we found

Recruitment practices were unsafe as the provider had not made sure checks on staff's suitability to support people were thorough and robust.

The provider's current governance arrangements were not always effective. They had not picked up issues we found about recruitment practices at this inspection. The provider's checks had also not identified missing, incomplete and inconsistent information we found in people's records.

People said they were safe at the service. Staff had been trained to safeguard people from abuse. There were enough staff to support people. Staff understood identified risks to people's safety and wellbeing and what action to take to support people to stay safe.

Health and safety checks were carried out of people's homes to make sure people were safe. Staff made sure people's homes were clean and hygienic. They followed current practice to reduce infection and hygiene risks within people's homes.

People were involved in planning their care and support and could state their preferences for how this was provided. People's records reflected their needs and preferences. People were supported to be as independent as they could be with daily living tasks. Staff knew people well and understood how their identified needs should be met. People were supported to undertake activities and interests that were important to them.

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 interests; the policies and systems in the service supported this practice.

People were supported to take their prescribed medicines and staff made sure people could access support from healthcare professionals when needed. People were involved in planning and preparing meals. Staff encouraged people to make healthy food and drink choices and checked they were eating and drinking enough to meet their needs.

People said staff were kind and helpful. Staff received relevant training and supervision to help them meet people's needs. Staff felt well supported by managers and were encouraged to learn, develop and improve in their role.

The provider had arrangements in place to make sure accidents, incidents and complaints were investigated and people kept involved and informed of the outcome.

People and healthcare professionals had positive experiences of using the service. The provider had systems in place to obtain their feedback about how the service could be improved.

The provider worked proactively with other agencies and healthcare professionals and acted on their recommendations to improve the quality and safety of the service for people.

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

#### Rating at last inspection

This service was registered with us on 31/07/2020 and this was the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns we received about staff's competence and experience, medicines administration and the overall quality of care and support provided to people.

We also looked at infection prevention and control measures under the safe key question. We look at this in inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

After this inspection the provider wrote to us to tell us what action they had taken to mitigate risks. This included introducing new processes to validate and check application forms and employment references.

#### Enforcement

We have identified breaches in relation to good governance and fit and proper persons employed. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Supported Living

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

This service provides care and support to people living across four '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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was announced. We gave the provider 24 hours' notice to enable them to ensure they could accommodate an inspection as safely as possible. Inspection activity started on 23 June 2021 and ended on 29 June 2021.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required

to send to us about significant events that take place within services. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with the registered manager, the operations manager and the compliance manager. We reviewed a range of records including two people's care records and other records relating to the management of the service.

After the inspection:

We spoke with one person about their experiences of the service. We also spoke with three care support workers. We continued to speak with the registered manager and seek clarification about the evidence gathered. We also reviewed additional documentation relating to the management of the service.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had failed to operate safe recruitment practices. For example, application forms had not been completed fully and information about previous employment was missing. The provider had failed to obtain this information to ensure staff were appropriately experienced.
- Employment references were not always reliable. The provider did not routinely check their authenticity. The provider had failed to properly assure themselves of the character and former work experiences of staff to ensure they were suitable to support people.

The provider had failed to ensure systems were in place for the recruitment of fit and proper persons. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had carried out DBS checks of new staff. A DBS check is a record of a person's criminal convictions and cautions – carried out by the Disclosure and Barring Service.
- There were sufficient numbers of staff to meet people's needs.

### Using medicines safely

- People's records contained information about their prescribed medicines and how they should be supported with these, so staff could make sure people took these in a timely and appropriate way.
- The registered manager audited medicines stock and records to make sure staff were managing and administering medicines safely.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them.
- When people were unable to take their medicines, the reason for this was recorded on their electronic medicines administration record (MAR). The codes used by staff were not always consistent. This meant the provider might take longer than necessary to identify any potential issues people might be having with their medicines. The registered manager told us they would take immediate action to contact their software provider and make the necessary changes to improve this.

### Systems and processes to safeguard people from the risk of abuse

- One person told us, "I feel very safe with the staff."
- Staff had been trained to safeguard people from abuse. They understood safeguarding procedures and when to report concerns to the appropriate person or authority.

- The registered manager understood their responsibilities to liaise with the local authority when a safeguarding concern about a person was reported to them.

#### Assessing risk, safety monitoring and management

- People's records contained information about identified risks to their safety and wellbeing. This information was discussed with people to make sure they understood what these risks were and what they and staff would do to reduce these. One person said, "They do explain the risks to me about some of the things I would like to do but it's still my decision to do what I want."
- There were plans for staff for how to manage risks to reduce the risk of harm or injury to people and others. Staff understood these risks and what action to take to support people to stay safe.
- The provider made sure the premises were checked on a regular basis for any health and safety concerns. Any issues were reported promptly, and the provider made sure appropriate action was taken in response.

#### Preventing and controlling infection

- Staff used personal protective equipment (PPE) safely and effectively.
- Staff made sure people's homes were cleaned at regular intervals throughout the day to prevent the spread of infection.
- People were encouraged by staff to wear face masks when out in the community and to practice good hand hygiene.
- The provider was accessing COVID-19 testing and had engaged in the vaccination programme for people and staff.
- The provider's infection prevention and control policy was up to date and had plans in place to make sure infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene practices to help them reduce risks to people of acquiring foodborne illnesses when preparing and serving food.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- The registered manager investigated accidents and incidents. They took appropriate action when this was needed to reduce the risks of these reoccurring, to keep people safe.
- Post accident/incident debriefs were held with people and staff to discuss and learn from these to help improve the quality and safety of the support provided.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been carried out with people prior to them using the service. The provider had asked people for information about their medical history, healthcare conditions, their care needs and the outcomes they wished to achieve. This helped them plan and deliver the care and support people required.
- People had been able to state their choices about how, when and from whom support was provided. For example, one person had specified they only wished to be supported by female support workers. The provider had made sure they were only supported by female staff.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. This included training in specific topics such as positive behaviour support and managing situations that could be potentially aggressive or violent.
- Staff had supervision (one to one) meetings with managers to support them in their role and to identify any further training or learning needs they had. Managers used feedback received from people through regular monitoring visits to help staff address any issues with their work.
- Staff told us when they had concerns about their work, managers provided appropriate support. One staff member told us about the support they had received from managers during a particularly challenging period at work. They said, "It was a very hard time but they supported me through it and I feel ready to take on new packages as I will be looked after by the managers."

Supporting people to eat and drink enough to maintain a balanced diet

- People's records set out information about their dietary needs and any specific needs they had. Staff understood people's preferences and dietary needs and took this into account when supporting people to plan and prepare meals.
- Staff checked people were eating and drinking enough and sought appropriate support if they had any concerns about this.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's records contained current information about the support they needed to manage their health and medical conditions. Staff understood people's conditions and followed health management plans to reduce the risk of people's conditions deteriorating.
- Staff helped people to access support for their healthcare and medical needs. They made sure people attended their scheduled medical and healthcare appointments when required.

- Staff were observant to changes in people's health and wellbeing and sought the advice and support of health care professionals when needed.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People using the service had capacity to make and to consent to decisions about specific aspects of their care. People were free to leave and return to the service with no undue restrictions.
- There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us they were looked after well. They said, "The [staff] are very kind, they will do anything and very helpful."
- Staff were caring and respectful when speaking to us about people. Their responses indicated they were focussed on people experiencing positive outcomes.
- People received support, wherever possible, from the same staff so that the care they received was consistent. People had a say in who they received their support from.
- The provider took account of people's specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded in people's records so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and involved in making decisions about the care and support they received. People's care plans reflected their individual preferences. One person told us, "I feel they listen to me and respect my choices and decisions."
- Staff obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. One person said staff listened to them about how they wanted support provided and this was respected.
- One person told us before they started using the service, they had been unable to complete a specific task without help. They said with staff's encouragement and support they had started to regain their ability to do this task for themselves.
- Staff prompted people to undertake tasks such as cleaning, laundry, shopping and preparing and cooking meals. Staff told us they encouraged people to do as much as they could for themselves. One person said staff only stepped in to provide them with support if they could not manage a task safely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records contained information for staff about their preferences for how care and support should be provided to meet their needs. This helped to ensure people received personalised care and support from staff.
- Staff understood people's care and support needs and how these should be met. They gave us examples of the support they provided to make sure people undertook tasks and activities in the way people preferred.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- Staff encouraged people to undertake activities and pursue interests that were important to them. One person told us staff encouraged them play their favourite board games which helped keep them stimulated. A staff member said about another person, "I will play music of their choice and encourage them to have a dance as I know [person] really likes this."
- People were supported to maintain relationships with the people that mattered to them when they required this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been discussed, recorded and highlighted in their individual care records. Staff understood how people should be supported with these needs.

Improving care quality in response to complaints or concerns

- One person told us they had no issues or concerns about the support they received at the time of this inspection. They told us, "I really enjoy living here at the moment. I chat to staff and people in the local community. The staff are very kind. We play games together and it's been fun. It's really good."
- Feedback received by the provider from healthcare professionals indicated they were satisfied with the care and supported provided to people. One healthcare professional had thanked the service for their hard work to help one person live independently and appreciated the lengths the service had gone to, to get to know the person and meet their needs.
- People were encouraged to raise concerns and when they did, we saw these were dealt with appropriately

by managers.

- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

#### End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- The registered manager told us people were asked about their wishes for the support they wanted to receive at the end of their life at the time of their initial assessment. However, they had not routinely recorded the outcome of these conversations on people's records.
- The registered manager told us they would take action to make sure this information was accessible on people's records. This would help to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; 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's systems for assessing the quality and safety of the service had not always been effective. This is because we found issues during our inspection related to unsafe recruitment practices which had not been picked up by the provider through their management checks and audits.
- Not all records maintained by the provider were accurate and up to date. We found management checks had not picked up for one person that their records were incomplete. Their records did not contain evidence of their consent given to restrict access to their medicines. We were assured the person was happy with this arrangement but the provider had not followed this up with their written consent.
- We also identified missing information about the conversations had with people about their end of life wishes and inconsistent recording of people's reasons for not taking their prescribed medicines.

The above issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibility for notifying CQC of events or incidents involving people and our records indicated they had done this previously. During the inspection we found two incidents had not been reported to CQC. The reasons for this were discussed with the registered manager and we were satisfied, given the complexities of the circumstances, there had been some genuine confusion around whether these had been notifiable events. The registered manager has since submitted the relevant notifications and no further action was required.
- The provider undertook regular monitoring visits to people and spot checks on staff to make sure people were receiving safe, high quality care. Outcomes from recent checks indicated people were satisfied with the care and support provided by staff.

Following our inspection the provider told us they had started to take action to address some of the issues we found above. They had undertaken a review of recruitment practices and introduced new processes to validate and check application forms and employment references.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- One person spoke positively about staff and of their experiences of using the service. They told us, "I am getting all the proper care I need...I feel safe and have no complaints."
- The provider sought people's views and suggestions for improvements through monitoring visits. We saw examples of changes made to the support people received based on their feedback.
- The provider encouraged a culture within the service that was focussed on people receiving high quality care and support. Managers and staff knew people well and their interactions with people were focussed on meeting their specific, individual needs.
- Staff told us they felt well supported by managers. A staff member said, "It's a good company to work for. We have regular training. The managers are really good. They are very supportive. They do look after us and make sure we are ok."
- Staff also told us they felt listened to by managers, and managers acted on their feedback.

Working in partnership with others

- The provider worked proactively with healthcare professionals involved in people's care and treatment. They had acted on their recommendations and advice to design and deliver care and support that met people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (17(2)(a))</p> <p>The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (17(2)(c))</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured recruitment procedures were established and operated effectively to ensure that persons employed meet the conditions in - (a) paragraph (1) (19(2))</p>