

Dynasty Care Limited

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Inspection report

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Date of inspection visit: 3 August 2015
Date of publication: 21/08/2015

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 

Overall summary

We carried out an inspection of Dynasty Care Limited on 3 August 2015. This was an announced inspection where we gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to speak with us.

Dynasty Care Ltd. provides a range of services to people in their own home including personal care, companionship and shopping in Whitton and the surrounding areas. At the time of inspection there were nine people receiving personal care.

A registered manager was in place. 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.

Summary of findings

People who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

There were sufficient staff employed to provide consistent and safe care to people, with people receiving care from the same small team of staff.

People received their medicines in a safe way and staff had received training in the types of medicines people received. Staff recorded medicines taken by people in an appropriate medicines record sheet.

Staff had received training and were aware of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. They also received other training to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been cooked by staff.

Staff knew people's care and support needs. Care plans were in place detailing how people wished to be

supported and people were involved in making decisions about their care. There were regular visits and spot checks carried out by the service to monitor the quality of service and the care practice carried out by staff.

People told us that staff were kind, caring and efficient.

People who received care remained independent and in control of their decision making and choices. People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

A complaints procedure was available and people we spoke with said they knew how to complain, although most people said they had not needed to. Where complaints had been received they had been satisfactorily resolved. The service maintained records of compliments and complaints and recorded how these were resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

Summary of findings

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 safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The agency employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines were safely administered by staff and accurately recorded.

Good



Is the service effective?

The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. People received assessments and were consulted before care was provided.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Good



Is the service caring?

The service was caring.

Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

The complaints procedure was accessible to people and the service maintained records of compliments, feedback and complaints.

Where necessary, the provider worked well with other agencies to make sure people received their care in a coordinated way.

Staff were aware of people's important contacts and GPs, and supported people to make contact with them where required.

The service was flexible in response to people's needs and preferences.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were several quality assurance systems in place that enabled the registered manager to monitor the quality of the service, identify and address short falls and improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff were supported by a comprehensive range of policies and procedures This ensured that staff supported people in a consistent way

Good



Dynasty Care 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 inspection took place on 3 August 2015 and was announced. We gave 48 hours' notice to the provider to make sure that the people we needed to speak to were available. The inspection team consisted of two inspectors.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with three people who used the service and four relatives. We spoke with the Director of the company, the registered manager and two care staff to gather their views about the service provided. We also spoke to external health and social care professionals with whom the agency had worked, to ask for their views.

We reviewed a range of documents and records including; three care records for people who used the service, two records of staff employed by the agency, complaints records, accidents and incident records. We also looked at policies and procedures kept by the service.

Is the service safe?

Our findings

People and their relatives confirmed that staff knew people well and understood their needs. This helped people and their relatives feel reassured and safe. Everyone we spoke to felt they could trust the care staff who visited them. One person said, "Yes I feel quite safe with my carer and would absolutely trust them all, I have no complaints." Another said, "I am very lucky to have my carer and we work as a team." A relative said, "In my opinion they are heaven sent."

People also told us that they felt confident in the ability of staff when they were using specialised equipment, such as hoists.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. Staff records confirmed that training had been provided to staff with regard to safeguarding and the service had appropriate policies and procedures in place. The registered manager was able to describe the procedure that was followed during a previous safeguarding issue and this was followed according to the local authority's procedures. At the time of the inspection there were no safeguarding concerns.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and details of nutritional needs of people. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring whilst at the same time supporting people to maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to

staff at the office. Incidents and accidents were logged at the office and action was taken by the manager as required to help protect people. Resolutions were in the form of reviewing the situation with staff, amending routines, where appropriate and carrying out spot checks in people's homes to ensure that the care plan was being delivered safely and in accordance with the person's wishes. People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from people were positive. Everyone we spoke with had found it easy to contact the office at any time which increased their feeling of safety.

We discussed how the service recruits staff and looked at staff records. The manager described the recruitment process in a clear and consistent manner. Staff records demonstrated that a robust recruitment process was in place and that the recruitment process was designed to ensure that successful staff had a good balance of skill, knowledge, experience and personal qualities that suited them to the profession of caring.

We saw relevant references and results from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories.

New staff underwent a thorough induction process which included training related to the Care Certificate, an induction programme which covers 15 standards that health and social care workers need to complete during their induction period.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and had also received training in understanding what the medicines were that were being administered. Most people managed their own medicines and suitable checks and support were in place to ensure the safety of people who managed their own medicines.

Is the service effective?

Our findings

People told us they felt included in their care plans. One person told us that when they were discharged from hospital, social services, the hospital and the agency worked well together to arrange a care package at home to support them.

People and their relatives also told us that they were happy with the level of skill and knowledge that care staff showed when providing care. One relative told us that his care staff were “very helpful” when it came to supporting people with dementia. One person told us that they felt confident in the way the care staff were able to use the hoist.

Staff were able to confirm that they had received training when they began working at the service. They had completed an induction and had the opportunity to shadow a more experienced member of staff. Staff were interested in developing their skills further and told us that they would like to receive more in depth training in areas such as dementia. Staff acknowledged that this was an area they could discuss during their formal supervision sessions.

The staff training records showed staff were kept up-to-date with safe working practices. The registered provider told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people’s needs and this included a range of courses such as dementia care, moving and handling, medicine administration and other mandatory training in line with Skill for Care’s Care Certificate. The registered manager was accredited to train staff in these areas.

Staff confirmed that they received supervision and support from managers and records confirmed this. We saw that in addition to informal day-to-day supervision and contact there were formal supervision sessions with staff and quarterly reviews of performance.

The care co-ordinator carried out spot checks in people’s homes which included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people’s dignity was maintained, competence in the tasks undertaken and competence with any equipment used, such as hoists.

People confirmed that spot checks and visits were carried out and that this reassured them that care staff were adequately skilled and knowledgeable because they were being properly supervised and managed. People were also able to tell us the name of the manager and owner and felt confident that they could contact the office at any time.

People confirmed that staff always asked them for consent before carrying out tasks. One person told us that the care staff were particularly helpful when they were teaching her how to get used to a hoist, and how, by making sure they spoke to her through each step, helped her confidence.

Staff confirmed they have been received training in ensuring people’s rights were respected and understood the importance of gaining consent from people before carrying out any task. Staff policies and procedures, together with induction training included sections on respect and consent.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA as part of induction.

The manager confirmed that at the time of inspection there was no one subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

We checked how the staff met people’s nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. Relatives confirmed that staff were competent and skilled at supporting people to eat and drink.

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of people’s GPs and any other health professional such as pharmacist or chiropodist. People were able to give examples where the agency and its staff had liaised well with occupational therapists and community nurses which had led to care being effectively coordinated and delivered. People’s care records showed that staff liaised with GPs where requested.

Is the service caring?

Our findings

People were supported by staff who were warm, kind, caring, considerate and respectful. People we spoke with were appreciative and spoke well of the care provided by staff. One person told us, "They are committed and the care is very good." People reported that all staff worked in a caring and friendly manner. Staff were described as respectful and worked with people to understand their needs.

All people we spoke with told us they had received information about the care they were to receive and how the service operated. They also confirmed that the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People also spoke highly of the way having consistent care staff ensured that they understood people's needs and preferences as individuals which indicated a person-centred approach to the care that was provided. One relative told us, "It's nice to have the same carer, they get to know my relative and I can leave them to get on with the job."

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information

about people's needs and preferences which showed they knew people well. One care staff told us, "Having the same service users, you build that rapport and you get to know them and what they are able to do and not able to do. I know (X) likes to wear a certain accessory, so it is important I make sure they are wearing it as they cannot ask for it."

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Care records confirmed that people had been assessed and involved in decision making and had consented to their care.

People's privacy and dignity was respected. Staff asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Is the service responsive?

Our findings

Everyone we spoke with was confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people. People's care records and service policies and procedures focussed on ensuring that care packages were decided on only after an assessment had been carried out and people consulted about their views on how it should be delivered.

One person described how they had been fully involved in developing their care plan and that it was very accurate and reflective of their needs. They said, "The carers are very good, even though they know my routine by now, they still ask if I want something a certain way, they never assume."

People described staff as knowing them well, being able to support them in making choices about clothing, about concerns about falling, and deciding what to do with their day.

A relative told us how they had been involved in their partner's care plan. They described how staff fully involved them in their relative's care, and always asked what sort of a night they had and how they were feeling.

People's care records were up to date and personal to the individual. They contained information about people's

likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were in place that reflected the current care and support needs of people. Care plans provided some detail for staff to give care and support to people in the way they preferred.

People told us they felt the service listened to them and learned from their experiences, concerns and complaints. They confirmed that spot checks took place which was reassuring to them. One person told us how "I knew from my first meeting with the manager that he was different, very nice, worked hard to get carers which matched to my relative's concerns."

Everyone confirmed that they received regular contact from the agency, had their care plans reviewed and were consulted about changes. People knew who to complain to if they had any issues.

No one had any complaints about the service. Everyone confirmed that they had no issues in being able to communicate with the manager or other staff.

We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to.

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Staff policies and procedures, induction and training all emphasised the involvement of the individual in decisions about their care and had systems in place to monitor how well that was working.

Everyone knew the manager by name and felt they could approach them to discuss any concerns and were confident they would deal with any issues they raised.

Most people reported being in contact with the agency monthly or more. One person described how the manager phoned to enquire how they were and to ask if there were any problems.

Everyone agreed that there was a culture of openness where the agency was interested in the experience of people. People described how they were given a booklet with information about the agency. One person told us how they would recommend the agency to others. "They have done me a service, I am very happy with them. As far as my relative is concerned and the service we have had, yes I would recommend them to others."

The service demonstrated good management and leadership. There was a manager who was registered with the Care Quality Commission (CQC) who was able to describe a vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives.

We saw that systems were in place to enable supervision of staff, communication with people who used the service and to enable the staff team to discuss the quality of the service. The manager and the director met daily and care staff received regular supervision. In addition the manager

maintained good links with social services, provider forums and organisations related to the field of domiciliary care, dementia and professional development, such as Skills for Care and local provider forums.

The manager provided a strong visible presence for staff and people through good communication and regular personal visits and telephone contact.

The service delivered high quality care through having systems and processes which were designed to monitor the quality of the care provided and to ensure that people's experiences and views were used to help improve the service. The service was moving towards computerising their data in order to improve their ability to analyse data and information and to detect any trend or pattern more quickly. At the current inspection the number of people using the service was low enough to be able to have a very individualised approach to monitoring the quality of their care.

People told us that they received requests for feedback through regular phone contact and questionnaires. The service carried out regular reviews, at least annually, with people regarding their care and took note of any compliments and comments to gauge what people considered the most important aspects of the service for them.

The manager and director described the agency's approach to quality as one of developing slowly and maintaining a balance between taking on new clients and ensuring there was a sufficient pool of care staff with the right qualities to provide the care. This was reflected in the agency's business plan which was shared with CQC.

We saw that records were kept securely and confidentially and these included electronic and paper records.