

Mrs Jacqueline Archer

# Dementia Care TLC

## Inspection report

Suite 5 Benjamin Holloway House  
West Quay  
Bridgwater  
TA6 3HW

Tel: 01278455270

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dementia Care TLC is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care and support to people which include personal care, food preparation and medication support. At the time of this inspection, the provider informed us that they were providing care and support to 50 people who used the service.

Not everyone using Dementia Care TLC receives a regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives were happy with the care workers who supported them. Each person benefited from regular staff who knew them well. Comments included, "I couldn't wish for better staff. They are respectful and helpful" and "The carers have been wonderful and understand her dementia. They know her likes and dislikes and really work well with us."

People felt safe and comfortable when staff were in their home. People's records identified risks but there were not always clear plans in place to tell staff how these risks should be managed or reduced. Despite this, staff knew the risks and told us how they would respond. The provider had systems and processes in place for the safe administration and use of medicines. However, these processes were not always followed. The provider's records for medicines administration did not give assurance about the safe administration of medicines. Staff recruitment practices were safe. Staff understood their responsibilities in relation to infection control.

People and relatives told us people were asked for their consent and permission before receiving care. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Where some people lacked capacity to make decisions, the care plan did not contain evidence to show decisions had been made in the person's best interests.

People received a personalised service to meet their specific needs, preferences and wishes. People were involved in making decisions about their care and supported to maintain their independence. However, care plans did not always contain enough detail for staff to know how to deliver care effectively and consistently. Despite the lack of information in care plans, staff knew people well and people spoke positively about the service they received which met their needs and preferences.

People told us the service was well managed. Comments included, "I think it is extremely well organised and (name of provider) is a good leader" and "On the whole I think it seems a well-managed company." There were systems in place to assess and monitor the quality of the service provided. However, monitoring

systems had not identified the issues found at this inspection. When we identified issues during the inspection, the provider immediately started work on making improvements.

#### Rating at last inspection

The last rating for this service was Good (published 6 June 2018).

#### Why we inspected

This inspection was initially carried out as part of a pilot exploring virtual approaches to inspection. However, during the inspection we identified concerns with risk assessments, care planning, medicines management and governance. This meant that under the terms of the pilot we needed to convert the inspection to one that included a site visit.

This inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to records such as risk assessments, the safe management of medicines, consent, and the governance of the service at this inspection.

You can see what action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

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

## 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

**Inspected but not rated**

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dementia Care TLC

## 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.

This inspection was initially carried out as part of a pilot exploring virtual approaches to inspection. However, during the inspection we identified concerns that meant we needed to revert to our existing methodology to carry out an inspection including a site visit. We undertook this focused inspection to follow up on some concerns we had about risk assessments, care plans and the management of medicines.

#### Inspection team

This inspection was completed by two inspectors and one medicines inspector. One expert by experience telephoned people who received care from the service and relatives to obtain feedback about their 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

Dementia Care TLC is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the provider would be available to assist.

#### Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. 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 judgement in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and six relatives to gain their views about the service. We also spoke with eight staff which included care workers, office staff, the provider and their deputy.

We reviewed a range of records. This included six people's care plans and risk assessments. We looked at documentation relating to medicines for five people. We looked at three staff files and checked recruitment. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm. Not all legal requirements were being met.

### Assessing risk, safety monitoring and management

- People's records identified their risks but there were not always clear plans in place to identify how these risks would be managed, reduced or mitigated. For example, where people were at risk from choking, there were no clear guidelines in place describing how staff should respond. However, staff knew the risks and told us how they would respond.
- One person's moving and handling risk assessment stated there were risks when getting up from bed. However, there was no information on what those risks were.
- Another person had a catheter. There was some information on what staff should do to support the person. However, there was no information on risks, what staff should look for and when to call the GP or district nurse.
- People who had known risks associated with health conditions did not always have their needs identified, assessed and acted on to keep them safe. For example, one person was a diabetic. The care plan stated to prepare pens to 'required dose' but there was no information of what the dose should be. There was no description of what staff should look for in relation to high and low blood sugar levels, or what a safe level was.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently introduced an electronic care planning system. When we identified issues during the inspection, they immediately started work on making improvements to the information in care plans and risk assessments.

### Using medicines safely

- Individuals MAR charts were not produced in line with national guidance, so did not always contain enough information to support staff in safe administration. There was no second check of MAR charts transcribed by staff. This may present a risk in administration and/or communicating medicines information when transferring between care providers.
- Medicine risk assessments and care plans were not person centred or complete for some of the people reviewed.
- People with occasional use medicines, such as 'when required' (PRN), over the counter (OTC) and 'rescue' medicines, did not have protocols in place to support staff to safely administer the medicine or refer to the GP when necessary.
- Information and planning for individuals needing support with long term conditions or high-risk medicines

was not consistent.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they always felt safe and comfortable when staff were with them in their home. Comments included "I feel very safe with them" and "They are all very nice and will make sure they have locked up and checked the security when they leave."
- Staff had completed safeguarding adults training. They knew how to protect people and report concerns about people's safety.
- Staff told us they felt confident the provider would respond and take appropriate action if they raised any concerns. The provider worked with the local authority safeguarding team to ensure people remained safe.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. There were enough staff available to support people in their own homes.
- People told us staff were usually on time, stayed the full time and if they had completed their care they would stay and chat with them. Staff told us they usually had enough time at visits and between visits.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This helped to ensure they were suitable to work with people.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes. They said they felt safe and staff wore PPE appropriately. Comments included, "They are all wearing masks as well as gloves and aprons now" and "(Name) doesn't have any worries about safety from a virus point of view."
- Staff had completed infection control training and additional training specifically relating to COVID-19. Staff understood their responsibilities in relation to this.

Learning lessons when things go wrong

- Where an incident had occurred, the provider had asked staff to attend additional training to minimise the risk of it happening again.



# 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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because only part of this key question was reviewed.

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.

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.

- People and relatives told us people were asked for their consent and permission before providing care. One relative said, "They talk him through things and always check he's ready to do whatever it is."
- The provider did not have a good understanding of the MCA and contacted the local authority when mental capacity assessments were needed.
- Care plans indicated whether people had capacity to make decisions in relation to their care and support.
- Where some people lacked capacity to make decisions, the care plan did not contain evidence to show decisions had been made in the person's best interests. This included the use of bed rails and a wheelchair strap.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were really caring. Comments included, "I couldn't wish for better staff. They are respectful and helpful" and "The carers have been wonderful and understand her dementia. They know her likes and dislikes and really work well with us."
- People benefited from regular care workers who knew them well. People knew their regular staff well and told us they always had time together to talk about interests. Comments included, "They are lovely staff and we chat about my interests and all sorts" and "I am teaching one of them to cook which is good fun. It is really nice as I love to cook and teach, she comes in her own time and it gives me purpose."
- We heard of examples of staff going over and above to provide support to people. For example, the provider prepared and delivered a Christmas dinner to people on Christmas Eve. Special dietary needs and vegetarians were catered for. Staff then warmed the meal on Christmas Day.
- A staff member went to one person's house at 5.00am, in their own time, to support them to get ready for a hospital appointment. When people needed food or medicines, staff collected and delivered these in their own time.
- Staff told us how they provided support to meet the diverse needs of people using the service including those related to disability, gender, and age.

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

- People who were able to make decisions told us they were able to say how they wanted to be cared for and by which staff. One person said, "We went through everything and I'm happy everything is included".
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys. People told us "(Name of relative's) needs have changed and we now need to put in further support. They have been very good at understanding what needs to be done" and "Someone came about a month ago to review it."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because only part of this key question was reviewed.

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

- Care plans had recently been transferred onto an electronic system. Care plans did not always contain enough detail for staff to know how to deliver care effectively and consistently.
- Despite the lack of information in care plans, people spoke positively about the service they received which met their needs and preferences. One person commented, "They are very good and really understand my condition and never rush me. They will check I am ready to get up and things as it is so painful for me".
- Staff had a good knowledge of the people they regularly visited and knew how people liked to receive their care and support.
- The provider was aware of the Accessible Information Standard. Staff knew people's information and communication needs. However, these needs were not always identified, recorded and highlighted in care plans.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we identified issues during the inspection, the provider immediately started work on making improvements to the information in care plans.

### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.
- The service had received compliments from families on the care and support provided. Comments included, "With your help, he had his wish to end his days in his own beloved home, we shall be forever grateful to you" and "I have witnessed you all going above and beyond to ensure that (name's) last days were as comfortable and pain free as possible."

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service was not consistently managed and well-led.

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

- Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service. However, monitoring systems had not identified the issues found at this inspection in relation to care plans, risk assessments, and medicines management.
- For example, whilst overall 'spot checks' of care were undertaken, there was no evidence of a formal process to assess staff's continued competency in administering medicines. The service had a medicines policy, although staff did not always follow this. Staff carried out regular medicines' audits but results of these did not reflect the issues found at the time of inspection. For people who lacked capacity, there was no process in place to manage the administration of covert medicines (when medicines are hidden in food or drink without the person knowing they are taking them).
- The provider had recently introduced an electronic care planning system. Records relating to care planning were not easy to access. There was some conflicting information. Electronic and paper records were duplicated and there was a risk of records not getting updated. Records of the care provided to people were not complete. This meant staff may not deliver people's care in a way that met their needs and kept them safe.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we identified issues during the inspection, the provider immediately started work on making improvements to the information in records. They told us they would review the paper records they keep in the people's homes and reduce any duplication.

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

- People told us the service was well managed. Comments included, "I think it is extremely well organised and (name of provider) is a good leader" and "On the whole I think it seems a well-managed company."
- People told us they would feel able to raise any concerns. Where concerns had been raised, people told us these had been dealt with quickly.
- Staff were passionate, highly motivated and proud to work with the service. Comments included, "We all want the best for our clients", "(Provider's name) is excellent, we're massively supported" and "We have a really good team".
- A healthcare professional told us, "I have worked with the team at Dementia Care TLC for the last few years, I would comment that there is excellent leadership within Dementia Care, the care team are skilled,

knowledgeable, skilled and exceptional at working with clients with advancing, complex dementia."

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 was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider understood the need to be open and honest with people and relatives.

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

- People and their relatives were asked to share their views about the service through regular home visits, telephone discussions and questionnaires. The latest feedback showed high levels of satisfaction with the care delivered and how the service was managed.
- Staff told us they felt able to contribute their thoughts and experiences on the service. Staff meetings were held to discuss the running of the service and staff had the opportunity to share information and raise queries. Staff spoke positively about communication within the service. They told us they were provided with information they required.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- A healthcare professional told us, "Before COVID-19 (provider's name) was involved in a pilot scheme with the Local Authority one in which she actually assessed the client and wrote the support plan, informing Adult Social Care of the package of care required to support the needs of the individual. This was an excellent piece of work."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  Where people lacked mental capacity to make an informed decision, staff were not acting in accordance with the Mental Capacity Act 2005. Regulation 11 (1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people had not been assessed and action had not been taken to mitigate risks. Regulation 12 (2)(a)(b)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People's records were not complete, accurate and up to date. Monitoring systems were not fully effective. Regulation 17 (2)(c)(f)