

Alzheimers Support

Alzheimer's Support

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 

Overall summary

This inspection took place on 24 June 2015 and we spoke with people who used the service, their relatives and staff on the 23 and 24 June 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post at the service at the time of our inspection, however they had recently decided to de-register with us. A manager has been

appointed and assisted us during this inspection. The manager told us they had applied for their DBS check and would apply to register as soon as that was returned. 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

The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the registered manager and provided feedback on the service.

We saw records to show formal complaints relating to the service had been dealt with effectively.

Staff were knowledgeable of people's preferences and support needs. People told us the regular staff they had provided them with the support they needed and expected.

Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

We looked at the care records for fifteen people. They outlined each person's needs and the support required. People told us they were supported in a range of interests which suited their wishes; this included accessing their local community.

Staff had received regular training in mandatory subjects which was provided face to face by a person employed to provide training to staff. The manager said the effectiveness of training is monitored through the supervision and if necessary disciplinary processes. Each of the seven staff records we saw showed training was up to date. They also included records to show staff received regular supervision of their performance.

All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. All of the staff we spoke with were knowledgeable about the requirements of the Mental Capacity Act 2005.

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. People and staff told us they felt.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines.

Good



Is the service effective?

The service was effective. Care plans were in place which described the level of support the person wished to receive.

Staff were knowledgeable about the needs of the people they were supporting.

People had regular access to healthcare services to maintain and promote their health and well-being.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. People and relatives described the staff as “ absolutely marvellous, They are very respectful, kind and supportive.”

People’s privacy and dignity were respected. People were involved in making decisions about the support they received.

People were asked what they wanted to do daily and their decisions were respected.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people’s support needs.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

Good



Is the service well-led?

The service was well-led.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Staff had a good understanding of the aims and values of the service and had opportunities to express their views.

Good



Alzheimer's Support

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 checked 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 was carried out by one inspector and a bank inspector. A bank inspector is a person employed by the CQC to assist in the inspection process. The bank inspector gathered information by speaking with people who used the service, their relatives and staff on the telephone.

We looked at the notifications we had received. We had not received any since November 2013. The Health and Social Care Act 2008 requires services tell us about important events relating to the care they provide by sending us a notification.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. This included talking with two people, twelve relatives and two staff. We looked at documents and records that related to fifteen people's support and care, seven staff files and records relating to the management of the service. We spoke with the manager who was appointed recently, they confirmed shortly after this inspection they have applied to be registered with us.

Is the service safe?

Our findings

Overall people told us they felt safe, and made the following comments; “The staff always arrive on time.” And “I don’t know what I would do without the Alzheimer’s society. My relative is definitely safe with the carers.”

Relatives described the service as “a sitting service to provide social support. Several relatives said “it gives us a bit of a break, some respite.”

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed.

Records and procedures for the safe administration of medicines were in place and being followed. Staff told us that medicines were put in dosset boxes (a box including the person’s

medicines which is dispensed by the pharmacy). Staff explained the level of support the person

needed was detailed in the person’s care plan, such as prompting. Training records showed staff had received

training in the safe management of medicines. One relative said “ the staff are trained in administering medication. They recorded it in his daily record.” The majority of people told us they administered their own medication independently.

Staff we spoke with had completed safeguarding training and updates and told us that, if they had a concern about a person, they would report this to a senior staff member and record their concerns. Staff described the different types of abuse and were aware of the role of agencies, such as the local authority and the police, in the safeguarding process. Records demonstrated the manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made.

We looked at fifteen support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people’s needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

Is the service effective?

Our findings

Staff we spoke with were knowledgeable about the people they supported. A relative described a member of staff as “The staff are very good. Always the same support worker.” Another relative said “I am confident in their (the staff) abilities.” The carers who come are great. They do know her and are understanding. They are very kind.” A third relative said “Mum’s regular support worker definitely knows her. The regular support worker is leaving due to having their own caring responsibilities. They have introduced Mum to the new worker. Mum has now agreed to go out with them. The new worker knew quite a lot about Mum’s condition and her needs.” Everyone we spoke with was confident in the staffs’ ability.

Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

The staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. An induction process was available for new staff which included reading the service’s policies and procedures, care plans and shadowing more experienced members of staff. There was a programme of training available to staff and staff told us they received the necessary training to meet people’s needs.

Staff told us that they completed mandatory training, such as moving and handling, and received updates. We viewed seven staff personnel and training records and saw staff had undertaken training, which included specific training such as Dementia awareness. Staff inductions and probationary periods had been signed off by the manager in post at the time.

A member of staff told us they received “regular training.” Another carer referred to doing training updates and that “one person does all the training” for the provider. The manager explained the majority was given face to face by the person employed to provide the training. Competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns. We saw a system in place which identified when staff training updates were due. Everyone we spoke with was confident the staff were well trained. One person said “They are all specially trained and very much focused on Alzheimer’s and dementia.”

Staff explained how they had received ‘supervision’ by their line manager. This was a way of monitoring staff delivering support to people in their homes. At these meetings areas where personal or professional development was required were identified to maintain good practice. We saw records to show staff received regular supervision by their line manager.

Both staff we spoke with demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and its principles. We found support plans had records of assessments of capacity and best interest decisions were in place where necessary. A relative said “they (staff) do understand her capacity and what she is capable of. They understand her condition. The carers always let her make her own decisions.”

The manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff, describing them as “They are very respectful, kind and supportive.” Two people described the staff as “their approach is very professional” and “they are absolutely respectful.”

Another person said “they are very caring. If I wasn’t happy with them I wouldn’t have them here.” A relative said “They are always very polite and courteous. They talk to me as well; as I don’t get much company here.”

The support plans we saw demonstrated that people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with explained they felt involved in the support they received. They said “we get a newsletter about what’s on and what’s happened. I feel that I am included.” A relative described how “They do phone every so often and ask if everything is alright.”

Without exception, everyone we spoke with said staff maintained their dignity and privacy. We could see privacy and dignity was discussed during spot checks and reviews with people.

Is the service responsive?

Our findings

Everyone we spoke with said that staff had enough time to meet their needs in the way that they wanted them met. People described how staff responded straight away if they didn't like something. For example one person said "Absolutely, they have altered the service to reflect my parent's ability."

Everyone we spoke with was aware of who to contact if they were concerned about their call time, or if any changes were needed. One person said "The regular support worker is leaving due to having their own caring responsibilities. They have introduced Mum to the new worker. Mum has now agreed to go out with them. The new worker knew quite a lot about Mum's condition and her needs."

Each of the support plans we saw were individualised, and took into account each person's needs and wishes. People were encouraged to provide information about themselves

so that staff understood their needs well. When appropriate, family members had contributed to people's life stories and the development of support plans to include details about people's likes, dislikes and interests. People described how the support was tailored to their needs and was reviewed accordingly to meet these. Everyone we spoke with said they were involved in reviewing the care on a regular basis.

We saw records to show formal complaints relating to the service had been dealt with effectively. The staff described the care coordinators and manager as being "approachable and would listen and act on what they had said." Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. Comments we received included "I've never had any concerns. They've been most helpful and supportive." Another person said "I haven't raised any concerns as I haven't had any." And both of the staff we spoke with said their views were valued by the manager.

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the manager and the quality assurance manager. The audits covered areas such as care plans, staff records, the safe management of medicines and health and safety. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

There was a registered manager in post at the service at the time of our inspection; however they had recently decided to pursue a different career path and would deregister with us. A new manager was in post and has applied to be registered with us. The manager was available throughout this inspection. We will monitor this and take appropriate action should the manager not become registered with us in a timely way.

Without exception, everyone we spoke with described the manager as being 'approachable, honest and supportive'. One relative said "I only have praise for the manager and staff."

Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. One member of staff said that they felt it was important to support people to "be as independent as

possible". Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received. They told us they felt well supported in their role and did not have any concerns.

Everyone we spoke with said they had opportunities to feedback on the service they received. Some people said they preferred to do this informally by "chatting with staff" others recalled completing a survey. The manager said a survey was sent out to 108 people, 55 were completed showing a 51% response rate. Overall feedback was positive. We received the following comments from people. "they have asked for my opinion on their service. I've never had any reason to complain. I like that I get some time to do essential things like shopping."

A relative said "the manager asks for feedback on the service when she does a review. I don't know what I would do without them." Another person described the service as being "I couldn't do without their services. The sitting service are 100% excellent. I can talk to them about anything."

Another person said "You can phone them anytime if you have anything you want to discuss. I am very satisfied with what I get."

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.