

Dementia Concern

Dementia Concern

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 17 July 2017 and was announced. We gave the registered manager one working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The last inspection took place on 17 May 2016, when we identified breaches of Regulations relating to safe care and treatment, staffing and good governance. After the inspection, the provider sent us an action plan dated 25 August 2016 detailing how they would address the issues raised at the inspection. During the 17 July 2017 inspection, we saw improvements to the service had been made.

Dementia Concern provides a number of support services to people living with dementia in the local community. We inspected the Call and Care part of the organisation that provided a respite service for people with dementia who lived at home with a family carer as this was the part that provided personal care to people in their own homes. Respite was usually for three to four hours once a week. During this time, the care worker undertook a leisure activity with the person such as going out for a walk or reading. Although people using the service received most of their personal care from either family carers or agency care workers Dementia Concern care workers provided personal care if the circumstances necessitated it. At the time of the inspection, 64 people were using the Call and Care service.

The service had a registered manager. 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.

At the inspection on 17 July 2017, we saw that care workers had the relevant training and knew how to raise safeguarding concerns to keep people safe from potential harm.

People and family carers we spoke with said they were very satisfied with the care provided by the service. Care workers told us they were respectful of people's wishes and treated them with dignity.

Risks were assessed and action taken to minimise the risks to people using the service. Care workers knew how to respond appropriately to incidents and accidents.

There were a sufficient number of staff to meet people needs and care workers regularly supported the same people to provide consistency. Safe recruitment procedures had been followed to ensure suitable staff were employed.

The service had a medicines policy and procedure and an appropriate recording system for the administration of medicines.

Care workers were supported to have the skills and knowledge required to care for people through relevant training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's dietary and nutritional needs were recorded on their care plan and care workers would alert the family carer and the registered manager of any health concerns if they had any about the person using the service.

People and their family carer contributed to the planning of their care. Reviews were signed by people or their family carer appropriately. Information on people's files was person centred and people's preferences and wishes were recorded.

People using the service knew how to complain but there had been no complaints to the service.

People using the service and care workers said the registered manager was approachable and responsive.

The registered manager had good links with the community and was aware of their responsibility of when to notify relevant bodies including the Care Quality Commission of some events and incidents within the service.

The provider had management systems in place to monitor the quality of the service and reduce risks to people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had procedures to protect people from avoidable harm and care workers knew how to raise concerns.

People had risk assessments and management plans to minimise risks and keep people safe.

There were sufficient staff numbers to meet people's needs and safe recruitment policies were followed to employ suitable staff to work with the people using the service.

Staff did not routinely support people with their medicines but where required, medicines were administered in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by care workers with the appropriate training and skills to meet their needs.

The provider acted in accordance with the requirements of the Mental Capacity Act (2005).

People's dietary needs were recorded in their care plans and care workers knew how to respond if a person became unwell.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and caring.

People's dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and reflected people's needs

and preferences.

People were given information leaflets about how to make a complaint and told us they knew who to contact if they had concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and people using the service and care workers felt supported by them.

There were systems in place to monitor the quality of the service to ensure people's needs were met.

Dementia Concern

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 announced inspection took place on 17 July 2017 and was carried out by one inspector. We gave the registered manager one working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

Prior to the inspection, we looked at all the information we held about the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We viewed the Provider Information Return (PIR) which the provider completed and sent to us to provide us with some key information about the service including what the service does well and improvements they plan to make. We also contacted the local authority's Commissioning Team and Safeguarding Team for their feedback about the service.

During the inspection, we spoke with the registered manager, deputy manager, one care worker and the nominated individual. We looked at the care plans for eight people who used the service. We saw files for six care workers which included recruitment records and supervision and we looked at training records. We also viewed the service's checks and audits. After the inspection, we spoke with one person who used the service, six family carers of people using the service and five care workers.

Is the service safe?

Our findings

At the inspection on 17 May 2016, we saw the service did not always have robust control measures in their policies and procedures to ensure that the risks to people who used the service were as low as possible. Additionally, some risk assessments we viewed lacked specific guidelines in the risk management plan. Following the inspection, the provider sent us an action plan and told us they would amend their 'Service User Profile' to have a summary of the individual risk assessment section to identify the most serious risks. They would log incidents, accidents and complaints in a central location and discuss them at Dementia Concern's operational managers' meeting to learn lessons and enable good practice, and they would complete these actions by 16 September 2016.

During the inspection on 17 July 2017, we saw evidence that the service had put measures in place to minimise the risks to people using the service. All the policies and procedures had been reviewed in December 2016 and a condensed version of guidelines created for the care workers so they had quick and easy access to what procedure they needed to follow.

Risks to people's safety and wellbeing were assessed and action taken to minimise the risk. The risk assessments we looked at during this inspection included information on the possible risks to the person using the service and the care worker and what action to take to reduce the risks.

Family carers of people using the service told us they felt their relative was safe with the care worker. Comments included, "I feel she's very safe in [care worker's] hands" and "I know the care worker will be there. It works very well."

Care workers we spoke with said they had undertaken the relevant safeguarding adults training and this was confirmed by the records we saw. Care workers could identify the types of abuse and knew how to respond to keep people safe. They told us, "I would report it to my team leader and flag it up immediately" and "I report it to my service manager or the care co-ordinator or I can speak to social services." The registered manager understood when they were required to notify the Care Quality Commission of incidents. They also knew how to raise safeguarding alerts with the local authority. There had been no safeguarding alerts for the Call and Care service in the last year.

The service had a procedure for managing incidents and accidents and staff we spoke with were aware of what to do if there was an incident. This was supported by the information we saw on the incident records. Incidents and accidents were discussed at the operational managers' monthly meeting. The incidents and accidents log recorded the outcome, and for most, the lessons learned from the incident, which contributed to service delivery improvement.

The provider carried out checks to make sure care workers were suitable to work with people using the service. Staff recruitment checks included references, identity checks and criminal record checks. We saw from the rotas there were enough staff to meet people's needs. Care workers all worked part time and there was enough time for them to get from one call to the next. Family carers we spoke with told us care workers

were always on time or early and stayed until the agreed time. Comments included, "The care worker comes before the time and we have a chat", "She's often a little bit early", "93% of the time it's the same care worker" and "[Care worker] is spot on and shows up on time." If care workers required support at any time, the service had a 24/7 on call system that was staffed by managers on a rota basis.

All the people using the service lived with their family carers who administered their medicines. As a result, care workers did not regularly administer medicines but could do so on request, for example if someone required an antibiotic at the specific time they were being supported by the care worker. The service had a medicines authorisation form that was signed by both the care worker and the family carer that provided information on where the medicines were kept in the home, the name, dose and time the medicines should be given and was signed by the care worker after they had administered the medicines. The person's assessment recorded their medical history and information about how the person took their medicines. Training records indicated care workers undertook medicines training every three years and care workers and the registered manager confirmed care workers were booked on a medicines training course in August 2017.

Is the service effective?

Our findings

At the inspection on 17 May 2016, we found the service did not have an appraisal system in place to review care workers skills and development. The provider sent us an action plan which said 'There is evidence that on-going appraisal within supervisions is more effective than annual supervisions. If the method does not prove effective, we will schedule in appraisals over the next few months.' At the inspection on 17 July 2017, the nominated individual told us that as the management team did not have experience of doing appraisals they had arranged for managers to have training and were now in the process of arranging appraisals for care workers. We saw from supervision files that appraisals had been discussed and the registered manager had scheduled appraisals for August 2017. This was confirmed by the care workers we spoke with.

Care workers we spoke with confirmed they were inducted into the Dementia Concern service as a whole and not just the Call and Care service. The induction included training, shadowing more experienced staff and observing other areas of the service, for example the day services. Care workers confirmed they had regular supervision and found it useful. One care worker told us, "I'm in the office most weeks so I know I can speak to [the registered manager] but supervision gives you a bit more time to go through the clients."

We looked at the service's training records and the training they considered mandatory, for example, yearly moving and handling training. Safeguarding adults training was required when care workers became employed with the service and then on a three yearly basis. Mental Capacity Act (2005) training had been undertaken in the last year and a number of care workers told us they had greatly benefited from recent dementia training. The two newest care workers were undertaking their care certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager explained they did not undertake spot checks because care workers do an activity such as go out for a walk or do crosswords with the person rather than a regulated activity such as personal care, and they felt an observation with another person present might be too much for the person with dementia. Family carers we spoke said the care workers had the necessary skills to provide support to people using the service and told us, "I'm very happy with them. [Person] couldn't be better cared for. They keep in touch and I know I can get a sensible answer. Very, very patient" and "I met with the staff. I can't say anyone of them has given me any problems."

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. We checked whether the service was working within the principles of the MCA. The Registered Manager confirmed that at the time of inspection, no one was being deprived of his or her liberty.

The files we looked at had a two stage mental capacity assessment to ascertain if the person understood the purpose of the Call and Care assessment and could agree to their care. If the person did not have the capacity to consent to the care plan, a best interests decision was taken which involved their family. We also saw signed consent forms for both the person using the service and their family carer agreeing to their information being shared where relevant.

The care plans contained any relevant information on people's dietary needs and one care worker said, "Nutritional needs are all in the care plan and you have this before you go [to the call]." The service did not prepare meals. Care workers told us the family carer may leave a sandwich for the person or they may have a drink while the care worker is with them. If the person did have something to eat or drink while the care worker was there, they recorded it in the daily monitoring log.

Care workers knew how to contact emergency services if a person was unwell and we saw evidence in the files that care workers had contacted emergency services and let their manager and the person's next of kin know. In a non-emergency situation they said they would tell the family carer and if need be could help escort the person to the GP. They could also refer any concerns back to the Dementia Link team who could further refer to the GP or community team. The registered manager also told us there were regular informal conversations with other professionals in Dementia Concern about supporting people to maintain their health.

Is the service caring?

Our findings

Care workers had developed positive relationships with people using the service. One person told us, "They are very kind and polite. They treat me very well. They do things for me all the time." Family carers of people using the service said, "[Care worker] is superb. They're gentle and persuasive. They get [person] going", "[The care worker] is very, very kind and thoughtful", "The care worker is very kind and polite. We have a little chat. They fit into the family", "[Person] is very comfortable with the care worker" and "The care worker comes to sit with [my relative] once a week and she is very, very caring. She talks about things and she prompts [my relative] to talk about themselves. They get on very well and [my relative] likes her."

Care workers we spoke with told us they respected people's wishes and offered them choices about what they would like to do with the care worker. A family carer said, "The care worker asks [my relative] where they want to go and they go where [my relative] wants to." Care workers told us, "We always ask them each time because circumstances can change", "We do different things like play cards or exercise. I check in with them what they feel like doing", "People are given the choice and their body language or their language will tell me. If they are not interested, I suggest something else. Everybody has their own abilities and interests", "We have a profile [of the person] but their mental state may change and we have to give them choice about what they want to do on the day. Different clients have different needs", and "I would ask the person questions before we do any activities. I would ask them do you want to go for a walk or stay in. I wouldn't just do it."

People's assessments had profiles that provided information on their background, likes and dislikes. All the people using the service lived with a family carer and the care workers told us they regularly spoke with the family carers who gave them up to date information regarding the person using the service. The same care worker supported the same person at the same time each week and this provided consistency for the person using the service and meant the care worker had the opportunity to develop a relationship with the person and get to know their needs. People were matched with care workers who best met their needs, for example a shared common language.

Care workers we spoke with confirmed they did not often support people with personal care but they were aware of ensuring people's dignity was maintained if they did. Comments included, "Always maintain their dignity. Ask them and explain everything we are going to do" and "I need to talk to them about what I'm doing, even if they can't speak. I'm going to tell them what I am doing and make sure that they are comfortable."

Is the service responsive?

Our findings

We saw that where people were able to be, they were involved in planning their care and the family carers were always involved in assessments and reviews. People were referred to the Call and Care service from a Dementia Link advisor after they had completed an initial assessment visit. People were then placed on the Call and Care tracking system and advised there is a waiting list of about nine months. When the service had the capacity to provide more hours, a Call and Care staff member carried out a Call and Care assessment and the registered manager produced a care plan that was made available to the call and care worker.

Each person's file included personal information and their preferences including what name they preferred to be called, their first language, their sexual orientation, communication preferences and what other agencies provided them with support.

The information in people's files was person centred and contained details of their background, likes and dislikes, interests, aspirations and activities they might like to engage in. The person's profile was specific to them and provided relevant information on the support the person required.

Care workers said they felt prepared to support people and had information about people's needs prior to meeting with them. They told us, "The paperwork is in place and the [family] carer is always there for a handover, so I check with them" and "There is quite a detailed assessment done and it is passed to the care worker. I ask the [family] carers for information and monitor that information by writing reports after each visit."

The 'monitoring report sheet' was a daily log completed by the care workers after each visit. We saw that they were written in a person centred manner and recorded the person's mood, what they talked about, what they would like to do and what they did.

Assessment reviews were completed six monthly by the care worker with the person with dementia, if they were able to participate, and with the family carer. Included in the review was a description of the family carer's needs. A family carer told us there was an assessment every six months and they were involved. Another said, "Someone came around and went through everything with us." Reviews were signed mainly by family carers and this reflected the mental capacity assessments contained in peoples' files.

We saw a comments, compliments and complaints leaflet that explained how to make a complaint, which all people using the service had been given. If required, the service could provide this in an alternative format. The registered manager told us the Call and Care service had never had a formal complaint made against them. One person who used the service said, "I know how to complain. I would if I had to ring [the registered manager] but I don't. The service is working very well in my case." Family carers said, "I have all the written notes with the numbers on them", "I'm very happy. No complaints at all", "[The registered manager] would respond and I've never had a complaint" and "I don't have a reason to ring the office or complain but I know how."

Is the service well-led?

Our findings

At the inspection on 17 May 2016, we found the service lacked systems to monitor the quality of the service delivered to ensure the needs of the people who used the service were being met. After the inspection the provider sent us an action plan that said they would implement a tracking system to monitor information about people who used the service by 30 September 2016.

At the inspection on 17 July 2017, we saw monitoring systems had improved. A spreadsheet had been created to monitor the files for people using the service which included dates and information about reviews, consent forms and letters sent out. The system was colour coded to indicate when reviews were due and where follow up information was required. The administrator reviewed the system weekly. In addition, the deputy manager read through a sample of daily logs every month and also recorded this on the system.

We saw that the files had a record indicating they had been audited by the provider within the last year to ensure they were up to date with the correct documentation and information. This was then input onto the spreadsheet. Not all care plans and consent forms were signed and the registered manager said this was because the people using the service or their family carers did not always return the signed form as requested, but we saw this was recorded on the spreadsheet to be actioned.

People using the service and care workers indicated the manager was accessible and the service was well led. The registered manager and the nominated individual said they met regularly to consider service delivery. A family carer told us, "If [the registered manager] is not there, they'll phone me back. They're a good manager" and "[The registered manager] listens to me and very politely as well." Comments from care workers included, "They're very, very supportive and approachable. I have no worries at all about approaching them" and "My manager is easy to talk to. If I have a problem, I just ring."

We viewed minutes from team meetings and care workers said they received a copy of the minutes. One care worker told us, "We go through things discussed at the last meeting, if people have any concerns or worries about the clients or anything. People can suggest things and that can be helpful." Care workers felt supported by the registered manager said that there was positive and open communication within the service between the care workers and the registered manager.

Dementia Concern was a community based organisation that regularly provided information to raise awareness about dementia and promote good care and support for people with dementia on an individual basis and through carer's evenings. Within the organisation there were a number of different professionals and the service maintained close links with the local hospital. Dementia Concern was also a member of the local authority's safeguarding adults partnership board.

There was a registered manager in post and they kept up to date with relevant guidance and legislation through contact with the local Skills for Care group, their involvement with the local authority and mental health teams and they benefited from the professionals that came to talk at carer's evenings.

Surveys were undertaken by Dementia Concern for the whole organisation. The last survey was in 2015 but the service had prepared a survey for people and their families using the call and care service that was scheduled to be sent out in August 2017. We saw evidence that Dementia Concern had completed an exercise of getting in depth feedback from a sample of people using their service. This included feedback received from two families using the Call and Care service which was positive.

Family carers told us they had regular contact with Dementia Concern and said, "We talk regularly with Dementia Concern and we go the Dementia Concern Café (which was a meeting place for family cares and Dementia Concern staff)".