

Dementia Concern

Dementia Concern

Inspection report

223 Windmill Road
Ealing
London
W5 4DJ

Tel: 02085684448
Website: www.alzheimersconcern.co.uk

Date of inspection visit:
17 May 2016

Date of publication:
29 July 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17 May 2016 and was announced. We gave the registered manager two 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 07 November 2013 at which time the service was meeting the assessed five standards.

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 provides a respite service for people with dementia who live at home with a family carer. Respite was usually for three to four hours once a week. At the time of the inspection, 71 people used 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.

The service was not always safe. The service's policies and procedures did not indicate the service was doing all that was reasonably practical to mitigate risk. For example risk assessments were standardised.

The service did not have a staff appraisal system in place, which meant the service lacked a formal mechanism for setting targets for the year and monitoring the outcomes.

The service was not always well led because it lacked systems to monitor the quality of the service delivered and ensure people's needs were being met.

We found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Disclosure and Barring Service (DBS) were initially completed but the service did not renew DBS checks within a reasonable time period. We recommended the service renew DBS checks within a reasonable period of time to ensure staff are of good character.

The service had not always assessed people's capacity to consent to care and treatment and we saw several care plans where family members had signed on behalf of the person using the service although there was no indication that the person was unable to sign the care plan. We recommend that consent is sought for care and treatment and where a person lacks mental capacity, the provider acts in accordance with the requirements of the Mental Capacity Act 2005.

Care reviews were not always signed. We recommended reviews should be signed by the person using the service or by an appropriate other person, for example a relative with Lasting Power of attorney in health and welfare matters

The service had a safeguarding policy and care assistants were aware of how to respond to any safeguarding concerns.

There was a medicines policy and staff attended medicines training.

There were an adequate number of staff to meet the needs of the people who used the service.

Family carers were happy with the level of support they received.

Care assistants had inductions, supervisions and relevant training to support the people who used the service.

Stakeholders we spoke with said the manager was accessible and responsive. Most care assistants told us they felt supported by their manager.

There was a complaints system and people felt able to raise concerns.

The service had good relationships with other professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Safeguarding policies and procedures were not always robust enough.

People who used the service had standardised risk management plans.

Some Disclosure and Barring Service (DBS) checks were out of date.

The service had whistleblowing and medicines policies in place.

There were adequate numbers of care assistants with the relevant training to provide a good level of support to people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service had not always assessed people's capacity to consent to care and treatment.

Care assistants had relevant training and appropriate support through supervision but lacked appraisals.

People who used the service were supported with health and dietary needs as required.

Is the service caring?

Good ●

The service was caring.

Family carers told us care assistants were caring and that they had built up positive relationships with the people who used the service.

Family carers felt listened to.

People's dignity and privacy was respected.

Is the service responsive?

Good 

The service was responsive.

However, care plan reviews were not always signed.

People's needs and preferences were being met in a person centred way.

People had a service user guide that provided them with information on what to expect from the service, how to make a complaint and who to contact.

The service monitored compliments and complaints.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The service did not have monitoring and auditing systems in place to ensure effective service delivery.

The manager was approachable. Family carers and care assistants said they felt listened to and the manager responded appropriately to any concerns.

Feedback was collected through informal conversations and annual satisfaction surveys.

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.

The inspection took place on 17 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection team consisted of one inspector and an expert-by-experience who spoke with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience in this inspection had experience as a family carer of older people who used regulated services.

Prior to the inspection we looked at all the information we held on 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 also contacted the local authority's Commissioning Team.

We spoke with eight family carers of people who used the service. There was no one who used the service who was able to speak with us. We also spoke with four care assistants, the registered manager and the overall manager of Dementia Concern.

We looked at the care plans for eight people who used the service. We saw files for five care assistants which included recruitment records, supervisions and training records. We reviewed medicines management for people who used the service. We also looked at records for monitoring and auditing.

After the inspection we spoke with professionals from the mental health team and the local authority Safeguarding Team to gather information on their experience of the service.

Is the service safe?

Our findings

The service was not always safe. The service had policies and procedures to address safeguarding including a disciplinary procedure. However they did not always follow good practice and embed robust control measures in their policies and procedures to ensure that the risk to people who used the service was as low as possible. Consequently they were not doing all that was reasonably practical to mitigate risk.

This was further evidenced by risk assessments which were mainly standardised. For example we saw recorded on the daily monitoring sheet, the person who used the service could hit out at others, however we did not see any risk assessments around this specific behaviour or guidelines to support care assistants.

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

The service recruited staff by holding recruitment days so people applying to be care assistants had a clear understanding of what the role involved. They followed safe recruitment procedures. The care assistants' files had identification checks, application forms, interview questions including a written element, two references, terms and conditions, a job description, probation report, photo and personal details. Disclosure and Barring Service (DBS) were initially completed but the service did not renew DBS checks within a reasonable time period and we saw DBSs that were more than three years old which meant people who used the service were not always protected.

We recommend the service renew DBS checks within a reasonable period of time to ensure staff are of good character.

Relatives of people who used the service told us they thought the service was safe. Comments included, "Yes he is okay, they treat him well.", "It feels safe, they treat her like she is their own mum.", "He feels safe. He smiles when he sees them." and "We have the same carers and I trust them enough to leave him with them."

Dementia Concern had safeguarding and whistleblowing policies. If the Call and Care part of the service identified a safeguarding issue, they alerted the dementia link worker who initiated the safeguarding process. The service had one safeguarding incident from April 2016 which they had referred appropriately to the local authority and the Care Quality Commission. Care assistants we spoke with were able to identify different types of abuse and how to respond to safeguarding concerns appropriately.

We saw rotas for four weeks. Care assistants supported people on a one to one basis in the person's own home. The rotas showed the same care assistants supported the same people at the same time each week which provided continuity of care and the opportunity for people and the care assistants to build a relationship. The service could also provide as and when support, for example to provide respite when family carers had a hospital appointment. Overall people were happy with the rotas. One person said, "They are on time and they have not been late. They stay for the full time and do everything they are supposed to

do. They are good." Another person commented, "We have the same carers but if there is a break in the carers there is no rota. For example in the holidays I don't know who to expect and it is frustrating."

The service had a 24/7 on call system that was staffed by three managers on a rota basis.

The service had a medicines policy dated September 2011. The policy provided guidance to the care assistants on how medicines should be administered, including PRN (as required) medicines. The service rarely administered medicines as the family carers generally did this. If a person required medicine while the family carer was out, the service had a medicines record sheet for the care assistant to sign and a family carer's authorisation form to be signed. The service did not use Medicine Administration Records (MAR) as administering medicines was not a regular occurrence. Staff we spoke with told us they had undertaken medicines training. At the time of the inspection no one was being administered medicines.

Is the service effective?

Our findings

The service was not always effective. The service did not have an appraisal system in place to review care assistants' skills and development, which meant the service lacked a formal mechanism for setting targets for the year and monitoring the outcomes.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We saw that the consent of the people who used the service was not always sought. The initial assessment for the Dementia Concern service had two forms for consent to share information, one for the person who had dementia and one for the family carer. The files all had service user agreements. In some instances, family carers had signed on behalf of the person who used the service but there was no clear indication of why the person who used the service was unable to sign the service user agreement. Most files had two stage mental capacity tests. Some indicated people did have capacity and therefore could have signed their own forms. The provider advised us that due to people's fluctuating memories and the length of the service user agreement form, they did not think it was appropriate to ask people with dementia to sign this form. They suggested the Call and Care service agreement would be a more appropriate document for people to sign. The provider told us that they intended to change the Call and Care service agreement so both the person with dementia and the family carer could sign it.

We recommend that consent is sought for care and treatment and where a person lacks mental capacity, the provider acts in accordance with the requirements of the Mental Capacity Act 2005.

Family carers told us care assistants were able to provide effective care and meet the needs of the people who used the service. Comments included, "They are very good. They comb her hair and play games with her.", "They are well trained. They talk to my mum and are good with her." "Yes they are well trained. They sit and read with him and are very professional. They do the best they can." and "They do what they can and help me a lot. They are very supportive."

The service had a 12 week induction programme into the whole Dementia Concern service and not just the

Call and Care part of the service. The induction included training such as safeguarding, shadowing staff and observing other areas of the service, for example the day services.

We saw a training matrix which evidenced care assistants completed moving and handling, medicines, first aid and safeguarding training, which were considered to be areas of mandatory training to be undertaken at least three yearly. Dementia training was undertaken through the local authority. The service had DVDs that supported Mental Capacity Act 2005 (MCA) training which included the Deprivation of Liberties (DoLS) and supporting people who wished to die at home.

The service had a supervision policy indicating supervision should be scheduled every 12 weeks or more often if required. One care assistant had not had supervision since 2015 but all the other files we looked at recorded regular supervision.

Team meetings were held every six weeks and there was evidence care assistants contributed to the meetings. If a care assistant missed a team meeting twice in a row, they received an extra supervision.

Food and fluid intake, if applicable, was recorded on the daily monitoring sheets. If a care assistant had a concern they reported it to the manager. The manager recorded any information passed to them in the correspondence section of the file. The service did not prepare meals but might heat up something the family carer had already prepared. If a care assistant supported with a meal, they recorded it on the daily monitoring log.

The service provided appropriate support to meet people's day-to-day health needs by referring any concerns around health to the dementia link worker who liaised with the community team and the GP. We saw evidence in the files that the service as a whole worked with other professionals including the mental health team, psychiatrists, the memory clinic and Community Psychiatric Nurses. Referrals to external organisations were arranged through the dementia link workers.

Is the service caring?

Our findings

Family carers told us the service was caring and care assistants treated their relatives with respect and kindness. They said, "They are very respectful to my mum, we look forward to seeing her. They come in, greet us both, talk to my mum, and ask her questions. My mother recognises them, their voices and their faces. I know she is comfortable with them as she won't let anyone touch her hair but she lets the carer plait it and comb it.", "He laughs with them. They are caring and respectful. They really put themselves out. He recognises them and he smiles at them.", "The carers are good, kind and nice.", "Very good, they support us really well." and "Everything is okay. They are very caring and respectful."

The manager told us "The person may be in the late stages of dementia and lack speech and mobility, it is important to be able to touch a hand, play music, read short passages as these interactions can be comforting, even if it is not obvious."

Assessments were completed for Dementia Concern as a whole and from the original assessment each care assistant received a profile that contained essential information for the person who used the service such as the person's history, likes and dislikes, past occupation and family involvement.

The manager advised that as part of the assessment quite a lot of time was spent looking at what suited the person with dementia and their family carer best. The service did not dictate times and tried to accommodate times and days to meet the person's needs. The service had a diverse staff team and when they completed an assessment, they tried to match the person using the service with a care assistant who had similar language skills.

Every person who used the service had a named dementia link worker who liaised with other professionals. Part of the role of the dementia link workers was to advocate. The service as a whole also had a staff member who acted as an advocate at Ealing Hospital. We saw evidence of the larger Dementia Concern service advocating on behalf of family carers.

The service had an information pack for people who used the service that included who to ring regarding complaints and their Statement of Purpose.

Family carers felt listened to and told us, "I have spoken to the agency and they did listen.", "I know the staff well in the office and I'm able to talk with them - they listen to me." and "I feel comfortable using this (service) but have had no reason not to."

Care assistants respected people's privacy and dignity. Care assistants we spoke with said they would initially be shown by the family carer how the person with dementia liked to be supported. Care assistants did not normally provide personal care, but if they did, they said they would ensure the person had privacy and would talk to the person about how they would like to receive support.

Is the service responsive?

Our findings

People's individual preferences and needs were met. Six out of seven family carers told us there was a care plan that was reviewed yearly. Family carers indicated they were happy with the care their relative received. Comments included, "I have no complaints. The service is excellent. We have the same carer and it is very good when you have the same carer. It helps my mum with not getting confused. I'm comfortable and relaxed to go out knowing my mum is in good hands." and "It's a very good service. The office are very thoughtful. I have no complaints. I'm really happy with them. I appreciate all the help they offer me. When someone calls to ask how you are that's a big support for me."

People who used the service had an initial assessment with a dementia link worker who provided practical support, for example around benefits, and could refer to Dementia Concern's support groups, day services and the Call and Care service which provided a respite service and had a waiting list of about a year.

Each person who used Dementia Concern had a file and a section of the file had information for the Call and Care part of the service. The Call and Care service undertook their own assessment and updated the individual risk assessments. The Call and Care section of the file contained a service user profile and care plan, contracts, time and day of care and the care plan. The care plans were single pages which also acted as a service agreement between Dementia Concern and the people using the service.

The service recorded physical and mental health, medicines, mobility, self-care, continence, communication and mood. It also had likes / dislikes, activities to encourage and work history. Health needs were logged on the initial assessment and updated as needs changed. The record included a description of the family carer's needs and their comments.

The care plans were person centred and acknowledged people as well as tasks. For example one care plan noted, "Care assistants need to be positive about what (person) is able to do. (Person) feels she still can do everything she used to do and gets agitated if she can't." A professional told us "They are efficient, engaging and helpful, and specialise in individualising care plans for patients."

Reviews were completed by the care assistant with the family carer. The person with dementia was present but not always able to contribute. The service told us reviews were completed six monthly but this was not always evidenced in the files we saw. Care reviews were not always signed by either the person with dementia or the family carer.

We recommend reviews should be signed by the person using the service or by an appropriate other person, for example a relative with Lasting Power of attorney in health and welfare matters.

Monitoring records were completed by care assistants after each visit. They recorded what the care assistant and person did during the visit and the person's mood. They indicated support was delivered in line with the care plan.

People who used the service were provided with a service agreement form and compliments and complaints leaflet. If required the service could provide this in an alternative format but at present all the family carers read in English.

The last compliments were from February and March 2016. They stated, "Your staff have given us tremendous help." and "We... hope the charity continues the excellent service it provides." There had been no recent complaints. The last Call and Care complaint was in October 2014. The complaints policy was to try to resolve the issue locally before going through a formal process.

If there was a complaint, the manager said they would make the person aware of the complaints procedure, go through the complaint with them and ask the dementia link worker to support the family with the complaint as required. Details would be logged of the action taken and feedback given to the person. Less formal concerns were recorded in the correspondence section of individual files. One relative said they had complained about a care assistant. The issue was resolved and a new care assistant provided support.

Family carers were mostly satisfied with the level of communication with the service and said, "We have the same carer but the office tells us if there will be a change in carer if our carer goes on holiday. We are familiar with all the carers so we know which carer will be coming.", "The same carer comes. If the carer is sick or on holiday, they let me know beforehand who will be coming, so I know who to expect." and "They are very good. They keep in contact and I always know who is coming."

Is the service well-led?

Our findings

The service was not always well led. It lacked systems to monitor the quality of the service delivered to ensure the needs of the people who used the service were being met. The manager told us that the daily monitoring report the care assistants filled out after each visit provided them with an indication of care assistants' skills and competencies and were discussed in supervision. They also said family carers had regular contact with their dementia link worker and would alert them to any concerns. However, there was not a formal process for managing staff competencies. The service relied mainly on family carers to give feedback.

The service recorded incidents and accidents. The care assistants we spoke with knew how to record incidents and accidents and report them to the manager. Incident forms were placed in the individual files of people who used the service and the action taken was recorded in the correspondence section of the file. However there was no process in place for being able to identify incidents collectively or to analyse trends.

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

The service received feedback through surveys and informally through meeting family carers at the Dementia Café, at carers' information evenings and a Thursday afternoon group where family carers attended with the people who had dementia. The last survey for family carers and people who used the service was completed in December 2014. The survey asked about improvements to the service and other services people would like, and collated the feedback.

Feedback from care assistants on the culture of the service was generally positive. Comments included "The manager is very good. If anything happens, I ring straight away." and "I can call (the managers) anytime. They listen to us. No complaints." One care assistant said, "If I have concerns about the client, the manager is accessible but they need to back up the carers (care assistants) more."

The service liaised well with a number of other agencies. One professional said, "They communicate with us quickly if there are any concerns regarding one of our patients or their carers. They independently raise part 1 safeguarding alerts and inform us that they have done this. The staff appear well trained and competent. They are very passionate about representing our patients' best interests and they regularly attend strategy meetings for people that they work with."

Family carers indicated there was regular communication with the service and they felt listened to. They told us "I know the staff well in the office and I am able to talk with them. They listen to me." and "I can talk to the office, there is always someone available." The manager told us the challenge was to give everybody a good service so the three to four hours respite per week benefited both the person who used the service and their family carer.

The larger Dementia Concern service had a number of relevant policies including safeguarding,

whistleblowing, supervision, health and safety and lone working, Not all the policies were up to date. The manager told us they were in the process of simplifying their policies. They anticipated completing this by June 2016 and then reviewing them yearly.

The manager advised they kept up to date with relevant guidance and legislation through their involvement with the local authority and mental health team. They arranged for people from various disciplines to speak at carers' evenings, which they also benefited from. Additionally they had contact with the local Skills for Care group and kept up to date with their publications.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that was reasonably practical to mitigate risk. Regulation 12(2) (b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always have systems to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not ensure staff received appraisals to enable them to carry out their duties. Regulation 18(2)(a).