British Red Cross Society

Red Cross Dementia Respite Support

Inspection report

Heanor Health Centre
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Tel: 01773718798

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31 October 2016

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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

The service care provides respite care to families of people, who are living with dementia, in the local community. This is a small service that provides weekly visits to people over a period of one to two months. At the time of the inspection there were 11 people using the service. There was one member of staff.

This inspection took place on 31 October 2016. The service provides a service to people in the Amber Valley and Erewash areas.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. In addition we also made phone calls to people using the service at the time of our inspection visit on 3 and 4 November 2016.

There was a registered manager at the service. 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 following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were understood but were not relevant to the service provided. People were supported by staff who took time to get to know them. Staff were aware how to promote people's safety and independence. People were provided with information to support them to make day-to-day decisions.

At the time of our inspection no one was supported by staff with their medicines.

People and their relatives told us the staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. People and their relatives were involved in the planning of their care and support.

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

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Staff followed the guidance in people's risk assessments and care plans. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed

Is the service effective?

Good

The service was effective.

The provider had ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

People's independence was promoted and they were assisted to achieve their wishes.

Is the service responsive?

Good

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Systems in place to monitor the quality of the service were effective. There was an

open culture at the service.

Red Cross Dementia Respite 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2016. The inspection team was comprised of one inspector.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We spoke with four people by telephone. We looked at three people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with one member of staff and the registered manager.

Good

Is the service safe?

Our findings

Relatives we spoke with said they were confident the Red Cross offered a safe service. One person said, "I'm usually here but if there was a reason I had to leave [relative] I would do it with confidence that they would be kept safe and well."

Staff were aware of how to keep people safe and were also aware of their duty of care to keep people safe. They had completed safeguarding training and were issued with written information on what constitutes abuse and detailed information on where to report concerns. Staff used this information and subsequently they understood their duty of care to report safeguarding issues and were able to tell us who to escalate their concerns to should this be necessary. They said they would follow through on any concerns they had until they were sure their issues had been addressed.

Risk to people was understood and when care staff took people into the community a risk assessment was completed. There was a risk management matrix that guided staff on how to recognise risk, assist this risk and actions taken or needed to be taken. Risk identification included identifying who was at risk, what the risk was and control measures. Areas included risks in the home and risks while shopping and trips out and about.

The emphasis of the risk assessment was to encourage people living with dementia to develop confidence to use the community and use local facilities. Positive risk taking was always encouraged. This was done to build people's confidence and independence. For example encouraging people to overcome their fear and take them out to lunch, or the local park.

There was a robust recruitment process in place. This included security and identity checks and obtaining a full work history and references from previous employers.

The service was very aware of its limitations due to its small staff numbers. Care was taken to ensure the service could meet all its commitments to people. Service was offered on a weekly or fortnightly basis over a period of one or two months. The visit was usually conducted with a relative of the person. There had been no cancellations in the previous year and the manger was available to cover visits should it be needed

Good

Is the service effective?

Our findings

Staff were trained to care for people living with dementia. We saw the staff were experienced and had extensive updated training in this. The training included keeping up to date on development in care of people living with dementia, assisting people to move safely, food hygiene and care planning.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people living in their own homes, the authorisation for restrictive care is made to the Court of Protection. No-one using the service was receiving personal care in a way that required a court authorisation.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff told us they had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed staff had undertaken training in the MCA. This meant that people had their legal and human rights upheld and their views and wishes were taken into account. This ensured that the least restrictive option was taken when caring for them. At the time of our inspection visit the MCA was not relevant to people using the service.

Staff we spoke with were knowledgeable about the healthcare services people could access for support in living with dementia. These included access to advocates, life line, and organisations that provide information and support such as the Alzheimer's Society. Staff were generally not required to make health care appointment but would assist relatives if needed.

When required, people using the service were supported in their food choices. Relatives managed people's individual nutritional needs and wishes and staff assisted people to eat.

Good

Is the service caring?

Our findings

People were cared for by caring staff who were kind, and compassionate. A person told us "No doubt about it they are brilliant so very kind and compassionate." Another said "She's a nice lady, kind and caring." All the people we spoke with said the care staff were 'kind and caring.' They said their independency, privacy and dignity was respected and promoted. People told us the care helped give them the confidence to live as they wanted to.

The service was designed to promote people's skills and independence. Staff endeavoured to ensure they knew and met people's wishes so that they could have choices about how they approached life. For example, staff endeavoured to assist people to understand how dementia may affect them. People told us this was done with understand and ensuring people gave their consent. One person told us, "They have given me back some independence, I used to just watch the telly now I am part of the social inclusion group, and am regularly out and about."

We were told staff cared for people with respect and they spoke to people and relatives in a manner that promoted respect. Staff, people and relatives told us people's dignity was promoted at all times. For example, one person told us "It's all about [relative's] dignity and promoting it." Staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this.

Good

Is the service responsive?

Our findings

People and their relatives were happy with the service. One person said, "They have been brilliant in giving us a new lease of life." A relative said, "We are now able to move forward, we felt stuck in the headlights before."

People and their relatives said they were involved in decision making about the care and support provided, and that the care agency worked together with them. For example if a person wanted to go out for a meal this was done at the person's pace and level of confidence.

People were given a service users handbook prior to the service starting. This gave details of the service and how support was planned. The care plan covered all aspects of care provided. This included health conditions, goals to be achieved, progress on how achieving these goals was progressing. It also detailed how the person and their relative were adjusting to living with dementia and what areas they needed assistance and guidance.

A major part of the service was assisting people to drawn up a signposting plan for the future. This looked at services and support available such as Alzheimer's Society, Derbyshire Adult Care Services and MIND.

Information on people was used to complete a life story called 'My Life Story'. This gave information on people including their likes, dislikes, personal preferences, people who are important to them and their life history and childhood memories. This document can be taken with people to hospital and other areas in health to assist health care professionals to care for people.

Care plans have confidentiality clauses and a declaration of consent to care and support. This must be signed before care delivery starts. The care plans we saw were signed to show consent had been sought and given.

The service had a complaints process in place. People were given details on how to complain and how the complaints process works including how to escalate unresolved complaints. At the time our inspection visit, there were no outstanding complaints.

Good

Is the service well-led?

Our findings

The registered manager told us they listened to people and staff through the reviews of care, visits to the services and talking to staff. People, their relatives and staff said that the registered manager was accessible and approachable. All felt they were listened to.

Although this was a very small service there was a clear management structure in place. The service was offered through the week, therefore there was no need for an out of hours support service.

The registered manager understood their managerial and legal responsibilities, for example, how to support people's legal rights under the Mental Capacity Act. People's personal care records were updated and stored in the central office and in each person's home. They were updated in the office regularly. The provider was therefore ensuring that the service operated efficiently and that manager had access to people's records.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant information and support in their role and responsibilities.

There were robust procedures in place to ensure people were getting the service they wanted and that it was delivered in a manner that promoted their dignity and privacy. People's independence was promoted. For example, some people who had a diagnosis of dementia found this very frightening and because of this limited their lives were limited unnecessarily. Staff ensured people were supported and while their input was time limited this was extended if needed to ensure the person's confidence was promoted to the optimum level.

The provider had a thorough quality assurance process in place. This was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as care plans and risk assessments.

Staff spoke positively about working at the service and praised management and leadership. They said they were regularly asked for their views about people's care in one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. Staff we spoke with praised the registered manager for their support.