Alzheimer's Society

Alzheimer's Society - Kent and Medway

Inspection report

Suite 2, Unit 1-7
Paddock Wood Business Centre
Tonbridge
Kent
TN12 6YT

Tel: 01892835498

Date of inspection visit:
13 December 2016

Date of publication:
09 January 2017

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 inspection was announced and was carried out on 13 December 2016. The Alzheimer's Society- Kent & Medway provides care and support to adults who wish to retain their independence in their own home. It provides a wide range of support services to adults who live with dementia, and their carers. This includes dementia and community support services, a day care service and dementia café service, which are not regulated by the CQC. Alzheimer's Society - Kent and Medway is registered with the Care Quality Commission to provide the regulated activity of personal care. Fifty-five people received support at the time of our inspection, four of whom received help with personal care. Our inspection focused only on the provision of this regulated activity.

There was a registered manager who had been in post for over a year. 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.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. There was a system in place to record and monitor accidents and incidents to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Thorough recruitment practice was followed to ensure staff were suitable for their role.

Records relevant to the administration or the prompting of medicines were monitored. This ensured medicines were taken by people safely according to their individual needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before any support was provided. This ensured that staff could support people in a way that met their particular needs and wishes.

Staff had received all training relevant to their role and had the opportunity to receive further training specific to the needs of the people they supported. They received regular one to one supervision sessions to support them in their role.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. A system was in place to assess people's mental capacity about specific

decisions when appropriate.

Staff sought and obtained people's consent before they provided support. Staff promoted people's independence and encouraged them to do as much as possible for themselves.

Staff used inclusive methods of communication. Relatives told us that staff communicated effectively with people, responded to their needs promptly and treated them with kindness and respect. Relatives told us that people were satisfied with how their support was provided. Clear information about the service, the management, and how to complain was provided to people.

People's individual support plans included their likes and dislikes; they reflected how people wanted their support to be delivered. People's support plans were reviewed regularly with their participation or their representatives' involvement. They were updated when people's needs changed to make sure they received the support they needed.

The provider took account of people's comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people, analysed the results and action was taken in response to people's views.

Staff told us they felt valued and supported under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance checks were carried out to identify how the service could improve and action was taken to implement improvements.

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.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Risk assessments were centred on the needs of the individuals and clear measures were applied in practice to minimise these risks.

Thorough staff recruitment procedures were followed in practice. Medicines were administered or prompted to be taken safely.

Is the service effective?

Good

The service was effective.

All support staff had completed essential training relevant to their role and attended regular refresher courses.

A system was in place to assess people's mental capacity about specific decisions when appropriate, as per the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff promoted people's independence and encouraged them with patience; they were knowledgeable about dementia care.

Relatives told us that staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, sensitivity and respect.

Clear information was provided to people about the service. People were fully involved in the planning of their support.

Staff respected people's dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before support was provided. People's support was personalised to reflect their preferences and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The manager sought people and staff feedback and welcomed their suggestions for improvement.

There was a system of quality assurance in place. The registered manager carried out an assessment of all aspects of the service to identify where improvements could be made.

Alzheimer's Society - Kent and Medway

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 on 13 December 2016. We gave short notice of our inspection to ensure people we needed to speak with were available. The inspection team consisted of one inspector.

The manager had received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. Before our inspection we looked at records that were sent to us by the registered manager to inform us of significant changes and events. We also reviewed our previous inspection report.

We spoke with the operations manager, the registered manager, the deputy manager and four support workers. People who received support with personal care were not available to converse with us over the phone. We spoke with three of their relatives to obtain their feedback about their experience of the service. We also spoke with a local authority case manager who had referred a person to the service.

We looked at records which included those related to people's care, staff management, staff recruitment and quality of the service. We looked at four people's assessments of needs and support plans. We looked at the satisfaction surveys that had been carried out and at the services' policies and procedures.

At our last inspection on 10 December 2013 no concerns had been identified.

Good

Is the service safe?

Our findings

Relatives told us that they had confidence in their loved ones' safety while being cared for by Alzheimer's Society staff. They told us, "The family have peace of mind since they stepped in, we know we can rely on them, they've never let us down", "The staff are obviously skilled at caring for older people with dementia and this is most reassuring" and, "I feel my relative is absolutely safe with the staff in every way."

There were sufficient staff on duty to meet people's needs. The registered manager told us, "We only take referrals when we are sure we can safely meet the demand with an appropriate number of staff." There were eleven supported workers deployed in the community and relatives told us that staff were unrushed, reliable and appropriately allocated so that people could recognise familiar faces. Travelling time was taking into account when rotas were planned and written. Staff annual leave was requested in ample notice to ensure staff were scheduled to cover colleagues' absence. This ensured there were enough staff to meet people's needs.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Support workers had received appropriate training in the recording, handling, safe keeping, and administration of medicines. They prompted people to take their medicines which were prepared in dedicated containers and completed appropriate records when people had taken these. Staff competency in regard to medicines was regularly checked and appropriately recorded. People's needs and their wishes relevant to their medicines were assessed and reviewed.

The policies on safeguarding adults and whistleblowing had been updated in September 2016. They reflected new legislation and were based on the Kent and Medway local authority safeguarding adult policy. The provider had just introduced a new competency framework which ensured that the management team and care workers' knowledge about safeguarding was assessed on a continual basis. Staff training in the safeguarding of adults was up to date and they knew how to recognise different signs of abuse and how to refer to the local authority if they had any concerns. All care staff were trained in basic life support procedures. This meant that people could be confident that staff considered their safety effectively.

Recruitment procedures included thorough face to face interviewing, checking employment references, and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history were explained. Disciplinary procedures were in place if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. These assessments included clear measures to reduce the risks and appropriate guidance for staff. Staff followed this guidance and recommendations in practice to keep people safe. A risk assessment had been carried out for a person who may experience seizures. Control measures included staff awareness of possible historical signs and triggers associated with such seizures. A risk assessment about a person's mobility had been updated when the person's needs had

increased and more walking aids were being used. There were risk assessments concerning people's environment that had identified possible hazards, such as uneven carpets, tobacco smoke, pets, water on the floor, or extreme ambient temperatures. Risks were assessed and addressed according to their severity, with clear control measures to reduce these risks. Accidents and incidents were recorded and communicated without delay by the support workers to the office. The registered manager analysed all accidents and incidents to identify any pattern of trends. Checks were made to ensure staff followed the service's infection control policy. These checks addressed hand hygiene, the wearing of protective personal equipment and the use of hand gels.

The office was secure and protected by an electronic entry system and an alarm system. There were fire extinguishers in place that were regularly serviced by the landlord. All office staff were aware of the assembly point in case of an evacuation and the fire alarm was tested by the landlord every week. The provider had an appropriate business contingency plan specific to the service that addressed possible emergencies such as fire and relocation, loss of electricity, IT failure and loss of computerised data.

Good

Is the service effective?

Our findings

Staff provided support effectively to people and followed specific instructions in their support plans to meet their individual needs. Relatives told us, "The staff are wonderful; they do exactly what is agreed and always more if needed" and, "I am kept fully informed of any developments, they communicate well with me so I know if anything changes I will be informed."

Staff provided care using their skills and knowledge relevant to people's needs. All new staff followed an induction, training and shadowing programme over twelve weeks, during which their competency and confidence were assessed at four intervals.

Staff had appropriate training and experience to support people with their individual needs. Essential training included moving and handling, food hygiene, medicines, first aid, data protection, safeguarding, mental capacity and infection control. Most training was either through E-Learning or classroom-based. A member of staff told us, "This is a good mixture, the training is very good." The training courses were sourced by the Social Care Institute for Excellence (SCIE), a UK resource of good practice and knowledge aimed at improvement of social care services with focus on central role of people who use services.

Additional training was provided to meet people's individual needs. Staff were trained in dementia awareness and person-centred approach, and half the staff had completed an enhanced two-day course on complex needs of people living with dementia. Staff had received training in epilepsy care when they provided care to a person who lived with a possible risk of seizures. The registered manager told us, "We make sure that staff had understood their training and are able to apply it in practice." To that effect, staff completed a report on what they had learned from the training, and on how this could benefit their practice.

Staff were provided with a job description, the provider's values and 'Home Support Guidelines and Registered Home Support and Care Services' that addressed every aspect of working with the service. When new polices were introduced or revised, staff members were required to complete a Policy & Procedure Understanding Agreement. Staff members were required to describe how policy revisions or updates influenced or changed their practice in order to demonstrate compliance, and this took place during scheduled team meetings.

All staff received one to one supervision every four to six weeks. Additional support was provided to support workers when they experienced any difficulties, challenges or feelings associated with bereavement. Attention was paid to ensuring support workers were comfortable in their role. As part of their interviews, questions were asked about staff coping with dementia care, lone working and their personal safety. This ensured that staff were supported to carry out their roles effectively.

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. We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and the deputy manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A system was in place to assess people's mental capacity for specific decisions and hold a meeting when appropriate to make decisions on people's behalf and in their own interests. However, there had been no cause to use this system to date.

Staff sought and obtained people's consent before they helped them. One relative told us, "The staff are always very respectful, they do not proceed with washing or dressing before having made sure beforehand." A person needed encouragement with getting washed and showered and when they declined, this was respected. However, they checked again a while later and approached the proposal differently to see if the person would change their mind. With such an effective approach, people could be confident that their wishes and refusals were respected.

People's needs were assessed, recorded and communicated to staff effectively. The support plans were comprehensive and clear to follow. A relative told us how, when their mother's regular support worker was due to go on leave, an interim support worker had been introduced effectively to ensure continuity of care. They told us, "The two support workers came together and chat with my mother, to make sure there will be a good handover and that there will still be a familiar face coming through the door." All the staff we spoke with were knowledgeable of the specific needs of people and communicated well with them. They told us, "We get to know each person very well and how best communicate with them." Specific communication methods were used by staff. Two people's support plans instructed staff to speak clearly and at eye level when they had a hearing impairment. A relative told us this method was used in practice.

Staff supported some people with the preparation of their breakfast. Support plans indicated clearly when people had specific preferences and these were respected by staff. One support plan highlighted that a person was vegetarian, even though it recognised that 'this may not impact on breakfast."

Good

Is the service caring?

Our findings

All the relatives we spoke with told us they were consistently satisfied with the way staff supported their loved ones. They told us, "The staff are lovely people; very caring" and, "My mother thinks her support worker is an old friend." Comments from recent satisfaction surveys included, "I enjoy my support worker's company", "We look forward to your visits" and, "They [staff] are splendid." There were several complimentary letters that relatives had sent to the service, that included positive acknowledgements such as, "To the best carer ever- Thank you for all your patience and care for my mum, you've been great", "We could not have managed without you all" and, "We couldn't have wanted better; without you, [X] would have had to go into a care home some time ago." A relative described a support worker as "a saint." A local authority case manager who had referred a person to the service told us, "The Alzheimer's Society provides a bespoke service specific for each person."

Positive caring relationships were developed with people. A relative described to us how a support worker understood their relative's emotional needs and how they promoted a climate of trust. They told us the support worker "Managed to get mum to do whatever is needed with kindness, patience and good humour." One person was prone to anxiety and the support worker ensured they were orientated and reassured as much as possible.

Staff promoted people's independence and encouraged people to do as much as possible for themselves and reach their chosen goals. A person aimed to wash themselves independently. The support plan explained that the person's ability varied and instructed the support worker to be vigilant and assess whether the person needed help or not. Another person wanted to walk her dog and the support worker enabled the person to do this while escorting them. People were encouraged to eat their breakfast independently while the support worker ensured they were safe to do so. Support workers helped people with opening their medicines containers so they could take their medicines from the containers. People were escorted to a day centre when they wished to attend and when this was part of the support agreement.

Clear information was provided to people about the service, in a format that was suitable for people's needs. People were provided with a comprehensive information booklet and the registered manager had ensured this was updated with her photograph and a brief history of her working experience to introduce herself. The provider maintained a website that was informative and easy to navigate.

People and their relatives were involved in the planning of their support before they used the service. They actively participated in reviews of support plans which were also updated whenever they wished. The registered manager had contacted a relative when a person's support worker had reported that more time than anticipated may be needed to provide the support. As a result, the support plan had been adjusted to reflect the increase and the relative told us, "I was involved with the decision and we discussed it together."

The management team had access to two independent mental health advocacy services. An advocate can help people express their views when no family or legal representative is available to assist them. However,

this had not been warranted to date.

People's privacy was respected and people were supported in a way that respected their dignity. Support plans included specific instructions for staff such as, 'The support worker will go with [the person] to the bathroom, and respecting his dignity will encourage him to shower, shave and clean his teeth.' Relatives told us staff were 'very respectful' of people's dignity at all times. Staff had received training in confidentiality and the requirements of the Data Protection Act.

The service and staff paid attention to equality, inclusion and diversity. The registered manager told us the Alzheimer's Society was committed to inclusion and diversity both as a service provider and as an employer. They said, "The service is committed to provide people centred care and will take positive steps to include all people who may be affected by dementia in its services and support." The deputy manager had attended a conference on dementia and LGBT (lesbian, gay, bisexual, and transgender). They had presented the topic for discussion at staff meeting and had shared their knowledge with staff.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. Relatives told us, "They take the trouble to make sure it is the same support worker every time because they know unfamiliarity would provoke anxiety", "Our support worker is very good at reading my mother's states of mind, she knows how to avoid conflict and de-escalate situations; she knows all about how my mother prefers to do things and how to meet her needs." Comments in satisfaction surveys included, "My people [staff] have always been carefully chosen" and, "Perfect for my needs."

Assessments of people's needs and associated risks were carried out before any support was provided. These addressed needs relevant to their personal care and social needs, medicines, communication, likes, dislikes and preferences. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided support. These assessments were developed into individualised care plans which were reviewed by the management team and allocated support worker at each one to one supervision session. They were also reviewed every six months with the person and their family. When people's needs had changed, support plans had been updated appropriately. As staff followed support plans that were person-centred, they responded to people's individual needs.

Attention was paid to what people used to do before they experienced confusion, and to their life history. This enabled staff to get to know people and value their experiences and perspectives. People were offered choice and options, such as whether to shower or not, what to have at breakfast and what to wear. When they had expressed a preference for a female or male support worker, this had been accommodated as much as possible.

People's support was planned taking account of their preferences and what was important to them. Support plans were developed including people's specific requests about how they wished to have their support provided, such as their preferences about breakfast, personal care routine, and anything that was important to them. A support plan detailed a specific sequence of a person's morning routine. Another support plan instructed the support worker to keep a person stimulated and motivated to partake in activities such as knitting, gardening, doing puzzles or chat about their life and family. Relatives told us this was followed in practice. One member of staff told us, "I really like the fact that we can spend longer time with clients than other regular care agencies, it gives us the opportunity to get to know the clients and their family."

People's views were sought and acted on. The provider sent a yearly satisfaction questionnaire titled 'Making evaluation counts' to a random selection of people who used the service. These people were also met face to face by the registered manager or deputy manager and were invited to comment on their support and the way it was delivered. When feedback was collected, this was audited by the operation manager who wrote an action plan for the registered manager to follow and monitor. Feedback about the home care service had been very positive. One person had commented they needed more visits and this had led to an increase of their support.

The provider had a complaints policy and procedure in place. People and their relatives were made aware of the complaint procedures to follow. Relatives told us they knew who to approach should they wish to lodge a complaint with the service. However this had not been warranted to date.

Good

Is the service well-led?

Our findings

People's relatives, the registered manager and staff told us that there was an open and positive culture that focussed on people. Relatives told us, "This is a service that really cares for people, they understand dementia and all the challenges it represents" and, "Very good managers, always available and responsive, could not ask for more. "Comments from relatives in a recent satisfaction survey were very positive about the service management. One relative had replied to 'What do you find most useful about your contact with the home support service?' with, "Sharing ideas which may resolve problems which you don't necessarily think of yourself."

The registered manager was a registered mental nurse and registered general nurse. They had registered with the Care Quality Commission in February 2016 and notified the CQC appropriately about any significant events in the service. The registered manager spoke to us about their philosophy of care for the service. They told us, "We aim to promote independence and wellbeing and place our service users at the very centre of it, listening to their requirements and get as close as possible."

There was an 'open door' policy where people and staff were welcome to come into the office to speak with the registered manager at any time. Members of staff confirmed that they had confidence in the management team. Two members of staff told us, "We are very well supported in our lone working, we don't feel alone at all" and, "This is a good organisation to work for; there is plenty of support and a positive atmosphere."

Staff had easy access to the provider's policies and procedures that had been reviewed and updated by the provider, and were made aware of any updates. Staff signed to evidence they had read and understood the updates. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

The operations manager attended a monthly South East area management meeting with other senior management. They then held a meeting with the registered manager to discuss the running of the service, what was working well and what could be improved on. The registered manager also attended a monthly locality management meeting with other services managers and officers to exchange ideas and explore how to develop further the services in the community. There were scheduled monthly staff meetings that were appropriately recorded. At these meetings, staff were invited to bring any suggestions about how to improve the service. The service had carried out a pre-inspection audit in November 2015 as part of preparations for inspection.

The registered manager kept abreast of developments on research related to dementia care. They told us, "Our system is very good in flagging developments on dementia research and every four to six weeks the provider's chief executive officer gives a briefing on regional updates or a presentation through our internal computerised service." The registered manager participated in quarterly face to face forums with other home support services to exchange ideas. The deputy manager subscribed to a 'Dignity in care' newsletter and all staff had enlisted to be 'dementia friends'. Alzheimer's Society's Dementia Friends programme is an

initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.

Staff were encouraged to make suggestions about how to improve the service and these were acted on. As a result of a staff meeting, the logging system related to lone working had been improved; staff carried mobile phones at all times; the risks of people's mobility scooters running out of battery charge had been assessed and reduced.

A system of quality assurance checks was in place. The management team carried out regular spot checks of staff practice titled 'internal reviews' to ensure good standards were maintained. These were appropriately documented and had not flagged any shortfalls to date. Daily logs completed by support workers after they had delivered support were scrutinised by the management team. The registered manager completed a yearly report titled 'Quality self-assessment' that addressed every aspect of the service and checked that it complied with legal requirements of the Health and Social care Act 2008. This report was forwarded to a service improvement team that included a manager and an officer. The officer analysed the report, then wrote an action plan in partnership with the registered manager, which was monitored by the operation manager until completion. As a result of a report and its action plan, improvements had been carried out. This had included face to face reviews having been timetabled into managers' work schedule; staff risk assessments having been re-evaluated; and a peer support system having been created to benefit support workers prior to them attending staff meetings.

The service had gained an accreditation from the Practical Quality Assurance System for Small Organisations (PQASSO) which is a performance evaluation system and quality mark for charitable organisations in the UK. The system was created by Charities Evaluation Services, itself a registered UK charity. Organisations being assessed as meeting a level of compliance with level two or above are eligible to carry an official stamp of endorsement by the UK Charity Commission demonstrating that the charity is well managed.

People's records were well organised, appropriately completed, comprehensive and kept securely. People held copies of their updated support plans in their home. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to legal requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.