

Dementia Matters

Dementia Matters

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dementia Matters is a care home providing accommodation and personal care for up to 10 people living with a mental health condition, learning disabilities and/or autism in one building. At the time of inspection there were 8 people living at the service. In addition to this care home, the service also provides a domiciliary care service to older people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 12 people received a regulated activity in their own home.

People's experience of using this service and what we found

A system to ensure regulatory requirements were met was not fully in place. We identified shortfalls in areas of the service including the assessment of risk, management of medicines, infection control, duty of candour and governance. In addition, incidents had not always been notified to CQC in line with legal requirements.

Systems were in place to recruit staff safely. However, there were inconsistencies in the recruitment records for 1 member of staff. We have made a recommendation about this. A range of risk assessments were in place to help ensure the safety of people and the environment. However, all the risks people were exposed to had not been fully assessed or action taken to mitigate known risks. Medicines were not always managed safely.

Systems were in place to safeguard people from abuse and incidents had been appropriately reported to the local authority. We observed staff responded to people quickly during the inspection, although we received mixed feedback about staffing levels. We have made a recommendation about this. Staff displayed kind and caring attitudes towards people during their interactions.

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

The design and décor of the care home did not fully meet people's needs. We have made a recommendation about this. Records confirmed the nutrition and hydration needs of people were met and systems were in place to work with health care professionals to ensure the physical health needs of people were met.

Training deemed mandatory by the provider was delivered to staff. Training was not provided in relation to the specific needs of all people. For example, training had not been provided for staff in relation to supporting people who were diagnosed with learning disabilities or autism.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 February 2018).

Why we inspected

We received concerns in relation to safe working practices and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We inspected and found there were overall governance issues, so we widened the scope of the inspection to also include the key questions of effective.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dementia Matters on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified 3 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, good governance and duty of candour. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response in relation to the failure to notify CQC of events at the service is added to reports after any representations and appeals have been concluded.

We have made recommendations in relation to staffing, recruitment and the environment. Please see the

safe and effective key questions for further details.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dementia Matters

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dementia Matters is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dementia Matters is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dementia Matters also provides a domiciliary care service. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS IPC team, fire service and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 10 relatives about their experience of the care provided. We spoke with 7 members of staff including care staff, administrative staff, head of operations manager, the registered manager, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included care records for 10 people and multiple medicines records. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures.

On the third day of inspection we reviewed documentation the provider has sent to us electronically.

Following the inspection site visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found. We also sought advice from pharmacy inspector colleagues to discuss the inspection evidence linked to medicines and the provider's medicine policy.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to the environment were not always appropriately managed. For example, following a fire safety audit the fire service wrote to the provider in August 2019 detailing the actions they needed to take to ensure the safety of the building. At our inspection, there was no evidence the required works had been completed.
- Risks relating to the environment had not always been fully assessed. Several toiletries had been left in bathroom areas which people living with dementia could access and ingest.

The provider's failure to ensure action was taken to mitigate all identified risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought this to the attention of the nominated individual and registered manager who took immediate action to ensure all necessary action was taken in relation to the safety of the building.
- Risk assessments had been completed to assess the environment for people who received support in their own homes.

Using medicines safely

- Medicines were not always managed safely. The provider's policy was not detailed enough to guide staff in the actions they needed to take to ensure medicines were managed safely. For example, the policy did not include information in relation to the ordering, storage and returns of medicines.
- Medicines administration records [MAR] were not consistently completed. For example, the level of assistance people required and the remaining stock balance for medicines were not always recorded. In addition, one MAR chart had been updated with a hand written entry. This had not been signed or dated by staff and had not been checked by a second staff. This was not in line with best practice guidance.
- Protocols for medicines administered on a as required basis were not in place. These are required to ensure staff administer medicines consistently.
- Prescribed medicine for one person had consistently not been administered over a 1 month period due to the medicine not being available. Records did not evidence that staff had checked with the prescriber the impact of the person not receiving this medicine, or what actions they had taken to try and obtain more stock.

Whilst we did not identify any impact to people, the provider's failure to ensure medicines were always managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- IPC policies and procedures had not been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic. In addition, they lacked detailed information to guide staff in the actions to take to ensure they followed safe practices to prevent the spread of infections.

The provider's failure to ensure effective policies and procedures were in place and were updated contributed towards a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient supplies of PPE and staff had received training in how to use this.

Visiting in care homes

- Procedures were in place to support visits in the home. People were supported to see their relatives to help promote their wellbeing.

Staffing and recruitment

- During the inspection there were enough staff deployed to meet people's needs. The provider determined the staffing levels required. They did not use a dependency tool to assess people's needs to support this assessment.
- We received mixed feedback from relatives regarding staffing levels at the home. One relative told us, "There are 2 staff to 8 residents. They [staff] have to do all the housework, and while they are doing that they are not looking after the residents." Another relative told us, "I think staffing levels always seem fine. There are always 2 staff here." The nominated individual told us staffing levels varied during the day to meet people's needs. They had also advertised to recruit a housekeeper to work at the home.
- Consistent staff provided support to people in their own homes. One relative told us, "[Name of person] sees the same 3 carers, occasionally they are different at the weekend."

We recommend the provider reviews staffing levels in the care home to ensure sufficient numbers of staff are always available to meet people's needs.

- Systems were in place to recruit staff safely. Pre employment checks were carried out. This included the relevant DBS checks. This information helps employers make safer recruitment decisions. However, we identified inconsistencies in the employment history of 1 member of staff which had not been considered during the recruitment process.

We recommend the provider reviews their processes to ensure best practice guidance is always followed when recruiting staff.

Systems and processes to safeguard people from the risk of abuse

- Appropriate action had been taken in response to incidents where abuse was suspected. Safeguarding referrals had been to the local authority to protect people from the risk of abuse.
- No safeguarding concerns were raised with us during the inspection. The person told us they felt safe, and relatives confirmed this. The person told us, "If I need anything I just ask the staff and they help me with it. I feel safe with the staff...they are all fine."

Learning lessons when things go wrong

- The registered manager told us of the actions they had taken to respond to the inspection findings. They were committed to taking the necessary action to deliver improvements and learn lessons to ensure they

were always providing a quality service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to support staff. One staff told us, "I definitely feel supported at work. I can go to [name of manager] about anything. Another member of staff said, "[Management] are very supportive of me."
- Training deemed mandatory by the provider was organised for staff. However, from 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in learning disability and autism, including how to interact appropriately with people with a learning disability and autistic people. The provider had not implemented the 'Oliver McGowan' mandatory training on learning disability and autism which is the government's preferred and recommended training for health and social care staff to undertake.
- Assessments of people's needs were completed. Staff provided support depending on people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Staff supported people to eat and drink enough to meet their needs.

Adapting service, design, decoration to meet people's needs

- The care homes design and décor did not fully meet people's needs. For example, signage was not in place to help orientate people to their bedroom.
- A programme of refurbishment to the home had commenced. This included changing the layout of the building to increase the amount of space in communal areas.

We recommend the provider reviews current best practice guidance relating to supportive environments for people who are living with a dementia related condition to ensure the environment meets their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to ensure people's health needs were met.
- Records demonstrated staff liaised with health and social care professionals to help ensure people's health needs were met.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed the principles of the MCA. Where people lacked capacity to consent to their care and treatment assessments had been completed.
- People's ability to consent to their care and treatment was assessed. Where people lacked capacity to make particular decisions for themselves best interest decisions had been completed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Effective quality monitoring systems capable of identifying issues in safety and quality were not fully in place. We identified shortfalls in the assessment of risk, management of medicines, infection control and duty of candour. The provider's quality monitoring system had not identified these issues.
- Audits had not always been completed at the frequency identified by the provider. This had impacted their ability to monitor quality and safety at the service.
- Policies and procedures did not always contain sufficient information to guide staff in the actions they needed to take to ensure working practices were safe and followed best practice guidance.

Robust systems and processes were not in place to demonstrate effective oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our previous inspection in July 2017, there was a failure to ensure all notifiable events had been notified to CQC. At this inspection we found sufficient action had not been taken to improve and further action was needed.
- At this inspection, an effective system to ensure statutory notifications were always submitted to CQC was still not in place. Statutory notifications are incidents and events which must be reported to CQC by law. This meant CQC did not have oversight of all notifiable events to ensure appropriate action had always been taken.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of the inspection process.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour policies and procedures were in place. However, the information recorded in the policy did not assure us the provider understood their responsibilities in relation to this regulation.
- Staff had not always recognised what a notifiable safety incident was under the duty of candour regulation and therefore, had not always taken all of the necessary actions to be compliant with the

regulation.

- Documentation to show how the provider was meeting its duty of candour responsibilities had not been completed.

The provider's failure to ensure a system was in place to meet the requirements of the duty of candour was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had established links within their local community and worked in partnership with relatives and other health and social care professionals.
- Staff had positive relationships with people and understood the needs of the people they supported well.
- Plans were in place to engage people within their local community. One relative told us, "We are trying to establish a community garden and have been looking at GP referrals around this. We are looking at initiatives to support carers and relatives and [name of manager] is very supportive of this."

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
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment An effective system was not in place to assess, monitor and mitigate risks relating to the health and safety of people. Medicines were not managed safely. Regulation 12 (1)(2)(a)(b)(g)
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not in place to ensure compliance with the regulations. The governance systems in place were not robust enough to identify shortfalls in quality and safety. Regulation 17 (1)(2)(a)(b)(c)(e)(f)
Accommodation for persons who require nursing or personal care Personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour An effective system to ensure the Duty of Candour principles were met was not in place. Regulation 20 (1)(2)(3)(4)(5)(6)