

Dementia Care & Support at Home Limited

# Dementia Care & Support at Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 21 and 22 June 2018. The inspection was announced because the service provides a domiciliary care service and we needed to make sure the registered manager would be available to facilitate the inspection.

Dementia Care & Support at Home is a domiciliary care service based in the Swinton area of Salford, Greater Manchester. People using the service receive care and support from staff at home, with packages of care funded by both the local authority and self-funders.

This was the first inspection we had carried out at Dementia Care & Support at Home. This was because the service re-registered with CQC in May 2017 and meant any previous inspections were associated with the old location.

At the time of the inspection there were approximately 42 people using the service, however only 38 were in receipt of a regulated activity which was personal care. Other people using the service were supported with domestic duties such as cooking and cleaning. As such we only focussed on people in receipt of a regulated activity during the inspection.

During this inspection, we found the service to be meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, however have made four recommendations regarding accident and incident monitoring, care plans, medication and staff team meetings.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe as result of the care and support they received and staff understood their responsibility with regards to safeguarding and how to report concerns.

Staff were recruited safely, with appropriate checks undertaken before staff commenced employment.

Staff told us they felt there were sufficient numbers of staff available to support people and said their weekly rotas were well managed. Some people said staff did not always turn up on time, but said they were contacted by staff from the office to let them know what was going on. People said missed visits were rare, but were again kept informed by staff.

People had individual risk assessments in their care plans and the service maintained and log of any accidents and incidents which had occurred, which detailed any follow up actions taken. Trends analysis of accidents was not routinely undertaken and we have made a recommendation about this in the detailed

findings of the report.

People told us they received their medication on time and said staff watched them taking it and gave them a glass of water. We did identify missing signatures on four people's medication administration records (MAR) we looked at. Medication audits of these MAR had stated there were no gaps in recording. We did note however that staff had recorded in the daily communication log, that people had been given their medication as prescribed. We have made a recommendation about this in the detailed findings of the report.

Staff told us they received enough training, induction, supervision and appraisal to support them in their role.

People told us they received enough to eat and drink. Staff had a good understanding about how to support people, such as ensuring people received plenty of extra fluids during the hot weather.

The people we spoke with told us they were happy with the care and support they received and described staff as kind and caring.

At the time of the inspection the registered manager was in the process of re-writing all care plans within the service. Therefore, staff were using the support plan provided by the local authority, where an overview of each person's care needs was recorded. We have made a recommendation about this in the detailed findings of the report.

We saw complaints were recorded and detailed any follow up actions required. A service user guide was also in place, informing people how they could express if they were unhappy with the service they received.

People had access and were supported to attend activities for people living with dementia within the local community.

There were systems in place to seek feedback from people using the service through satisfaction surveys.

At the time of the inspection, the registered manager said formal staff meetings were not held and any information to be cascaded was shared via email or by a group text message. We have made a recommendation about this in the detailed findings of the report.

## 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; however we have made a recommendation regarding accident and incident monitoring.

There were enough staff available to meet people's care needs.

Appropriate systems were in place to safeguard people from abuse.

People received their medication as prescribed, however we have made a recommendation regarding medication auditing processes.

### Is the service effective?

Good ●

The service was effective.

Staff received the appropriate induction, training, supervision and appraisal to support them in their role.

People told us they received enough to eat and drink.

People said staff sought their consent before care was delivered.

### Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives made positive comments about the care they received.

People said they felt treated with dignity and respect.

People spoke fondly of the staff who cared for them.

### Is the service responsive?

Good ●

The service was responsive; however we have made a recommendation regarding care plans.

Complaints were handled appropriately.

People had access to activities within the community.

There were systems in place to seek feedback from people who used the service and relatives.

**Is the service well-led?**

**Good** ●

The service was well-led; however we have made a recommendation regarding staff team meetings.

We received positive feedback about management and leadership.

Staff told us they enjoyed working for the service.

Appropriate policies and procedures were in place.

# Dementia Care & Support at Home Limited

## **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 announced inspection took place on 21 and 22 June 2018. The inspection was announced because the service provides a domiciliary care service and we needed to make sure the registered manager would be available to facilitate the inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

During the first day of the inspection, we spoke with people who used the service and relatives over the telephone to seek feedback about the services provided. The second day of the inspection was spent on site at the head office where we carried out staff interviews and reviewed documentation relating to how the service was run.

In advance of the inspection, we reviewed all the information we held about the service. This included any statutory notifications such as any safeguarding and whistle blowing concerns.

During the inspection we spoke with the registered manager, the care coordinator, five people who used the service, five relatives and three members of care staff (a supervisor and two care assistants).

We reviewed four people's care files, four staff personnel files, eight medication administration records (MAR), the training matrix, quality assurance documentation and other records related to the management of the service. This helped inform our inspection judgements.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key

information about the service, what the service does well and what improvements they planned to make.

# Is the service safe?

## Our findings

The people who used the service told us they felt safe as a result of the care and support they received. One person said, "Oh yes I am safe with the staff coming into my home." Another person said, "Yes I feel safe. We rely a lot on the staff and they are very good."

As part of the inspection, we spoke with five relatives; they also felt the service was safe for their loved ones to use. One relative said, "Absolutely safe and no issues at all." Another relative said, "Yes I would say my wife is safe; the staff are very competent with what they are doing." A third relative added, "I feel mum is safe with staff coming into the house."

We looked at how medication was handled to ensure this was being done safely. The service had an appropriate policy and procedure in place which provided guidance for staff about what they needed to do in certain situations such as if there was a medication error. A staff training matrix was in place and this showed staff had been provided with medication training. People who used the service and relatives told us they had no concerns about how their medication was administered. One person said, "The staff always make sure I take my medication and give me some water with it as well to make it easier to swallow."

We looked at the MAR of eight people who used the service. Four of these MAR we completed accurately, however we found missing signatures on another four, where staff had not clearly signed to say people had received their medication safely. We did note however, staff had written in people's daily communication book, that people had been given their medicines that day. Audits of MAR charts were being undertaken, however had not identified the missing signatures we had picked up on.

We recommend the service strengthens their quality monitoring systems to ensure discrepancies are identified and acted upon in a timely way. We will check the progress of this recommendation at our next inspection.

The registered manager contacted us shortly after the inspection to confirm additional auditing procedures had now been introduced.

We looked at the how service managed risk. At the time of the inspection, the registered manager was in the process of updating individual risk assessments for people using the service. We looked at the new format that was to be used which covered areas of potential risk such as mobility, moving and handling, looking after the house, the environment, fluid/nutrition, people's skin and personal care.

We noted one person did not have an appropriate risk assessment in place. Their social services support plan indicated they had previously left their cooker turned on at home which caused a kitchen fire and extensive damage in the house. They were also deemed to be at increasing risk of accessing the community as they often asked strangers to help them use the cash machine, placing themselves at risk of financial abuse. The registered manager said this person's risk assessment would be updated immediately to demonstrate how this risk was being managed.



We looked at the systems in place to monitor accidents and incidents. An individual log was maintained regarding any incidents which had occurred within the service. Details were provided about what had happened and any actions taken. At the time of the inspection, trends analysis of accidents/incidents was not being routinely undertaken. This would ensure that management would be able to closely monitor any potential re-occurring themes within the service, such as increased falls.

We recommend the service introduces a trends analysis system to monitor accidents and incidents. We will check the progress of this recommendation at our next inspection.

Staff were recruited safely, with appropriate checks undertaken before they commenced employment. This included the completion of application forms, seeking references and carrying out Disclosure Barring Service (DBS) checks. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. Other documentation held within staff files included proof of identification and interview questions/responses.

We checked to see if there were sufficient numbers of staff working for the service. A call monitoring system called 'People planner' was used and enabled management to check people were receiving care calls from staff at the correct times and in line with their care package. The system also alerted management if there were any missed visits, where there was a risk people's care may not be delivered. When staff arrived at people's houses, they scanned a barcode on arrival and when leaving which then showed up on the call monitoring system in the office premises that they had arrived at the person's house. If staff did not log in, this was identified on the system and management would be alerted and could respond accordingly.

We asked people who used the service and relatives if they ever experienced missed visits or if staff were particularly late. One relative said, "There have been a couple of instances when they have been late, but they have always had the decency to ring me and let me know what was going on. It was only a one off and they are not frequent." A person using the service said, "It depends how much work they have on and I appreciate that and understand if they are late. They cannot help it if there is traffic." Another person said, "Sometimes they are late but I accept that. Generally speaking I am quite happy and couldn't praise them anymore." Another relative added, "We have no issues with missed calls or late visits. They ring and let me know if they will be late."

Staff told us they felt there were enough staff working for the service and felt their weekly rotas were well managed. One member of staff said, "My rotas are all fine at the minute and the calls I do fit in around my personal life. They try and accommodate calls and make sure they are near each other rather than being all over the place. Where people need two members of staff, this is always provided." Another member of staff said, "I feel there are enough staff to get around everybody. We are given enough time between calls and my rotas are okay."

Appropriate systems were in place to safeguard people from abuse. The staff we spoke with were clear about their role in protecting people from abuse and we saw any allegations of abuse were reported to the local authority for further investigation as required. A policy and procedure was in place and we saw staff had received training in this area. One member of staff said, "Signs of possible safeguarding could be people not receiving personal care and being neglected. I would report any of these concerns to my manager." Another member of staff said, "We do online training regarding safeguarding. If a person's money was going missing then that could be financial abuse. If I had concerns, I would document it and report it."

We saw the service promoted learning from any safeguarding incidents which had taken place. For instance, where a medication error had occurred, this information was communicated to staff via group text message,

with additional medication training for staff also provided.

We looked at the systems in place regarding infection control. The people we spoke with said staff always wore personal protective equipment (PPE) when delivering care and staff said this equipment was available in sufficient quantities. We noted equipment such as aprons and gloves were stored at the head office and saw staff calling in to collect new supplies.

# Is the service effective?

## Our findings

We asked people who used the service and relatives if they felt staff were well trained and had the correct skills to undertake their role. One relative said, "On the whole yes. Most of them seem nice and capable." Another relative said, "Mum tells me they are great and that is good enough for me."

When commencing employment with the service, staff completed an induction programme which enabled them to gain an understanding about what their role entailed. This was centred around the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if a staff member is 'new to care' and should form part of a robust induction programme. The staff we spoke with during the inspection said they completed the induction when they first started working for the service. One member of staff said, "The induction was sufficient; I had not worked in care previously but I was able to complete my training and shadow other members of staff."

We looked at the training staff received to support them in their role. A training matrix was used and this captured the training staff had completed and when it was due for renewal. This showed staff had completed training regarding safeguarding, medication, moving and handling, infection control, dementia awareness and health and safety. The staff told us enough training was available to them and they felt supported in their role. One member of staff said, "I did training when I first started and it has been updated as I have gone along. Both online and practical training is available and there is enough available."

We looked at the supervision and appraisal staff received to support them in their role. Records of both supervision and appraisal records were available in staff personnel files and staff confirmed they attended these sessions throughout the year. Where appraisals had not been completed, there were valid reasons for this such as maternity leave, or not yet working for the service for 12 months. One member of staff said, "Supervision tends to be every three months or so and I have had an appraisal too. We are able to discuss our work and any concerns we may have."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Due to Dementia Care and Support at Home providing a domiciliary care service in a community setting, DoLS are not applicable. To deprive a person of their liberty in this type of setting, applications need to be made to the court of protection to ensure they can be legally authorised. These applications are often known as deprivation in a domestic setting (DiDS).

At the time of our inspection, no DiDS authorisations were in use, however the registered manager said this process would be followed as required and applications sent to the local authority if this was required for a person using the service. At the time of the inspection we were told that nobody using the service was subject to any restrictive practices. Staff had an understanding of the MCA legislation and said they would work in people's best interests if people lacked the capacity to consent to their care and treatment.

The people we spoke with told us staff sought their consent before providing any care and treatment to them. One person said, "The staff ask me if I would like any help in the shower. I like that, because I might not want them too but it is good that they check."

We looked at how people were supported with their nutrition and hydration, with people who used the service and their relatives telling us staff provided appropriate support in this area. One relative said, "I let the staff know what we need from the shops and they take mum out shopping. Mum is always given something to eat and drink when the staff come round." Another relative said, "I previously had some concerns that the same food was always being provided, however this has been tweaked now and more choice is provided." Another relative said, "Mum is supported to eat and drink by the staff; we often buy the food and staff help to prepare it."

The registered manager had informed us about one person who had previously lost weight, however this had now stabilised. Staff were required to encourage this person to eat and drink during each care visit and document what had been consumed. Records viewed during the inspection demonstrated this was being done by staff.

The staff we spoke with were aware of how to ensure people maintained good nutrition and hydration. One member of staff said, "I assist a few people and always ask what they would like first. Once people have made their choice I will help them to prepare it." Another member of staff said, "I try to make sure people have a balanced diet. I always ensure people are left with plenty of extra fluids as well, especially in hot weather."

## Is the service caring?

### Our findings

The people we spoke with said they were happy with the level of care and support they received. One person said, "I think the care I receive is good. The staff are nice with me, 100%." Another person said, "Everything is fine and I am receiving good care. They are generally quite good. I am happy, very much so." Another person said, "The service I receive is very good from the care staff. Another person commented, "It's okay and I am quite happy with everything. I have received good care from them."

The feedback from relatives we spoke with was also positive regarding the level of care provided. One relative said, "On the whole, I don't have any issues with the care. They are kind and considerate." Another relative said, "They seem to be good and things are going fine. They are bang on and have been better than other agencies we have used." Another relative said, "Generally things are okay and I am quite happy with the care mum is receiving. They keep me up to date and will do whatever we want. Mum is always clean, washed and fed." Another relative commented, "They are very good. Mostly the care is of a good standard."

Both people who used the service and their relatives said the staff who provided care were kind and caring towards them. One relative said to us, "They are kind and caring on the whole." Another relative said, "They are nice with mum. Mum tells me they are great with her." Another relative said, "The staff are kind and caring and try very hard." A person using the service also added, "The staff are looking after me well and I enjoy them coming into see me. We have a good chin wag." Another person said, "They are very good. Sometimes they stay a bit longer with me and never grumble."

We asked people who used the service if they felt treated with dignity and respect by staff. People told us this was the case and said staff never made them feel uncomfortable or embarrassed. One relative said, "Oh yes, dad is very happy with that side of things. The staff are very good like that." Another relative said, "Mum would tell us if staff weren't treating her right but that has not been the case." Comments from people who used the service also included, "Yes definitely" and "Yes they always do."

We asked people who used the service and relatives if staff promoted their independence and allowed them to do as much as they could for themselves. One relative said, "Mum doesn't walk much, but the staff always ask if she would like to go out for a walk so that she can get used to doing it more often." A person who used the service also added, "Yes they do because I am now doing much more than I used to do for myself and the staff let me. They encourage me to do the washing up and put my own rubbish out."

We looked at how the service promoted equality and diversity and respected people's human rights. One person who used the service at the time of the inspection was from a different ethnic background. Both they and their family had made a special request to only receive care and support from female staff and this had been respected by the service. The service had also previously supported a person living in the Jewish community and respected their faith by supporting them to attend sessions to pray. Equal opportunities and diversity monitoring was also covered as part of staff recruitment, where areas such as potential gender re-assignment, cultural followings, ethnic background and preferred languages were all considered and taken into account.

The service maintained a log of compliments where people who used the service and their relatives had expressed their satisfaction with the service they received. We looked at a select sample of these during the inspection, some of which read, 'To all of the team, many thanks for of your help and support with dad' and 'To all at Dementia Care and Support, we can't thank you enough' and 'To all you fantastic girls, thank you' and 'We could not have managed this year without you' and 'Thank you so much for everything you did for dad. You ensured his last months were enjoyable and comfortable. I will always be grateful for your help and friendship.'

## Is the service responsive?

### Our findings

At the time of our inspection the registered manager informed us that they were in the process of a risk assessment and care plan 'over haul' and were looking to combine a new risk assessment format and an adapted personal support plan together as one document for each person using the service. The registered manager also informed us they were in the process of re-assessing each person so that information relating to their care needs could be accurately recorded. The registered manager told us they had been advised by the local authority to not have their own care plans to avoid duplication.

Due to this, staff were following the information captured within the social services assessment which provided an over view of people's care needs. This also provided a breakdown of the care and tasks staff needed to undertake during each care visit.

We recommend the service implements a care plan for each person using the service as a matter of priority which provides a detailed overview of their care requirements for staff to follow. We will check the progress of this recommendation at our next inspection.

The registered manager contacted us shortly after the inspection and confirmed new care plans and risk assessments were in the process of being completed for each person using the service.

We looked at how the service handled complaints. A complaints file was maintained and this contained a section to log each complaint, any actions to be taken and what the outcome had been. A policy and procedure was in place which was in date and clearly explained the process people could follow if they were unhappy with the service they had received.

People who used the service and their relatives told us if they had ever made a complaint, it had had been handled well. Those that hadn't told us they felt confident it would be dealt with appropriately. One relative said, "I made one once following a missed visit and it was handled well. They appeared to be very concerned and apologetic." Another relative said, "I have never made one, but have high hopes that it would be handled well. I have the phone number and would ring the office." Another relative said, "I expressed some concerns once by email and they have always responded well and investigated my concerns. I noticed a change afterwards." A person using the service added, "I have never made one but would ring the office."

There were systems in place to seek feedback from people who used the service. This would enable the service to respond accordingly if people were unhappy or wanted to change any aspect of their care package. We looked at a sample of these during the inspection where people were asked if they were happy with the service they received, what the staff were like, being aware of the complaints procedure, if they saw a benefit to the service and if there were any additional comments to make. We noted the vast majority of feedback from people was positive. Where people had suggested improvements, actions were documented about how this needed to be followed up.

We looked at how people were supported with activities and to access the local community to reduce the

risk of social isolation. People had access to and had attended a range of activities within the local community, some of which catered for people living with dementia. This included the 'Chandos Buddy Café' which is a social club for people with mild to moderate dementia and presented the opportunity to meet new people and have lunch. Activities included arts and craft, ball games, bingo, quizzes and a sing along. A snooker table was also available. People were also supported to access Humphrey Booth Resource Centre, a local day centre that supports people with dementia to participate in activities of their choice.

We looked at how the service cared for people receiving end of life care. Due to the nature of the service (being a domiciliary care service), end of life was not provided directly and the registered manager told us the main role of staff was to follow advice from district nurses/ GP's and provide support to families at this difficult time.



# Is the service well-led?

## Our findings

There was a registered manager in post. 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 had a staffing structure in place. At the time of the inspection, the service employed approximately 20 members of staff, comprising of the registered manager, a care co-ordinator, supervisors and care assistants. Each member of staff had a line manager to report to and this ensured there were clear lines of accountability within the service.

The staff we spoke with said they enjoyed their work and liked working for Dementia Care and Support at Home. One member of staff said, "Everything is great and things are going well. I like everything about the job and enjoy meeting all of the service users." Another member of staff added, "I love it and love the people I work with. I feel that our job makes a difference to people's lives."

The staff we spoke with said they felt there was good management and leadership within the service. One member of staff said, "I feel leadership and management is good and we feel well supported. I can always come into the office and things will get sorted out if needed. I don't drive and they will try and accommodate a lift for me if they can." Another member of staff said, "It's good. If I have any problems, then I feel I can ask and am guided the right way. They will act on any concerns."

We looked at the systems in place to monitor the quality of service provided to ensure good governance. We saw audits were in place covering areas such as staff personnel files, people's care files, policies and procedures and MAR charts. These audits had been completed as recently as June 2018 when our inspection was undertaken. As detailed within the Safe domain of this report we have recommended that the service strengthens their auditing systems, particularly regarding MAR charts, to ensure any omissions are identified and acted upon in a timely way.

Additional quality monitoring checks included spot checks and observations of staff undertaking their work were done. This provided the opportunity for managers and supervisors to see if staff were working to a high standard and offer support or advice where necessary. We looked at a sample of these records during the inspection and saw they provided a focus on moving and handling, meal preparation, medication, infection control and household duties.

We looked at the meetings which took place amongst staff working for the service. We saw management meetings took place and reviewed the minutes from the most recent meeting in April 2018. Topics of discussion included rotas, staff induction, risk assessments, health and safety and staff training. At the time of the inspection, the registered manager said formal staff meetings were not held and any information to be cascaded was shared via email or by a group text message.

We recommend the service introduces regular staff meetings throughout the year so that staff are given the opportunity to discuss their work and any concerns they may have in a formal setting.

When checking records such as accidents/incidents and safeguarding concerns, we found CQC had received all the required notifications including those relating to any expected/unexpected deaths, serious injuries and known safeguarding concerns. This showed a transparent approach and meant we could respond and take any necessary action if required.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in lockable cabinets in the office when not in use. This meant that people's personal information was kept safe.

The service had policies and procedures in place which covered all aspects of the service. These were developed and updated by the registered manager and reviewed each year. Staff were aware of where these documents were kept and how to access them if required.

A business continuity plan was in place to ensure there were clear procedures to follow in the event of any unforeseen circumstances such as severe weather, fire and theft. Key contact information was also recorded for local hospitals, taxi services, legal advice and assistance with the call monitoring system.