

Mrs Jacqueline Archer

Dementia Care TLC

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

Dementia Care TLC is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection 35 people were receiving the regulated activity 'personal care'.

This inspection was announced and took place on 9 May 2018. This was the first inspection since the provider registered the service in April 2017.

The service was run by Mrs Jacqueline Archer as a sole provider. As a sole provider they are not required to employ a registered manager. Instead they had opted to manage the service themselves. 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.

People were protected from abuse because the provider had systems in place to ensure checks of new staff, and their suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

People said they felt safe when being cared for. All incidents and accidents were recorded and reviewed by the provider. People were supported by small teams of carers and calls were well planned to ensure people received their allocated time for the calls and they were not rushed.

People were supported by staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. People had a regular small team of staff who they knew, and had built relationships with.

People were supported by staff who were motivated in their role. People told us the staff were kind, caring and they were treated with dignity and respect.

People's care needs were recorded in care plans and reviewed regularly. Some of the care plans required further information to enable an unfamiliar staff member to support them.

The service worked in partnership with other organisations to make sure people's needs were met. Records showed the service responded to concerns and complaints and learnt from the issues raised.

There were systems in place to manage the service. The provider worked with a small team with areas of responsibility for planning, staffing and client services.

There were systems in place to monitor the care provided and people's views and opinions were sought through regular contact with the provider and an annual survey.

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.

People were supported by staff who knew how to recognise and report abuse.

People were supported by staff who received pre-employment checks before commencing work.

Risk assessments carried out minimised risk to people but respected their wishes and independence.

People received their medicines safely from staff who had received training to carry out the task.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff were well trained and supported.

People had their needs assessed and reviewed to make sure the care provided met their up to date needs.

Staff worked with other organisations to make sure people received effective care.

Is the service caring?

Good ●

The service was caring.

People received their care from staff who were kind and caring.

People were involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their needs and wishes.

People could discuss any concerns and complaints with staff or the provider.

People could be assured that at the end of their lives they would be cared for with kindness and compassion.

Is the service well-led?

Good ●

The service was well led.

People received a service from a provider who was committed to ensuring people had high quality personalised care.

Staff were well supported which led to a happy and well motivated staff team.

People had opportunities to share their views about the service.

Dementia Care TLC

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by two inspectors and one expert by experience, who made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

Inspection site visit activity started on 9 May 2018 and ended on 14 May 2018. It included talking with staff, looking at records, speaking with the management and visiting people in their homes.

We visited the office location on 9 May 2018 to see the provider and office management staff; and to review care records and policies and procedures. During the inspection phone calls were made to people who use the service and their relatives on 9 May 2018. Further phone calls to staff were made on 14 May 2018.

During the inspection we visited four people who used the service and spoke with four relatives. We spoke with six people and four relatives on the telephone. We also spoke with five members of staff,

including the provider. Following our inspection we spoke to one further staff member. We received feedback from one professional who had knowledge of the service.

We looked at a range of records during the inspection, these included four people's care records. We looked at information relating to the management of the service including quality assurance audits and meeting minutes. We also looked at three staff files, the recruitment process, the staffing systems, complaints, and staff training and supervision records.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. Comments included; "The care provided is very safe I have no worries at all", "I feel very safe around the staff, they come once a day, they put me at ease when they are helping me, I never worry" and "All of the care is carried out in a safe way, I feel very secure when they come to visit." Comments from relatives included, "The staff call three times a week, everything they do is carried out in a safe way, [name] has complex needs, it's not a problem", "The staff are very careful with security, they always make sure [name] knows who they are and what they have come for" and "[Name] thinks they are really good, they feel safe around staff."

Records demonstrated staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One staff member said, "I would contact the provider straight away, I am confident they would manage it." Another commented, "I know my clients inside out, I see them every day and would know if something was wrong. I would report anything to my supervisor and would follow it up." Staff were also aware of the whistleblowing policy and that they could report any safeguarding concerns outside of the organisation if required. One staff member said, "I would report it to my supervisor immediately and they would inform [Name of provider] who would refer it to the relevant authorities. If nothing happened I would contact the local authority or the Care Quality Commission. They encourage us to use the whistleblowing policy, I would definitely use it if I had to."

The provider had a recruitment procedure in place to ensure staff were suitable for their role. This included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We found however the provider was not always obtaining employment references from previous health and social care employers. Seeking references from previous health and social care employers enables providers to better ensure staff are suitable for the role. Following our inspection the provider confirmed they had audited all of their recruitment files to ensure they contained the right references.

Risks to people were identified and there were risk management plans in people's care plans identifying how to reduce the risks. Areas covered in the assessments included; safe moving and handling of people, mobility, the environment, wheelchair use, and hazards from burns and scalds. One care plan that we looked at had a risk assessment completed for staff visiting the home as the person had a dog, demonstrating all risks were being considered. Staff spoken with were aware of people's individual risks and the management plans in place.

There were systems in place to record any accidents or incidents that occurred. These were reported directly to the provider so appropriate action could be taken. Staff told us where people had been involved in accidents or incidents, these were reviewed and any lessons learnt were identified and shared with the staff team. One staff member told us, "We get together as a team and talk about it. We share our experiences and learn from incidents. If one of us identified something that made a client anxious we would share that with

the team so we could avoid it in the future."

Staff had access to personal protective equipment, such as gloves and aprons to ensure people were protected from the risk of infection. People confirmed staff used these when required. One relative commented, "They are very careful regarding infection control, they always wear gloves and aprons when really needed, they take them away with them, never leave them for me to throw away."

People were supported by sufficient numbers of staff to meet their needs. Each person had a small dedicated team of staff who worked with them. This enabled staff to provide consistent care and support to people. The provider told us they placed emphasis on the importance of people receiving care from a small consistent team of staff who knew them very well.

People and relatives confirmed they saw the same staff. One person told us, "I see the same staff all of the time, they are always consistent in the approach to care." Other comments from people included, "I have Dementia, I forget things, I always see the same staff, I always know who is coming and when, they are really very good" and "I always see the same care staff, I like that." A relative commented, "It is very important for [name] to keep the same staff."

Staff confirmed there were enough staff available to cover their calls. They told us in the event of a staff member not being available for a call, or if they were running late they could send a message to the team and their call would be covered. One staff member told us, "We have enough staff and if we are held up we can put a message on the group messenger and calls get covered. Seniors and management will also cover the calls, they [people] get their call times and they are not rushed. It works really well."

Staff also told us that their calls were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush. The provider told us they placed an emphasis on staff staying for the length of their calls and staff confirmed this. One relative commented, "They are happy to stay to get the job done."

Some people required assistance with their medication and with the application of creams. The people we spoke with were happy with how staff supported them with their medicines. A relative told us, "[Name] attended hospital and was prescribed cream, they came today, I told them how to apply it and they did just that, wonderful." The person told us, "It is correct, just right." Records were kept to show when medicines were administered or refused. This allowed the effectiveness of prescribed medicines to be monitored.

Risk assessments and guidelines were in place to show how and when assistance with medicines were required. There were protocols to show the level of assistance required. For example, protocols detailed if the person needed full administration of medicines or just prompting or reminding to administer prescribed medication. Staff administering medication had received training in the correct procedures to follow and had their competency in this area assessed.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "Staff are well trained they know what they are doing, if they don't know how to react to any changes they go off and find out." Other comments included, "Staff are trained they know what they have to do and how they have to do it" and "Staff appear really well trained, they know how to meet all of my needs." A relative told us, "Staff across the different grades are well trained, everyone knows what they are doing, no concerns at all." A health professional told us, "They are skilled at managing high end clients with complex needs, the support provided by Dementia TLC has enabled the individuals to remain in their own homes."

Staff received an induction before they started supporting people in the community. The induction was linked to The Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. New staff shadowed more experienced staff members as part of their induction and staff confirmed where more shadowing or learning was required before they worked alone, this was provided. One staff member told us, "The induction was good and informative. Any help I needed I knew who to contact, I did two weeks of shadowing which felt adequate and I could have asked for more."

Staff received a range of on-going training to ensure their skills and knowledge remained up to date. Staff were positive about the training they received. One staff member told us, "The training is very good; we certainly do enough to do our jobs and more. If there is any training we want to do we can request it and they will always arrange it." Another commented, "They encourage training and our development."

We reviewed the training matrix and saw staff received training in fire safety, first aid, infection control, medicines, moving and handling, dementia and end of life training.

Staff told us they received regular one to one supervisions (meetings with their line manager to discuss their work) and they found this supportive. One staff member told us, "We have regular supervision and talk about anything we want to pass on and anything they need to address with me. It is supportive."

Staff were trained to understand the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff told us how they would consider whether a person was able to make decisions about their care and treatment and what they would do if they were concerned that a person may lack the capacity to make certain decisions.

The 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 checked whether the service was working within the principles of the MCA.

The provider had a good understanding of the principles of the MCA. They told us how they had been

involved with relevant professionals in supporting people who lacked capacity to make a specific decision about their care and treatment, to make a best interest decision.

Each person gave their written consent to receive care when they began to use the service; this was recorded in people's care plans. People confirmed staff always asked their permission before supporting them. Comments included, "The staff always ask me what I want doing and how I want it done" and "They always ask for consent and agreement before they do anything for me."

People were supported to have enough to eat and drink, if they required assistance with this and they confirmed they were happy with the support received. One person told us, "They offer me as much help as I need with getting food, never a problem." Where people required specialised support with their meals, we saw this was detailed in their care plans and staff confirmed they had received training relating to this.

People's needs were assessed prior to them receiving a service from Dementia Care TLC to ensure the service was able to meet their needs. People and their relatives confirmed they were involved in the initial assessments. One person told us, "When [name of provider] first came we told them exactly what we wanted so we have been actively involved in the care planning." Another commented, "I am involved in planning my care and me and the manager review it regularly."

The provider told us following the initial assessment being completed senior staff would work with the person for a period of two weeks. The staff would get to know the person and their preferences over this period, which would then, alongside the initial assessment, form the basis of the care plan.

People were supported to see health care professionals according to their individual needs. One person told us, "They monitor [name] monitor them. [Name of provider] arranged for a District Nurse to check them monthly." Records demonstrated people were supported to see Occupational Therapists, Speech and Language Therapist, District Nurses and the falls team.

Is the service caring?

Our findings

People were supported by staff who were motivated in their role and went over and above their job role to maintain people's comfort, well-being and happiness.

One relative commented, "It's the little things like [name] likes a newspaper and they will pick one up for him if I go away. When they know I am away they are extra vigilant. They are good. When we had that snow they walked here to see to him, that's dedication."

We were given examples where staff had gone over and above their role to provide support to people. For example, we observed a letter dated November 2017 that had been sent to people asking if they would like a Christmas dinner prepared for them by the provider and staff, to be delivered on Christmas Eve, so that it could be warmed up on Christmas Day. People were invited to use their own plates for the festive meal. We observed numerous responses requesting this.

The provider had written two personalised poems for people they had cared for to be read at people's funerals. The provider told us how they had sat with one person and discussed the content of the poem and this was written with their input.

The provider told us a staff member had supported a person to go to hospital because the emergency services were not able to attend to them immediately. They told us how the staff member drove the person to hospital and stayed with them ensuring they were settled, until their family member arrived. Another example given was of the provider and a staff member spending 72 hours with a person whilst they were approaching the end of their lives to provide them with reassurance and care during this time.

People told us staff were kind and caring. Comments included, "Staff are really nice", "All of the staff are kind and compassionate towards me", "I love them all they are superb, they are excellent" and "All of the staff are caring and kind, nothing is too much trouble for them, they always smile a lot." Comments from relatives included, "They are really kind and attentive" and "The staff are kind and caring."

People were supported by staff who knew them well. Staff described people's likes, dislikes, personal histories and what was important to them. One staff member told us, "The more time you spend with people, the more you get to know them and find out what is important to them." Although we found some of this information was lacking from the care plans, staff had a very good knowledge of this. The provider told us they would ensure the information was recorded in people's care plans.

People and their relatives told us they were involved in making decisions regarding their care and they felt listened to. One person told us, "I am involved in the care planning and review process." A relative commented, "I suggested the times of the visits were changed, this has been adopted and is working out well." Staff described how they supported people to make choices and decisions whilst supporting them.

Staff understood the importance of enabling people to be involved in their care. One staff member told us, "I

always approach people saying "Shall we" and involve them." Another commented, "We always ask if it's ok to support them and involve them."

People said the carers who visited them were respectful of their privacy and treated them with respect. One person told us, "They come three times a week they help with personal care, they pay special attention to [names] dignity and privacy, no problems there." Other comments included, "The staff help me with personal care, they always make sure the curtains are closed to maintain my privacy, if the family are around they pay special attention to make sure the door is shut" and "The staff always call me by name, and knock on the door before they come into the home."

The service kept a record of all the compliments they received. We reviewed a file that contained written feedback to the service to express their thanks. Comments included, "Thank you for all the loving care you gave to [name]" and "You are all truly lovely and do an amazing job."

Is the service responsive?

Our findings

People received responsive care and support which was personalised to their individual needs and wishes. Everyone had a small care team of staff who knew them well and were able to identify any changes that may indicate an issue with their health or well-being.

People and those important to them were involved in decisions about their care and treatment. Reviews were planned annually or more frequently if people's needs or circumstances changed. Comments from people included, "I am involved in all aspects of care planning", "I am involved in planning my care, I have the care plan here, we review it together", "The care plan is all down to me, I have it here" and "I am involved in planning my care and me and the provider review it regularly." Comments from relatives included, "I have been involved in the review of the care plan for [name]" and "The next review of the care plan is in a few weeks' time, the date has been set."

Each person had a care plan that detailed the support they required from staff during each visit. Some of the care plans lacked specific information relating to the support staff gave. For example, one care plan stated staff should "Take [name] through to the toilet." There was no guidance on how they should support the person or of what the person could do for themselves. We discussed this with the provider who told us the person would be supported in their wheelchair. Whilst staff were fully aware of how they should support the person with this, the information would not be available if they were supported by unfamiliar staff.

One person's care plan stated they were non-verbal in their means of communication. Staff gave us detailed descriptions on how they communicated with the person using a communication aid devised by the service. They described how they had tried other communication aids, which the person had refused to use and that the current aid was very successful. However, there were no details of the communication aid or how staff should communicate with the person in their current care plan. The provider confirmed familiar staff worked with the person and that if they were not available through sickness for instance, the provider or office staff would support the call. We discussed the lack of information in the care plans with the provider who told us they would ensure there was more specific details included in them.

Staff gave us examples of how they were responsive to people's needs; this included arranging appointments with a speech and language therapist for one person to review their ability to eat specific foods. They told us how they knew this was important for the person. A staff member told us how they were arranging for another person to attend a memory clinic. Memory clinics are specialist centres that perform further diagnosis and memory tests, and provide support to people with dementia.

A health professional told us the care and support the service provided to people and their relatives was, "Second to none." They told us the service was responsive, caring and always went above and beyond for the people they supported. One relative told us, "If we want them we just phone and they are pretty quick. If you ask for something they get it sorted quickly. They are good at communicating; they get on the phone to us. We would recommend them; we have a lot of help from them. They have also supported me."

The provider described how they supported people with their diverse needs. This included matching staff to people. For example, where they supported one person who English was not their first language; they match a staff member with the same first language to support them. Staff received training in equality and diversity and described how they respected people as individuals.

The service was responsive to people's changing needs. One person told us, "The manager comes and sees me; we discuss the changes that are needed." The provider confirmed they, or one of the seniors would visit the person to assess the changes and discuss the need for any additional support or equipment. The provider explained staff would be informed of changes using the mobile phone messaging service, or a telephone call if staff were working the same day. Staff confirmed this was an effective way of keeping them up to date.

People and relatives told us they were aware of how to raise complaints or concerns. Comments included; "No need to complain at all everything is so good, but I know how to complain if the need ever arose", "I know how to complain but never needed too, this is the best agency around" and "This is a very good agency, I have never felt the need to complain." There had been one complaint received by the service in the past year, this was responded to and resolved in line with the provider's policy.

The service worked with other health and social care professionals to support and care for people at the end of their lives. There were a team of staff who were responsible for supporting people who were nearing the end of their lives. Staff told us how they worked closely as a team and with people's families to ensure the care and support people received met their needs and wishes. Comments included, "We support people at the end of their lives to have a dignified and peaceful passing, the way they want it" and "We want them to pass in their own way with dignity."

Staff described how they spent time with people and their families at this time to determine what the person's wishes were. One staff member told us, "We have a good chat and get all of the background information, you build such a bond and trust. We make sure the right pain medicines are in place and that they are comfortable, we make sure they have everything they need." Although staff had a good knowledge of this information, people's end of life care plans did not always included the specific details of the person's wishes and preferences. The provider told us they would ensure this information was present in people's care plans.

Is the service well-led?

Our findings

All of the people and relatives we spoke with told us that the service was well led and they were happy with the support they received from Dementia Care TLC.

People and relatives commented positively about the provider and confirmed they saw them regularly and they felt able to approach them and other members of the staff team. Comments from people included, "The management is very approachable, the provider quality audits on a regular basis, no complaints re this agency at all, all is wonderful" and "Management come to the house on a regular basis, in between times you can ring them any time." Comments from relatives included, "The [provider] is a good role model, they are very approachable, you can contact them any time" and "The [provider] is a lovely, open, approachable person. You can discuss anything with any members of the team at any time, they will always come in the home to see you, [name] loves everyone in this agency."

The provider was also the manager and responsible for the day to day running of the service. The provider was supported by a small team of staff who had clear lines of responsibility and accountability. Staff told us they felt well supported by the provider and senior staff. Comments included, "[Name of provider] is really good and always on the end of the phone if needed, it's nice to know you have their back up", "[Name of provider] doesn't just sit in the office, she visits the clients and knows all of them really well, she really cares. She is tough but very supportive and you can go to her with anything."

There were systems in place to ensure that staff had the competencies to undertake their roles. They received spot checks at least twice a year to observe them whilst they were working, which meant that their practice and interactions with people were observed and monitored. The provider also told us they visited people regularly and sought their feedback on the support they received from staff.

Feedback from people and their relatives was sought and used to drive improvements at the service. These included annual surveys and regular visits. One person told us, "I have not been asked to complete any questionnaires or surveys as yet, I have provided feedback on the good quality of care, this is a good agency." Other comments included, "I have completed surveys on the quality of the care before" and "The management and supervisors seek my opinions on a regular basis." A relative commented, "I have completed surveys in the past, but they know I think this place is wonderful." We reviewed the survey from 2017-2018 and the feedback received was positive. Although the feedback had been positive, there was an action plan in place to try to get more responses for the next survey.

There were quality monitoring systems in place. These included a range of checks completed by the provider, the administration manager and the finance manager. Checks included fire safety in the office location, care plans, medicines and staffing records audits. Although the staffing records audits had identified where staff were waiting for their pre-employment checks to be carried out, it had not identified the provider had not requested a care reference from a previous employer. The provider told us they would audit all of the recruitment files to ensure they held the relevant information and references.

The provider told us their aim of the service was to, "To give people the best possible care and for them to remain independent and in their homes as long as they can. We use a person centred approach and provide people with choice, dignity and respect." The staff we spoke with shared this vision. Staff told us the aim of the service was, "To provide an A1 standard of care and to make sure they are happy and remain independent in their homes, I think we do it really well" and "We want to make sure they are happy, well looked after and remain in their own homes as long as they can."

Staff spoke positively of the team culture within the service. Comments included, "The team are really good, we help each other out, I definitely feel supported", "We are a brilliant team and very supportive" and "I love my job, we are a really good team with a really good team dynamic and everyone has the same outlook."

Staff meetings were held to communicate messages to the team and enable them to provide feedback. Staff commented positively about team meetings and the communication within the teams. Comments included; "They can be lengthy, everyone has their say, we share ideas and are listened to", "We have regular staff meetings, [name of provider] opens the meetings and asks us what we want to talk about and raises any concerns. I feel listened to."