Alzheimer's Society

Alzheimer's Society - Black Country

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 inspection took place on 9 May 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. The service provides support to younger and older people and people living with a dementia type illness. At the time of the inspection the service was providing support and personal care to 36 people in their own homes.

At our last inspection on 22 February 2014, the service was meeting all of the regulations that we assessed.

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 supported by care staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take to keep people safe from harm. Staff were aware of the risks to people on a daily basis and how to manage those risks. For those people who were supported to take their medication, systems were in place to ensure this was done safely.

People were supported by care staff who received regular training to ensure they had the skills to meet the needs of the people they supported. Additional information and support was available and care staff had the opportunity to attend training in specialist areas in order to develop their skills and knowledge.
Staff were recruited safely and appropriately and received an induction and opportunities to shadow colleagues prior to commencing in post.

Staff understood the requirements of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS], and what it meant for the people they supported. People were able to give their consent before they were supported.

Staff were aware of people's nutrition and health care needs and supported people appropriately.
People were supported by care staff who were kind and caring and maintained their privacy and dignity whilst providing care.

People were involved in the development of their care plans to ensure that care staff knew how to support them the way they wanted to be supported.
People's care needs were regularly reviewed and care staff kept up to date with any changes in their care or

support.

There was a system in place for investigating and recording complaints and people were confident that if they did have any concerns, that they would be dealt with appropriately. The management and staff group were described as supportive and people considered the service to be well led.

People were happy to recommend the service to others, based on their own positive experiences. Responses received from completed questionnaires, demonstrated that people were happy with the service they received.

Staff felt listened to and well supported and able to contribute to the running of the service.

A number of audits were in place to assess the quality of the service provided. Efforts were regularly made to obtain feedback from people who used the service, in order to improve the quality of the service to people.

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 care staff who had been trained to recognise signs of abuse or harm.

Risk assessments were in place to ensure care staff knew how to support people safely.

People were supported to take their medication safely.

Is the service effective?

Good

The service was effective.

People were supported by care staff who received regular training which provided them with the skills and knowledge to do their job.

People were supported to access healthcare services when required by care staff who knew their healthcare needs.

Staff understood the importance of obtaining people's consent and had a good understanding of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by care staff who were kind and caring.

Where possible, people were supported to maintain their independence.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their care plan so that care staff knew how they wanted to be supported.

People were confident that if they raised a complaint, they would be dealt with satisfactorily.

Is the service well-led?

Good

The service was well led.

People described the care staff and management positively and felt the service was well led.

Care staff felt supported and listened to and were aware of their roles and responsibilities.

Systems were in place to obtain feedback about the service from the people who were supported.

Quality audits were in place to regularly monitor the quality of the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 9 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection was carried out by one inspector and an expert by experience who contacted people by phone following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify any areas we may wish to focus upon in the planning of this inspection. We sent out 46 questionnaires to people who used the service and their relatives and received 23 back and included this feedback in the body of the report.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People who used the service were not able to speak with us by telephone due to their complex needs related to their dementia. However, we spoke with the relatives of ten people who received support from the

service who told us about their experiences of the service.

The registered manager was on leave during the inspection, but we spoke with the operations manager, the services manager, two deputy managers and five care staff members. We reviewed a range of records about people's care and how the service was managed. This included looking at the care provided to five people by reviewing their care records. We reviewed two staff recruitment records, recordings of compliments and complaints, staff training records, minutes of staff meetings and a variety of quality assurance audits.

Good

Is the service safe?

Our findings

Relatives told us that they had no concerns about the safety of their loved one when being supported by care staff from the service. This statement was further supported by people's responses in questionnaires received. A relative told us, "I've no issues or concerns" and another relative said, "Yes. She likes them [the care staff] and they'll support her with what she'll allow them to do". Relatives told us their loved ones were usually supported by the same person who knew how to meet their needs. One relative told us, "Yes, [person] has a regular carer and we're happy with things" and another said, "Yes there's continuity and stability". For people who had a key safe system in place, relatives told us this worked well.

Care staff told us that they had received training in how to recognise potential signs of abuse and were able to tell us what actions they would need to take should they suspect someone was at risk of harm. We saw that care staff had raised concerns regarding a particular person who used the service and this was followed up and acted upon appropriately.

Care staff told us they were supplied with a number of essentials to assist them when dealing with any accidents or incidents of concern. This included a first aid kit, personal alarm, accident and incident forms, additional guidance for reporting and recording concerns, emergency contact mobile and spare medication forms. Staff told us they felt reassured by having these items with them and it ensured they were prepared for any emergencies they may have to face during the course of their work.
Care staff told us that systems were in place to ensure their own safety during and after calls. Care staff were required to call in when they arrived at a call and when they left. The phones they were given also had an alert button they could use in the case of emergencies. One member of care staff told us, "If you forget to log that you have finished a call, they contact you; they do check you're ok".

Where accidents and incidents had taken place, we saw the appropriate actions were taken and if necessary, lessons were learnt. For example, following an incident where a member of staff suffered an injury whilst providing support, additional training and supervision was put in place to reduce the risk of it happening again. Staff spoken with were aware of their responsibilities with regard to reporting these events. For example, we saw where one person had become unwell during a visit, care staff had taken their time offering reassurance and support and had acted on and reported on this appropriately. A relative told us, "They [care staff] are very careful. They are lovely".

All relatives spoken with told us they had been involved in developing the risk assessments for their loved ones and that risk assessments were also put in place for people's home environment. Staff we spoke with were well aware of the risks to the people they supported on a daily basis and how to manage those risks. A member of care staff was able to tell us of the risks to an individual who required thickener in their fluids to prevent them from choking. The deputy manager told us, "Care plans and risk assessments are reviewed every three months or sooner if there's any change in a person's needs" and we saw evidence of this. Staff confirmed that observations took place of their manual handling practices to ensure they used the correct techniques when supporting people.

We looked at the staff files of two people. We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with care staff who confirmed that reference checks and checks with the Disclosure and Baring Service (DBS) (to check if a prospective employee had a criminal record or had been barred from working with adults) had been undertaken before they had started work and records seen confirmed this. One member of care staff told us, "I did training until my DBS came through". We spoke with a new member of care staff who had started their induction that day. They told us, "They [management] are very organised, they have kept me informed along the way".

People spoke positively about the care staff who supported them and told us that they were usually on time and that timekeeping wasn't a problem. One relative told us, "The timekeeping's fine, she [care staff] might even stay on a bit longer". People told us that if there were any changes, they were usually kept informed. The deputy manager told us they relied on carers to ring them to advise if they were running late or if they were unable to make a call. They told us, "If staff are running later they will ring in. We give staff enough travel time between calls, but we ask staff to tell us if they need more time". Care staff spoken with confirmed this and told us there were enough care staff to cover all calls. We saw that arrangements were in place to let people know if different care staff would be supporting them whilst their regular carer was on leave.

For people who were supported with their medication, relatives told us they had no concerns. One relative told us, "They [care staff] give it [medication] to her and watch her take it and then record it" and another person told us, "There's never been a problem" [with regard to medication]. Care staff told us that if a person declined to take their medication, what actions they would take. A member of the care staff told us, "I would record it on the Medication Administration Record (MARS) and contact the office and let them know". We saw that MARS held all the necessary signatures to demonstrate that people had taken their medication. We discussed the system that had been put in place for recording of medication. The deputy told us, "Recording it this way makes staff think about what they are doing". We saw that MAR sheets were bought into the office on a regular basis and checked. A member of care staff told us, "There's a medication profile always available and it gives you any special instructions you need to know". We saw were people required care staff to apply creams, body maps were not in place to indicate where the creams should be applied. We discussed this with one of the deputy managers and body maps were put in place before the end of the inspection.

Good

Is the service effective?

Our findings

Relatives told us that they felt their loved ones were supported by care staff who were well trained to do their job. One relative told us, "Yes I do [consider care staff are well trained]. Some are better than others, as you would expect, but we really feel like [person's name] is looked after" and another relative told us, "They [care staff] seem to be [well trained]. They deal with [person's name] fantastically". This was further supported by people's responses to questionnaires received.

Care staff told us they felt well supported and well trained in their role. They told us they received regular training and felt fully equipped to meet the needs of the people they supported. One member of the care staff told us the registered manager had suggested they would benefit from attending assertiveness training. They told us, "I went on it and it really helped me". We saw that training took place regularly and consisted of e-learning and classroom based training. The provider told us in their provider information return (PIR) that they planned for all care staff to receive updated dementia care training within the next 12 months. We saw that each member of care staff had a personal learning log which included mandatory training but also a number of courses relating to dementia care, such as 'living with dementia' and 'the emotional impact of dementia'. All care staff spoken with told us they felt they had benefitted from this additional learning.

We saw that following all training, care staff completed a learning log which was then checked to assess their understanding of the subject. Where care staff had requested additional guidance on a subject, for example, pressure sores, this was made available to them. Care staff were also provided with their own folder with useful information for them to refer to, which we saw was regularly updated or added to. This meant that care staff were provided with the most up to date information they required in order to effectively meet the needs of the people they supported.

All care staff had recently attended training on mental capacity. One staff member said, "You must assume a person has mental capacity unless told otherwise". We saw that staff received regular supervision and two appraisals every year. One member of staff told us, "Supervision is a two-way process; it's quite nice, you can share personal stuff and feel supported".

We spoke with a new member of the care staff who had commenced her induction. She was able to tell us what plans were in place for her two week induction which included training and shadowing a number of care staff on other visits. Another member of the care staff said, "I did training whilst they waited for my DBS, then I did shadowing. The manager checked to see if I felt comfortable to go out on my own." Staff told us they had a buddy system in place to support each other, particularly new members of staff. One member of staff told us, "You can ask your buddy for help, or advice and when they observe your practice, they will give you feedback on your performance". We saw that as part of the induction process, arrangements were made for new care staff to observe care being given to people with a variety of care needs, in order to improve their learning and understanding of dementia. Staff spoken with confirmed this and we saw that permission was obtained from people who were supported by the service, prior to care staff coming into their homes to observe their practice.

Care staff told us that they were always kept informed of any changes in people's care needs and that communication between each other was good. One member of care staff told us, "We speak to each other and pass information on. When I come out of [person's name] house, I'll ring and give the next member of staff an update and let them know if there are any changes. We share information, it's teamwork".

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.

People spoken with told us that care staff always obtained consent before providing their relative with care. One relative, when asked this question, replied, "Yes, absolutely". Care staff were aware of the MCA and Deprivation of Liberty Safeguards (DoLS) and what this meant for people on daily basis. They told us they felt people benefitted from receiving support from the same care staff and provided us with a number of examples demonstrating how they obtained people's consent prior to supporting them. One member of staff told us, "What works for some people doesn't work for others, it's trial and error".

Relatives told us that for those people who required support at mealtimes, the arrangements that were in place worked well. One person told us, "They take the food out of the freezer and heat it up as required". Another relative told us that staff prepared a sandwich for their relative if they were hungry. A member of staff told us how they supported a particular person at mealtimes. They told us, "I always give a choice; I'll ask 'what would you like for lunch?' and will ask if people want a hot or cold meal".

Care staff spoken with were aware of the healthcare needs of the people they supported. For one person who had diabetes, care staff were aware of what to look out for if the person became unwell and how important it was to check the person's feet and to feedback any concerns to the district nurse. A member of care staff also told us "[Person's name] had a bit of a confusing week and had deteriorated so I asked the district nurse to check for a water infection". This meant that care staff were able to recognise when people may be unwell and would be able to source additional support or intervention where appropriate in order to maintain people's health.

Good

Is the service caring?

Our findings

Relatives told us that the staff who supported their loved ones were caring and kind. One relative told us, "I've seen them [care staff] with my mum and they are kind and gentle" and another relative said, "They [care staff] are kind and caring and text me after each visit". One relative told us, "Care staff are both polite and very respectful" and another relative said, "They [care staff] are very empathetic and inclusive".

We spoke with a number of care staff in a group setting. All spoke kindly and respectfully about the people they supported. They were able to describe to us in detail how they supported people on a daily basis and how important it was to listen to them and promote their independence where possible. A relative told us, "My relative can be quite stubborn but they have a positive relationship [with care staff]". Relatives confirmed that care staff supported their loved ones to maintain their independence. One relative told us, "Yes they do [maintain independence]. They are helping her with the things she can't do" and another relative commented in response to the same question, "I don't think she could be [independent] without them. We have confidence in them".

Care staff were able to describe to us how they encouraged people to maintain their independence. A member of staff described how they supported a particular person, they told us, "[Person's name] does most things himself, I will wash his back. He likes you to be there to reassure him and provide gentle prompts". Another member of staff described to us how one person was reluctant to let them help them prepare a meal. They told us, "I struggled at first to find the best way round it; they didn't think I should cook for them. I got round it by saying I was moving into my own home and asking for some help in learning to cook. It worked really well".

A member of staff told us, "I like making a difference in people's lives and seeing a smile on people's faces". We saw that if staff were attending calls across lunchtime, they were encouraged to take their lunch and eat with the people they supported. A member of staff said, "It makes it more sociable then and it encourages people to eat if you're sitting and eating your lunch with them".

We saw that at the current time, no male carers were working for the service and therefore people were not offered a choice of male or female carers. The operations director told us, "We are trying to attract male support workers but the challenge is finding males who want part time work".

A number of staff spoken with had worked with the service for many years and had developed supportive, caring relationships with people and their carers. One member of staff told us, "I've been supporting one person for five years, I feel like part of the family".

Relatives told us that care staff called their loved ones by their preferred name and treated them with dignity and respect. Care staff were able to describe to us how they maintained people's privacy and dignity when supporting them with their personal care. One member of staff told us, "I make sure [person] is covered up and will ask them to let me know when they're ready for me to assist them. I make sure everything is where he wants it to be". Another member of staff described supporting someone else, "I know [person] needs her

privacy. I'll say, 'I'm just on the other side of the door'. She has her privacy but knows I'm there".

Staff spoken with were aware of the importance of advocacy services and how to access them. We saw that the service had access to their own support service for carers and for people using the service. Staff were able to describe to us how helpful this was and how people had been referred to these services in past.

Good

Is the service responsive?

Our findings

People told us that prior to the service providing them with their care, an assessment of their needs had taken place, which they were involved in. One relative told us, "They actively seek our views" and another relative said, "They ask us and we speak to them quite a lot". People told us they were involved in this process and that staff had got to know them to ensure their care was delivered how they wanted it to be. One relative commented, "They [care staff] haven't known him long, but they've picked up on how he is".

We saw that there was a system in place to match staff with the people they supported. The deputy manager told us, "Personality has to come into it. We will try and match people as best we can". We saw that the deputy manager was responsible for the initial assessment and developing knowledge of people, whilst providing their care. She then passed on the package of care to a selected member of care staff, adding, "[Staff's name] is the right type of personality for [person]. We will build up her knowledge and get her to know the person and then I'll slowly withdraw support".

People told us that care staff were aware of their relative's likes and dislikes and how they wished to be supported. One relative told us, "They've [care staff] bent over backwards; she can be difficult". We saw that people's care plans held details regarding their personal preferences and wishes and care staff spoken with were able to provide us with a good account of each person they supported. A member of care staff told us, "We see the care plan and the deputy goes through it with us, sometimes there is an introduction beforehand; it really helps, as you've met the person and been in their house". The deputy manager described to us how people's care plans were developed alongside them, their carers' and through observations and people spoken with confirmed this.

We saw that people's care needs were regularly reviewed and updated as and when required. Staff confirmed that any changes were passed onto them and care records were updated. A member of care staff told us, "We all put changes on the monitoring sheets and if something is really important we would ring the office immediately. It's a living document – things can change on a daily basis". Care staff described to us how they shared information about people as they learnt more about them. One member of care staff told us, "As in-depth as a care plan can be, a person's personality doesn't always show through, so we share things that we learn".

People told us they were very happy with the service and had no cause for complaint. One person told us, "Yes we are [happy with the service]. Absolutely my father likes the main carer. He trusts them", and another relative told us, "We are happy with the service. My mum would miss them. They are reliable and if something happens they will deal with it". People told us that they knew how to make a complaint about the service and were confident that if they did, it would be dealt with appropriately. One person told us they had previously raised a complaint and it had been dealt with appropriately resulting in no loss of confidence in the service.

We saw that there was a complaints process in place and where complaints had been received, they had been investigation and responded to appropriately.

Good

Is the service well-led?

Our findings

People spoken with, talked positively about the service they received, the management and staff. We received comments such as, 'We couldn't get any better', 'The staff are obliging and really good', 'There are no negatives', 'It's a very good service' and 'It's excellent'. All people spoken with told us they would happily recommend the service to others. One person told us, "I would certainly recommend the service, because of the care and how it's run". People knew who the registered manager and the deputy managers were and confirmed they were in regular contact with them. One person told us, "We speak to them [management] regularly".

People told us that communication between themselves and management was good and that if they had any concerns, they were responded to in a timely manner. One person told us, "They always sort out any issues" and another said, "We can phone them at any time".

We saw that efforts were made to maintain links with the local community and spread the word regarding the work of the Alzheimer's Society. One member of care staff was given the role of 'dementia champion' and conducted a number of 'dementia friends' sessions at a local church (dementia friends sessions are designed to teach people about dementia and how to create dementia friendly communities).

Staff told us they felt well supported by the registered manager and deputy managers. One member of care staff told us, "The atmosphere is brilliant, we are supported. There's always someone at the end of the phone and it's good we meet with the regional manager as well". Care staff were aware of their roles and responsibilities and from talking to them, it was clear that they enjoyed their work. One member of care staff told us, "At my previous job you only had 15 minutes for a call. Here we visit for an hour; you can have a conversation and spend time with people". Another member of care staff commented, "We work as a good team" and we saw that care staff got on well and supported each other.

Staff told us that team meetings took place on a regular basis and they were able to contribute to this process. One member of care staff told us, "I bought up the fact that I didn't like having to answer my phone whilst I was on a call and it was dealt with". Another member of care staff described how they had raised concerns that one person required additional time to support them and this was arranged. We saw where positive feedback had been received regarding a member of care staff; this was shared in the team meeting. A member of care staff commented, "I always feel well informed. It's nice to get positive feedback from a meeting".

We discussed with both deputy managers the plans for the service. They told us how important it was to ensure staff shared the same values before looking at expanding the service. One of the deputy's said, "I want to offer a service that I could provide to my mum and be confident the carer was covering all aspects of care".

We discussed staffing levels and work allocation with both deputy managers. We saw that additional staff were being recruited, including an additional member of staff to cover any absences of existing staff. They

told us, "We are only working at our current capacity and putting people on an 'expression of interest' list. Once we have recruited more staff we can then look at expanding" adding, "Before we take on any new calls, We look at our capacity. When we start, we don't want to let anyone down".

Staff told us their practice was regularly observed and we saw evidence of this. A deputy manager told us, "Spot checks take place every six months or sooner if it was felt necessary". We also saw that medication audits took place and were being expanded to include staff competencies in this area.

We saw that there were a number of audits in place to check the quality of the service. At the end of every call, staff completed a comprehensive sheet detailing what they did during the call, the support provided and the well-being of the person who used the service. This sheet was then checked on a weekly basis by the deputy managers to ensure all appropriate care was given and to see if there were any areas of concern that may require action. We saw evidence of these audits and follow up actions taking place where appropriate.

We saw that staff engagement surveys took place, and where appropriate, common themes were identified and action plans put in place. Regular quality monitoring of the service was also conducted by the registered manager and senior management colleagues. The operations director told us, "We have our own self-assessment of the service and develop action plans where appropriate".

People told us that their opinion on the service was regularly sought. We saw that people were contacted at the beginning of receiving a service and checks made to ensure things were going well and to see if there needed to be any changes. A member of staff told us, "We build a relationship with people without going over the mark. People know we are on the end of the phone".

We saw that questionnaires were sent out to people who use the service every 12 months and face to face interviews were also conducted with a number of people. Relatives spoken with confirmed they were given the opportunity to provide feedback on the service through a variety of methods. The provider told us in their provider information return (PIR) that they planned to evaluate feedback received every six months. The operational director told us, "We look at trends and produce a report. We are looking for consistency and any learning from feedback". We saw that questionnaires were also sent to stakeholders to try and get a '360 degree' appraisal of the service.

There was a system in place for the recording of any accidents and incidents. This information was collated for each area and assessed for any learning.

The service had a history of meeting legal requirements and had notified us about events that they were required to by law.