

Dementia Concern

Dementia Concern

Inspection report

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Date of inspection visit:
15 April 2021

Date of publication:
25 May 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Dementia Concern is a community based adult service for people living in their own homes in the community. Dementia Concern comprises of dementia link workers who support people's acute needs, information and advice provided through dementia advisers, social clubs, community support and dementia cafes. We inspected the Call and Care part of the organisation that provides a respite service for people living with dementia who live at home with a family carer. The main role of the Call and Care worker was to undertake activities with people during their call, as people using the service received their personal care from either family carers or other agency care workers. However, Dementia Concern Call and Care workers provided personal care if the circumstances necessitated it. At the time of the inspection 22 people were using the Call and Care service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

During the inspection we found risk assessments were not always undertaken where risks were identified for people, and where there were risk assessments these did not always record enough detail to provide staff with the relevant guidance to provide a safe level of care. We also found medicines competency testing was not undertaken annually which placed people at risk of not receiving medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in the service did not always support this practice in terms of assessing people's mental capacity and gaining consent.

The provider did not operate effective systems to monitor, manage and improve service delivery and to improve the care and support provided to people.

The provider had systems in place to safeguard people, and safe recruitment procedures were followed. Staff followed appropriate infection prevention and control practices. Staff were supported through training and team meetings.

There was a complaints procedure in place and people knew who to raise concerns with. Relatives reported the manager was available and responsive.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 March 2020). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care, consent to care and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Dementia Concern

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience who telephoned relatives for feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 26 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection

We reviewed information we had received about the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this

report.

During the inspection

We spoke with the manager. We reviewed a range of records. This included seven people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 12 relatives of people who used the service. We emailed seven staff for feedback and received responses from two.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At this inspection we saw risk was not always identified, assessed or risk mitigation plans implemented.
- One person had five falls in the last eighteen months and was assessed as being at high risk of falls. The risk assessment indicated the person used a walking stick but there was no risk mitigation plan to reduce the risk of avoidable harm to the person. A second person was assessed to be at medium risk of falling and required assistance but there was no care plan for how staff should support the person in the safest way.
- One person had asthma, but there was no risk assessment or guidance around what to do if they had an asthma attack.
- The provider had a 'face to face visit checklist' which was a risk mitigation plan and provided appropriate guidance for staff, specifically related to COVID-19. However, people did not have individual risk assessments for COVID-19 that considered their risk in relation to indicators such as age, ethnicity or underlying health conditions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we found medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The Call and Care staff did not administer medicines to people on a regular basis. This was confirmed by all the relatives we spoke with. At times they did administer as required (PRN) medicines to people, for example, paracetamol. At the last inspection we found there were no individual PRN protocols. This remained the same at this inspection.
- One person's medicines care plan indicated their main carer administered their medicines, but also stated 'Sometimes the care attendant may be required to administer [a named medicine] should I become agitated/ anxious'. However, there was not guidance around what agitated meant for the person, the dosage, where to record it had been administered or information about the use of the medicine. The lack of guidelines meant care staff may have not administered the medicine safely to the person.
- At the last inspection, we identified annual medicines competency testing was not undertaken. This remained the same at this inspection which meant we could not be sure care workers had the up to date skills required to administer medicines safely.

All people using the service lived with their main carers who administered medicines. It was the exception to the rule for Care and Call staff to administer medicines. Therefore, the risk was reduced and we found no evidence that people had been harmed. However, systems were not in place to demonstrate medicines administration was effectively managed. This placed people at risk of harm and was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- At the last inspection we identified the provider did not have policies and procedures for preventing and controlling infection and made a recommendation they consider the current guidance on infection control.
- At this inspection we found the provider had improved their infection prevention and control procedures. They had systems in place to help prevent and control infection which included an infection control policy and procedure dated July 2020 and a separate COVID-19 policy. Audits were also being completed.
- Staff were furloughed during the first lock down in March 2020. When they returned to work, they had relevant training and were provided with protective equipment such as gloves and aprons to protect people from the risk of infection.
- Relatives confirmed staff wore personal protective equipment (PPE) appropriately. One relative said, "I am impressed with the service and the way they follow the COVID protocol."

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect people from abuse.
- Staff had training around how to recognise abuse and respond to any concerns identified.
- The provider had not had any safeguarding concerns raised but was aware of the procedures for informing the local authority and the CQC.

Staffing and recruitment

- There were enough staff to meet people's needs and rotas indicated people received support from the same staff which provided consistency of care.
- A relative told us, "We have a regular care worker so [person] is familiar with them. Excellent service with continuity of care".
- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At our last inspection we found the provider was not following the principles of the MCA. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 11.

- At the last inspection, we saw relatives had signed forms to consent to the care people received without the legal right to do so, and where people did not have the capacity to make specific decisions, the provider did not record any decisions made on behalf of people in their best interests. This remained the same at this inspection.
- All of the people using the service were living with experience of dementia and we saw the majority of consent forms were signed by relatives, which did not reflect the provider's consent policy.
- There was no record of whether people consented to the care they were receiving from Dementia Concern. The consent forms were mainly about information sharing.
- As there were no consent to care forms or mental capacity assessments completed for people who were unable to make specific decisions, or a record to show the relative signing the consent form had a lasting

power of attorney in place, it meant no one had consented to the care being provided to the person.

The consent forms shown to us did not reflect the principles of the MCA regarding the assessment of a person's ability to make decisions about their care. This was a repeated breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection we found the provider did always support staff through supervision and training to have the necessary skills to undertake their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were supported through supervision and training to have the skills to provide appropriate care to people. Relatives confirmed this and told us they thought staff had the relevant skills to care for people.
- The provider had one to one supervision meetings with staff and monthly team meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people were undertaken by a different team to the Care and Call team. The information from these assessments were passed onto the Call and Care team who then undertook a further meeting with the person and their carer to complete a care plan.
- People's assessed needs included background / social history information, medicines, communication and eating and drinking. Relatives told us they had been involved in planning people's care.
- The provider liaised with the local authority to help ensure people's needs were correctly assessed and met within the care plan.

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

- People were supported to have enough to eat and drink. People lived with their main carers who provided meals. This was confirmed by the main carers we spoke with who said the Call and Care staff encouraged people to have drinks and provided reassurance where necessary.
- Care plans included information about people's snack preferences.

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

- As people lived with their relative who was the main carer, all health and medical access and support was from the main carers which they confirmed to us when we spoke with them.
- The Care and Call staff worked alongside dementia link workers and advisors in the service who liaised with outside agency and followed up referrals, for example to cognitive impairment and dementia services (CIDS).

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us people were treated well and with respect. They were happy with the care provided and the staff who provided it. Comments included, "Staff have so much patience to manage with vulnerable people", "I am so glad that this agency have bi-lingual staff to offer support to those whose first language is not English and have a different [language]", "[Person] is happy with the care staff who understand their needs and offer culturally sensitive support " and "[Person] is so comfortable with care staff [who are] from the same faith group, which makes more sense when they talk about the religion."
- The care plan included people's needs such as religion, personal history, activities they enjoyed and social situation. This helped to ensure they received care according to their wishes and needs.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were involved in decision making and were consulted when needed.
- Care plans included information about people's preferences and choices and people were contacted either in person or by telephone to provide feedback about their care

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and independence was promoted and relatives told us they were satisfied with the care provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of the inspection, there were no people receiving palliative care.
- Not all care plans had a record of people's end of life wishes. The ones that did, stated people's relatives would make all arrangements when needed. This meant people's wishes and preferences for care at the end of their lives were not always known in the event they required this support. However, the risk of this was reduced as people lived with their relatives.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider develop person centred records in line with recognised guidance. We found people's records were more person centred than at the previous inspection.

- Care plans contained information and guidelines for staff so they could meet people's needs and preferences. This included information about people's social history, family and likes and dislikes which provided staff with context and areas of interest when communicating with the person.
- The staff team was stable and people were supported by the same staff to provide consistency. Relatives told us staff understood people's needs and provided support that was appropriate for the person. Relatives said, "[Person] is safe and is well known by the carers, who understand their needs to be able to cater accordingly'
- Care plans were reviewed to reflect any changes in people's care needs. Relatives said prior to the COVID-19 pandemic, staff from the office used to visit the home to review the care plan but because of the pandemic, this was now completed over the phone.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid. One relative said, "[Person] is hard of hearing and the staff always make sure they wear their hearing aid."
- Staff communicated with people in ways they understood. This included staff who could speak in people's first language.

- The manager told us they had written easy read information for people which was currently waiting for approval of the organisation's committee.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service lived with their main carers which helped to reduce social isolation. One of the main objectives of the service was to provide support to people when their main carers were not at home with them.
- A relative commented that, "Staff at the agency are very pleasant with lots of patience and divert [the person's] mind by sharing their old photo album to re-call their memory."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure dated July 2020 but had not had any complaints since the last inspection.
- People and relatives told us they knew how to raise a complaint if they had a concern.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found the service lacked robust quality assurance systems to monitor the effectiveness of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At this inspection we saw provider's systems for monitoring service delivery had not been used effectively. This included audits, spot-checks and overview tools such as spreadsheets.
- For example, risk assessments and risk mitigation plans were not always in place, including for falls or COVID-19. Medicines competency testing was not up to date and MCA principles were not followed correctly.
- The provider had planned to undertake spot checks of staff in the future but at the time of the inspection there had not been any spot checks to help ensure staff were delivering care in a safe and effective manner.
- The provider was not auditing care files or staff files to help ensure information in files was up to date and relevant so people received the care they needed and service improvements could be made.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person centred and open culture to help achieve good outcomes for people.
- Relatives were satisfied with the service and told us they would recommend it to others. Their comments included, "This service is essential and very valuable. We have seen a difference in our loved one", "Very impressed with the service", "Wonderful service. I can't praise it enough. I would recommend it to others" and "Outstanding Care and Call"
- A staff member told us, "I feel supported by knowing that managers are there to speak to just in case I have any difficulties."

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

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to safeguarding alerts and complaints and knew who to notify.
- Relatives knew who to contact if they had any concerns and said the management team was approachable. One relative commented the service was well managed and contact numbers been provided to contact the office when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Dementia Concern had a clear structure as did the Care and Call team within the larger organisation and staff understood their roles.
- The current manager began their role full time in February 2021 and become the registered manager in April 2021.
- The provider had policies and procedures which linked to relevant legislation and guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged people and their relatives. Relatives told us the provider used to visit, but since the pandemic, they telephone to get feedback. One relative said, "[There is] professional communication with management and a reliable service."
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- The provider worked in partnership with other relevant agencies, such as the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always seek consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>